



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: MARCH 10, 2023**

[REDACTED]  
[REDACTED]  
Five Star Quality Care NS Operator, LLC  
Attn: Licensing

[REDACTED]  
[REDACTED]

RE: The Devon Senior Living  
445 North Valley Road  
Devon, Pennsylvania 19333  
License #: 132061

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection June 9, 27, and 28, 2022, September 8 and 9, 2022, and November 30 and December 12, 2022 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance 132061 dated November 6, 2022 to November 6, 2023 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated November 6, 2022 to November 6, 2023 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from March 10, 2023 to September 10, 2023.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600 Section:	Class of Violation	Census at Inspection	Fine Per Resident X Per day	Calculated Fine = Per Day	Mandated Correction Date (to avoid Fine)
184a	II	39	\$5	\$195	5 calendar days from mailing date of this letter
185a	II	39	\$5	\$195	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

[REDACTED]

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]  
Pennsylvania Department of Human Services  
Bureau of Human Services Licensing  
Room 631, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120  
PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

*Jamie F. Buchenauer*

Jamie Buchenauer  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Licensing Inspection Summary

cc:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

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

Facility Information

Name: *THE DEVON SENIOR LIVING* License #: 13206 License Expiration: 11/06/2023  
Address: 445 NORTH VALLEY FORGE ROAD, DEVON, PA 19333  
County: CHESTER Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: FIVE STAR QUALITY CARE NS OPERATOR LLC  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: 55 Waking Staff: 41

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint, Monitoring* Exit Conference Date: 12/12/2022

Inspection Dates and Department Representative

11/30/2022 - On-Site: [REDACTED]  
12/12/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 84 Residents Served: 39

Secured Dementia Care Unit

In Home: Yes Area: *Bridge to Rediscovery* Capacity: 20 Residents Served: 12

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 38  
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1  
Have Mobility Need: 16 Have Physical Disability: 0

Inspections / Reviews

11/30/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 12/29/2022

Inspections / Reviews (*continued*)

## 01/04/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/31/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 01/09/2023

## 01/11/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/31/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/31/2023

## 02/03/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/31/2023

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

## 85a - Sanitary Conditions

### 1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

### Description of Violation

*The following instances of shared glucometers between residents was observed onsite during inspection on 11/30/22:*

- *Resident 1's glucometer has a reading of 267 at 2:20pm on 11/1. This reading was found on resident 2's glucose log on 11/1 at 4pm. Resident 2's glucometer has no corresponding reading. Additionally, resident 1's glucose log has a recorded reading of 220.*
- *Resident 2's glucometer has a reading of 172 at 5:22pm on 11/19. This reading was found on resident 3's glucose log on 11/19 at 4pm. Resident 3's glucometer has no corresponding reading.*
- *Resident 2's glucometer has a reading of 149 at 6:35pm on 11/19. This reading was found on resident 1's glucose log on 11/19 at 4pm. There is no corresponding reading in resident 1's glucometer.*
- *Resident 2's glucometer has a reading of 173 at 5:47pm on 11/21/22. This reading was found on resident 1's glucose log on 11/21 at 4pm. There is no corresponding reading in resident 1's glucometer.*
- *Resident 2's glucometer has a reading of 178 at 5:54pm on 11/22/22. This reading was found on resident 3's glucose log on 11/22 at 4pm. There is no corresponding reading in resident 3's glucometer.*
- *Resident 2's glucometer has a reading of 182 at 5:33pm on 11/22/22. This reading was found on resident 1's glucose log on 11/22 at 4pm. There is no corresponding reading in resident 1's glucometer.*
- *Resident 2's glucometer has a reading of 157 at 6:49pm on 11/24/22. This reading was found on resident 1's glucose log on 11/24 at 4pm. There is no corresponding reading in resident 1's glucometer.*
- *Resident 2's glucometer has a reading of 134 at 5:32pm on 11/29/22. This reading was found on resident 1's glucose log on 11/29 at 4pm. There is no corresponding reading in resident 1's glucometer.*

### Plan of Correction

Accept ( ) - 01/11/2023)

*New Glucometers were obtained for each resident by 12/5/22.*

*Community Med techs were given the full diabetic education certification by CDE on 12/6/22*

*Community as of 12/12/22 has been using LPN to administer all medications until which time that Team members complete the department approved med tech training and have been oriented on the cart by Devon Senior Living Team.*

