

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

December 28, 2022

[REDACTED], ADMINISTRATOR
WELLTOWER OPCO GROUP LLC
[REDACTED]
[REDACTED]

RE: SUNRISE OF NORTH WALES
1419 HORSHAM ROAD
NORTH WALES, PA, 19454
LICENSE/COC#: 14806

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/15/2022, 11/16/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *SUNRISE OF NORTH WALES* License #: *14806* License Expiration: *11/04/2022*
 Address: *1419 HORSHAM ROAD, NORTH WALES, PA 19454*
 County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: [Redacted] Phone: [Redacted]

Legal Entity

Name: *WELLTOWER OPCO GROUP LLC*
 Address: [Redacted]

Certificate(s) of Occupancy

Type: *I-2* Date: *12/21/2012* Issued By: *Horsham Township*

Staffing Hours

Resident Support Staff: *137* Total Daily Staff: *248* Waking Staff: *186*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Incident* Exit Conference Date: *11/16/2022*

Inspection Dates and Department Representative

11/15/2022 - On-Site [Redacted]
 11/16/2022 - On-Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *92* Residents Served: *70*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Reminiscence* Capacity: *58* Residents Served: *22*

Hospice
 Current Residents: *2*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *70*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *41* Have Physical Disability: *0*

Inspections / Reviews

11/15/2022 Full
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *12/01/2022*

12/01/2022 - POC Submission
 Submitted By: [Redacted] Date Submitted: *12/24/2022*
 Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *12/06/2022*

Inspections / Reviews *(continued)*

12/05/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/24/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/30/2022

12/28/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/24/2022

Reviewer: [REDACTED]

Follow Up Type: Not Required

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, does not have a US high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept [redacted] - 12/02/2022)

Community has US diploma from a practical nursing school in Delaware.

Business Office Coordinator (BOC) was provided education on direct care staff qualifications on 11/16/2022.

BOC to audit all staff files 11/28/2022 to ensure that we have a high school diploma, GED or active registry status on the Pennsylvania registry

BOC to obtain copies of high school diploma, GED or active registry status on the Pennsylvania registry when staff person comes in to pick up pre-hire paperwork or on their first day of work.

Review of new team member files by ED or designee at ED/BOC weekly meeting.

The Plan of Corrections (POC) and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Assurance and Performance Improvement (QAPI/ Quality Management) meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: 12/14/2022

Implemented [redacted] - 12/28/2022)

65a - FS Orientation 1st Day

2. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff person A, whose first day of work was [redacted], did not receive orientation on the following topics until [redacted]:

- 1. Evacuation procedures.
- 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- 5. The location and use of fire extinguishers.
- 6. Smoke detectors and fire alarms.
- 7. Telephone use and notification of emergency services.

Staff person B, whose first day of work was [redacted], did not receive orientation on the following topics until [redacted]:

- 1. Evacuation procedures.

65a - FS Orientation 1st Day (continued)

2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Staff person C, whose first day of work was [REDACTED], did not receive orientation on the following topics until [REDACTED]

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Repeat Violation: 12/10/21 et al.

Plan of Correction

Accept [REDACTED] - 12/02/2022)

BOC met with ED to discuss plan moving forward to allow employees to complete their first day orientation. New team members were given fire safety training on day one it was documented late.

BOC was provided education on first day orientation for direct care staff, ancillary staff, substitute personnel and volunteers on 11/16/2022.

BOC to set up orientation dates with corresponding coordinators on employees first day of work. BOC will send out an Outlook calendar invite to the designated coordinator necessary for the training and then review new hires at stand-up meeting to ensure coordinators availability.

On the employees first day of work, BOC will have the Maintenance Coordinator (MC) or designated fire safety expert review and sign off on the following items:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Review of new team member files by ED or designee at ED/BOC weekly meeting.

The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Assurance and Performance Improvement (QAPI/ Quality Management) meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: 12/14/2022

65a - FS Orientation 1st Day (continued)

Implemented (████) - 12/28/2022)

65b - Rights/Abuse 40 Hours

3. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Staff person A completed his/her 40th scheduled work hour on/or about █████. However, this staff person did not complete training in the following topics until █████:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Staff person B completed his/her 40th scheduled work hour on/or about █████. However, this staff person did not complete training in the following topics until █████:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Staff person C completed his/her 40th scheduled work hour on/or about █████. However, this staff person did not complete training in the following topics until █████:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Repeat Violation: 12/10/21 et al.