*DRC or designee will check glucometers as a part of cart audits. Cart audits will be weekly at first for one month and then Monthly from then on. This started the week of 12/18/22 and will be weekly through January 2023 and Monthly beginning in February.*

**Licensee's Proposed Overall Completion Date:** 02/28/2023

Not Implemented ( ) - 03/02/2023)

## 182b - Prescription Medication

### 2. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

### Description of Violation

*Staff person A, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:*

**182b - Prescription Medication (continued)**

On 11/1/22 at 8AM, Amantadine 100Mg capsule to Resident 2  
 On 11/2/22 at 8AM, Vitamin D3 1000unit caps to Resident 5  
 On 11/16/22 at 8PM, Gabapentin 100mg capsule to Resident 6

Staff person B, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:

On 9/12/22 at 8PM, Haloperidol 2MG/1ML Resident 4  
 On 11/7/22 at 12AM, Morphine Sulf 20mg/1ml to resident 6  
 On 11/8/22 at 6AM, Morphine Sulf 20mg/1ml to resident 6

Staff person C, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:

On 11/1/22 at 8PM, Atorvastatin Calcium 20Mg tablet to Resident 2  
 On 11/18/22 at 8AM, Vitamin D3 1000unit caps to resident 5  
 On 11/29/22 at 8PM, Docusate Sodium Soft gel 100mg capsule to resident 6

**Plan of Correction**

Accept [REDACTED] 01/11/2023)

Staff members B & C were removed from cart on 11/30/22. Upon review of Staff member A certification on 12/12/22 it was agreed upon with licensing inspector that Staff member A should also be removed from cart. Community is currently utilizing all LPN's to administer medications until non licensed team members are trained as Med Techs including diabetic management.

ED or Contracted Train the Trainer will review Med Tech binder at beginning of month to ensure any team member that is up evaluation is completed. This process will pass to inhouse Train the Trainer once they complete DHS approved training.

Licensee's Proposed Overall Completion Date: 02/28/2023

Not Implemented [REDACTED] - 03/02/2023)

**183d - Prescription Current****3. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**Description of Violation**

Resident 2's prescription for Metformin HCL F/C 500mg tablet was discontinued on 11/25/22, however it remained on the medication cart on 11/30/22

Resident 2's prescription for Polyethylene Glycol 3350 17GM/1dose powder LK: MiraLAX was discontinued, however it remained on the medication cart.

**Plan of Correction**

Accept [REDACTED] - 01/11/2023)

Resident 2's dc'd medications were removed immediately from the cart on day of inspection

**183d - Prescription Current (continued)**

*DRC or Designee will train as part of cart orientation for new Med techs on process of discontinuing medications and proper removal from cart.*

*All current employees administering medications were retrained on this process 1/11/23*

*DRC or designee will perform cart audits. Cart audits will be weekly at first for one month and then Monthly from then on. This started the week of 12/18/22 and will be weekly through January 2023 and Monthly beginning in February.*

**Licensee's Proposed Overall Completion Date:** 02/28/2023

**Implemented** [REDACTED] - 03/02/2023)

**183e - Storing Medications****4. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**Description of Violation**

*On 11/30/22 at 2:45PM there were 2 loose pills in the Wellness medication cart.*

*On 11/30/22 at 3:37PM there were 3 loose pills in the Rehab medication cart and 1 additional loose pill found behind the cabinets of the cart.*

*On 11/30/22 at 3:34PM there were 6 loose pills in the BTR medication cart.*

**Plan of Correction**

**Accept** [REDACTED] - 01/11/2023)

*DRC or designee will perform cart audits. Cart audits will be weekly at first for one month and then Monthly from then on. This started the week of 12/18/22 and will be weekly through January 2023 and Monthly beginning in February.*

*DRC and ADRC are working with pharmacy to get larger storage areas to prevent accidental punching when taking pills in and out of the cart.*

*All licensed nurses and Med Techs will be oriented to unit dose system and how to remove medications in and out of storage area and report to supervisor immediately if pills are accidentally punched due to taking in and out of cart. Training for current team members administering medications will be completed by 1/11/23*

**Licensee's Proposed Overall Completion Date:** 02/28/2023

**Not Implemented** [REDACTED] 03/02/2023)

**184a - Resident's Meds Labeled****5. Requirements**

184a - Resident's Meds Labeled (continued)

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident 4 was prescribed Haloperidol 2MG/1ML oral conc .5ML (1mg) by mouth 2 times a day. However, the MAR reads .5ML (1MG) by mouth every day. Repeat Violation Date: 12/9/2021 et al.

Plan of Correction

Accept (redacted) - 01/11/2023)

Team member writing MAR will ensure the MAR matches the prescribed order and obtain clarity as needed. The licensed nurse will apply auxiliary label on medication container if dose change has been made and label differs from MAR. Training for current team members completed on 1/11/23 DRC or designee will perform cart audits. Cart audits will be weekly at first for one month and then Monthly from then on. This started the week of 12/18/22 and will be weekly through January 2023 and Monthly beginning in February.

Licensee's Proposed Overall Completion Date: 02/28/2023

Not Implemented (redacted) 03/02/2023)

185a - Implement Storage Procedures

6. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 11/3/22 at 12:09AM the reading on resident resident 1's glucometer was 220, however it was documented as 206. On 11/6/22 at 11:08AM the reading on resident resident 1's glucometer was 309, however it was documented as 308. On 11/20/22 the reading on resident resident 1's glucometer was 209, however it was documented as 211. On 11/27/22 the reading on resident resident 1's glucometer was 336, however it was documented as 333.

On 11/30/22 at 4:09PM, Resident resident 1's glucometer was calibrated to 1/14 at 8:05AM

Plan of Correction

Accept (redacted) - 01/11/2023)

New glucometers were obtained for each resident by 12/5/22 Community Med techs were trained by CDE on 12/6/22, this was the complete diabetic certification course. Community began using LPN for all med passes on 12/12/22 until non licensed team members are trained as Med Techs including diabetic management. ED or Contracted Train the Trainer will review Med Tech binder at beginning of month to ensure any team member that is up evaluation is completed. This process will pass to inhouse Train the Trainer once they complete DHS approved training.

Licensee's Proposed Overall Completion Date: 02/28/2023

Not Implemented (redacted) - 03/02/2023)

7. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

185a - Implement Storage Procedures (continued)

Description of Violation

Resident 2 is prescribed Bismuth sub 525mg/30ml 262mg/15ml oral susp LK: Pepto-Bismol take 15ml by mouth every 4 hours as needed. However, this medication is not available in the home.

Resident 5 is prescribed Dulcolax 10mg suppository insert 1 supp as needed. However, this medication is unavailable in the home.

Repeat Violation Date: 12/9/2021 et al.

Plan of Correction

Accept [redacted] - 01/11/2023)

DRC or designee will perform cart audits. Cart audits will be weekly at first for one month and then Monthly from then on. This started the week of 12/18/22 and will be weekly through January 2023 and Monthly beginning in February. As a part of the cart audit they will ensure that medications listed on the MAR are available in the resident's cart.

Team members will be educated as a part of Med Tech orientation by the DRC on the process of ensuring medications are ordered and available for distribution.

Team members are expected to notify DRC or designee immediately if a medication isn't available for administration. Current team members were trained on this on 1/11/23.

Licensee's Proposed Overall Completion Date: 02/28/2023

Not Implemented [redacted] - 03/02/2023)

187b - Date/Time of Medication Admin.

8. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident 6 is prescribed morphine sulf 20mg/1ml solution give .25ml (5mg) by mouth every 3 hours as needed. On 11/3/22 at 12:30 this medication was administered; however, it was not documented on the medication administration record.

Plan of Correction

Accept [redacted] - 01/11/2023)

As a part of the DHS approved Med Tech Certification, team members are trained and must demonstrate to the Train the Trainer how to document on the MAR including documenting on the back of the MAR for distribution of PRN medications. After completion of the Department approved med tech training, the DRC or ADRC will ensure Med Tech follows this training.

DRC or designee will perform cart audits. Cart audits will be weekly at first for one month and then Monthly from then on. This started the week of 12/18/22 and will be weekly through January 2023 and Monthly beginning in February. As a part of cart audits, they will review MAR to ensure PRN medications are documented properly on back of MAR.