Plan of Correction

Accept (████) - 12/02/2022)

BOC met with ED to discuss plan moving forward to allow employees to complete their first day orientation.

BOC was provided education on the first 40 hour training for direct care staff, ancillary staff, substitute personnel and volunteers on 11/16/2022.

BOC to set up orientation dates with corresponding coordinators on employees first day of work. BOC will send out an Outlook calendar invite to the designated coordinator necessary for the training and then review new hires at stand-up meeting to ensure coordinators availability.

On the employees first day of work, BOC will have the ED or Resident Care Director (RCD) review and sign off on the following items:

1. Resident rights.

65b Rights/Abuse 40 Hours (continued)

- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102).
- 4. Reporting of reportable incidents and conditions.

Review of new team member files by ED or designee at ED/BOC weekly meetings.
 The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Assurance and Performance Improvement (QAPI/ Quality Management) meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: 12/14/2022

Implemented () - 12/28/2022

65c - Ancillary Staff Orientation

4. Requirements

- 2600.
- 65.c. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Description of Violation

Ancillary staff person C, whose first day of work was () did not have a general orientation to his/her specific job functions until ()

Repeat Violation: 12/10/21 et al.

Plan of Correction

Accept () - 12/02/2022

BOC met with ED to discuss plan moving forward to allow employees to complete their first day orientation.
 BOC provided education on obtaining signed job descriptions prior to ancillary staff person working on 11/16/2022.
 BOC to audit staff employee files on 11/28/2022 to ensure a copy of the signed job description is obtained. All issues during audit were addressed.
 BOC will add this to the first week of training scheduling for new employees prior to employee starting their floor trainings.
 The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Assurance and Performance Improvement (QAPI/ Quality Management) meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: 12/14/2022

Implemented () - 12/28/2022

65d - Initial Direct Care Training

5. Requirements

- 2600.
- 65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

65d - Initial Direct Care Training (continued)

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:

Description of Violation

Direct care staff person A, hired on [REDACTED], provides unsupervised ADL services. However this staff person did not complete training that included a demonstration of job duties, followed by supervised practice until [REDACTED].

Direct care staff person B, hired on [REDACTED] provides unsupervised ADL services. However this staff person did not complete training that included a demonstration of job duties, followed by supervised practice until [REDACTED].

Plan of Correction

Accept ([REDACTED] - 12/02/2022)

BOC met with ED to discuss plan moving forward to allow employees to complete their orientation prior to providing unsupervised ADL services.

BOC to audit all direct care staff employee files on 11/28/2022 to ensure all trainings are complete prior to staff starting their floor trainings. All issues during audit were addressed.

BOC and all department coordinators were educated on proper training prior to team members providing supervised ADL service on 11/22/2022.

BOC will add this to the first week of training scheduling for new employees prior to employee starting their floor trainings.

The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Assurance and Performance Improvement (QAPI/ Quality Management) meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: 12/14/2022

Implemented ([REDACTED] - 12/28/2022)

6. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:

Description of Violation

Direct care staff person A, hired on [REDACTED], provides unsupervised ADL services. However this staff person has not completed and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction

Accept ([REDACTED] - 12/02/2022)

Immediately gave staff person A new direct care test information for her to complete. Staff person A was taken off the schedule and completed [REDACTED] direct care certification.

BOC to audit all direct care staff employee files on 11/28/2022 to ensure a copy of the direct care certification is obtained. All issues during audit were addressed.

65d Initial Direct Care Training (continued)

BOC will add this to the first week of training scheduling for new employees prior to employee starting their floor trainings.

Review of new team member files by ED or designee at ED/BOC weekly meetings.

The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Assurance and Performance Improvement (QAPI/ Quality Management) meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: 12/14/2022

Implemented [REDACTED] - 12/28/2022)

7. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:

Description of Violation

Direct care staff person A, hired on [REDACTED], provides unsupervised ADL services. However, the staff person did not complete the following initial direct care staff person training:

- (i) Safe management techniques.
- (ii) ADLs and IADLs.
- (iii) Personal hygiene.
- (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
- (v) The normal aging cognitive, psychological and functional abilities of individuals who are older.
- (vi) Implementation of the initial assessment, annual assessment and support plan.
- (vii) Nutrition, food handling and sanitation.
- (viii) Recreation, socialization, community resources, social services and activities in the community.
- (ix) Gerontology.
- (x) Staff person supervision, if applicable.
- (xi) Care and needs of residents with special emphasis on the residents being served in the home.
- (xii) Safety management and hazard prevention.
- (xiii) Universal precautions.
- (xiv) The requirements of this chapter.
- (xv) Infection control.
- (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

65d Initial Direct Care Training (continued)

Plan of Correction

Accept (█ - 12/02/2022)

Staff person A was removed from the floor schedule until the completion of █ direct care staff person training: (i) Safe management techniques.

(ii) ADLs and IADLs.

(iii) Personal hygiene.

(iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.

(v) The normal aging cognitive, psychological and functional abilities of individuals who are older.

(vi) Implementation of the initial assessment, annual assessment and support plan.

(vii) Nutrition, food handling and sanitation.

(viii) Recreation, socialization, community resources, social services and activities in the community.

(ix) Gerontology.

(x) Staff person supervision, if applicable.

(xi) Care and needs of residents with special emphasis on the residents being served in the home.

(xii) Safety management and hazard prevention.

(xiii) Universal precautions.

(xiv) The requirements of this chapter.

(xv) Infection control.

(xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

BOC to audit all direct care staff employee files on 11/28/2022 to ensure a direct care staff person training is complete. All issues identified during audit were addressed.

BOC and all department coordinators were educated on proper training prior to team members providing supervised ADL service on 11/22/2022.

BOC will add this to the first week of training scheduling for new employees prior to employee starting their floor trainings.

Review of new team member files by ED or designee at ED/BOC weekly meetings.

The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Assurance and Performance Improvement (QAPI/ Quality Management) meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: 12/14/2022

Implemented (█ - 12/28/2022)

83a - Indoor Temperature

8. Requirements

2600.

83a - Indoor Temperature (continued)

83.a. The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the home.

Description of Violation

On 11/15/22 at 2:49 pm, when residents were present in the home, the temperature in the main dining room used by the residents was 65.6 degrees Fahrenheit.

Plan of Correction

Accept (█) - 12/02/2022)

MC was immediately notified and called for Dual Temp to fix. Spark plug was broken and replaced on 11/15/2022. Education provided to MC and team members that areas used by the residents must be at least 70°F on 11/15/2022. MC and/or designee to perform daily checks on dining room and other resident occupied areas to ensure that temperature is at least 70°F. MC to have Dual Temp monitor heating and cooling systems quarterly to ensure that they are operating properly. Last inspection was 11/14/2022 and will continue in three month increments. The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Assurance and Performance Improvement (QAPI/ Quality Management) meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: 12/14/2022

Implemented (█) - 12/28/2022)

101j3 - Bed/Linens/Pillows/Blankets

9. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

The bed for resident 1 does not have a pillow.

Plan of Correction

Accept (█) - 12/02/2022)

Personal Card Coordinator (PCC) documented that resident 1 does not wish to have pillows on her bed in █ Individualized Service Plan (ISP). PCC to perform room audits to ensure that all residents have pillows, bed linens and blankets. If a resident wishes to not have any of these items, it is to be documented in their ISP starting 11/16/2022 and on going. During daily room checks, lead care managers are to ensure that residents have pillows, bed linens and blankets and notify PCC if something is needed. The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Assurance and Performance Improvement (QAPI/ Quality Management) meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: 12/14/2022

Implemented (█) - 12/28/2022)

101j7 - Lighting/Operable Lamp

10. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident 1 does not have access to a source of light that can be turned on/off at bedside.

Resident 2 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction**Accept (█ - 12/02/2022)**

MC immediately placed light bulb in resident 2 room on 11/16/2022 and checked to making sure it is working properly. Wall mounted light sources were ordered 11/18/22 to place next to resident 1 bed on 11/19/22. PCC documented on 11/16/2022 that resident does not wish to have a lamp next to █ bed.

MC and PCC audited all rooms on 11/29/2022 to ensure that all residents have a lamp next to their bed and one that is working properly.

Education provided to staff members in Town Hall on 12/23/2022.

Lead care manager and/or designee would review upon daily room checks to ensure light sources are located next to the bed.

The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Assurance and Performance Improvement (QAPI/ Quality Management) meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: 12/14/2022

Implemented (█ - 12/28/2022)

103g - Storing Food

11. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

In the dry food storage area, there was a package of Stuffing Mix Seasoning that was not sealed.

In the dry food storage area, there was a large bag of flour that was not sealed.

Plan of Correction**Accept (█ - 12/02/2022)**

Dining Service Coordinator (DSC) immediately sealed stuffing mix seasoning and flour properly on 11/16/2022.

DSC audited the dry pantry, freezer and refrigerator to ensure that all open food was sealed properly 11/16/2022.

DSC to provide training to all cooks about proper food storage on 12/5/2022.

DSC and/or lead cook to audit dry pantry, freezer and refrigerator during daily inventory walk through.

The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Assurance and Performance Improvement (QAPI/ Quality Management) meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to

103g Storing Food (continued)

ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: 12/14/2022

Implemented (████) - 12/28/2022)

103i - Outdated Food

12. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There were undated bags of stuffing mix seasoning, biscuit mix, cake mix, and flour in the dry storage area.

There was an unlabeled, undated bag of pepperoni in the freezer.

Plan of Correction

Accept (████) - 12/02/2022)

DSC immediately marked stuffing mix seasoning, biscuit mix, cake mix, flour and pepperoni with proper open dates on 11/16/2022.

DSC audited the dry pantry, freezer and refrigerator to ensure that all open food was dated properly 11/16/2022.

DSC to provide training to all cooks about proper food storage on 12/5/2022.

DSC and/or lead cook to audit dry pantry, freezer and refrigerator during daily inventory walk through.

The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Assurance and Performance Improvement (QAPI/ Quality Management) meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: 12/14/2022

Implemented (████) 12/28/2022)

109b - Rabies Vaccination

13. Requirements

2600.
109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

The home does not have a current certificate of rabies vaccination for the dog that resides in room 101.

Plan of Correction

Accept (████) - 12/02/2022)

Room 101 Power of Attorney (POA) was notified on 11/15/2022 to remove dog from community until proper rabies vaccination is obtained. Rabbiid vaccination obtained on 11/23/2022.

Lead Concierge (LC) audited vaccination file 11/15/2022 to ensure that all pet vaccinations are up to date.

LC will continue to audit vaccination file monthly and notify POA or resident if their pet is out of compliance.

The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality

109b - Rabies Vaccination (continued)

Assurance and Performance Improvement (QAPI/ Quality Management) meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: 12/14/2022

Implemented (████) - 12/28/2022)

132c - Fire Drill Records

14. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill records for the drills conducted on 10/11/22, 9/6/22, and 8/26/22 do not include the total number of residents evacuated.

Plan of Correction

Accept (████) - 12/02/2022)

ED counseled and reeducated MC on how to properly document monthly fire drills on 11/15/2022.

ED and MC will complete November and December logs together to ensure that the documentation is completed properly.

Once the fire drill log is completed on monthly basis, the MC will give a copy to the ED to keep on file and review that it is completed properly with MC.

The Plan of Corrections (POC) and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Assurance and Performance Improvement (QAPI/ Quality Management) meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again

Licensee's Proposed Overall Completion Date: 12/14/2022

Implemented (████) - 12/28/2022)

141b1 - Annual Medical Evaluation

15. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 1's most recent medical evaluation was completed on ██████████. The resident's previous medical evaluation was completed on ██████████.

Plan of Correction

Accept (████) - 12/02/2022)

Resident 1 had a Documentation of Medical Evaluation (DME) completed on ██████████ documented in a progress note but the DME was missing. Once RCD realized that the DME was missing, a new DME was immediately

141b1 - Annual Medical Evaluation (continued)

completed [REDACTED]

RCD and wellness nurse audited all resident charts on [REDACTED] to ensure updated medical evaluation is present. No issues were found.

RCD and wellness nurse to audit using the UDA.

The POC and monitoring results are reviewed and evaluated by the ED and coordinators at the monthly Quality Assurance and Performance Improvement (QAPI/ Quality Management) meeting for 3 months to ensure it is still effective. If it is no longer effective, it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

Licensee's Proposed Overall Completion Date: 12/14/2022

Implemented [REDACTED] - 12/28/2022)