Licensee's Proposed Overall Completion Date: 02/28/2023

Not Implemented [redacted] - 03/02/2023)

## 187d - Follow Prescriber's Orders

**9. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

*Resident 1 is prescribed Novolog Penfill Flexpen 100unit/ml (insulin aspart) inject per sliding scale as follows: 80-200 = 0 units, 201-250 = 4 units, 251-300 = 6 units, 301-350=8 units, 351-400=10 units, 401-450=12 units, 451-500=14units, Call physician for 351-500. On 11/13/22 at 12:01PM the reading was 269 and 6 units should have been given, however it is documented as 121 and no units given.*

*Resident 2 is prescribed Novolog Flexpen 100units/ml insulin pen on sliding scale subcutaneously four times daily before meals and at bedtime as follows: 150-159 2 units, 200-249 4 units, 250-299 6 units, 300-349 8units, 350-400 10 units and call MD if greater than 400 or less than 60. On 11/25/22 the resident's glucometer reading was 340, it was documented as 349 and 10 units were administered however only 8 units should have been administered. On 11/24/22 at 11AM the reading was 479 and the MD should have been called, however 10 units were administered. On 11/23/22 at 11AM the reading was 479 and the MD should have been called, however 20 units were administered. On 11/22/22 at 11AM the reading was 507 and the MD should have been called, however 18 units were administered. On 11/22/22 at 7AM the reading was 299 and 6 units should have been administered, however 12 units were administered. There was no reading or insulin administered on the following days at bedtime: 11/8/22, 11/9/22, 11/12/22, 11/15/22, 11/16/22, 11/18/22, 11/19/22, 11/20/22, 11/22/22, 11/24/22, 11/26/22, 11/27/22.*

*Resident 2 is prescribed Atorvastatin Calcium F/C 20mg tablet take 1 tablet by mouth at bedtime. However, this medication as not administered on 11/20/22.*

*Resident 2 is prescribed Diltiazem HCL 60mg tablet oral take 1 tab BID. However, this medication was only administered once on 11/24/22.*

*Resident 4 was prescribed Haloperidol 2MG/1ML oral conc .5ML (1mg) by mouth 2 times a day. However, it was only administered once on 9/1/22 and 9/3/22*

*Resident 4 was prescribed Pantoprazole Sodium 40mg 1 tab by mouth every day; however, it was not administered on 9/3/22.*

*Resident 4 was prescribed Sertraline HCL 50mg tablet 1 tab by mouth every day, however it was not administered on 9/21/22*

*Resident 4 was prescribed Bisacodyl 5mg tab take 1 tab by mouth three times a day. However, this medication was only administered 2 times on the following days: 9/4/22, 9/5/22, 9/8/22, 9/9/22, 9/13/22 through 9/18/22, and 9/20/22.*

*Resident 4 was prescribed Nystop 100000 u/g powder apply to bilateral groin folds once every day. However, this medication was not administered on the following days: 9/6/22, 9/8/22, 9/10/22 through 9/16/22, 9/20/22, and 9/21/22.*

*Resident 6 is prescribed Aspirin 81MG tab chew 1 tab by mouth every day. However, this medication was not*

**187d - Follow Prescriber's Orders (continued)**

administered on 11/4/22.

Resident 6 is prescribed Docusate sodium soft gel 100mg capsule 1 cap by mouth twice a daily. However, this medication was only administered once on 11/4/22

Resident 6 is prescribed Gabapentin 100mg capsule 1 cap by mouth 3 times daily. However, this medication was only administered twice on 11/6/22, 11/10/22, and 11/12/22.

Resident 6 is prescribed Senna 8.6mg Tablet 1 tab by mouth every day. However, this medication as not administered on 11/28/22

Resident 6 is prescribed morphine sulf 20mg/1ml give .25ml every 6 hours. However, this medication as not administered on 11/13/22 at 12AM, 11/14/22 at 6AM, 11/15/22 at 12AM, 11/19/22 at 6AM, 11/28/22 at 12AM and 6AM, 11/24/22 at 12PM and 6PM, 11/26/22 at 12AM and 6AM, and 11/27/22 at 12PM.

Resident 7 was prescribed Ensure Original 0.04g-1.05 liquid 1 can by mouth twice a day. However, this was not administered on 9/16/22.

**Plan of Correction**

Accept [REDACTED] - 01/11/2023)

DRC or designee will perform cart audits. Cart audits will be weekly at first for one month and then Monthly from then on. This started the week of 12/18/22 and will be weekly through January 2023 and Monthly beginning in February.

MT/LPN are expected to review previous shifts MAR to ensure all medications were documented properly. Team members are expected to report immediately to DRC or ADRC if medication was not properly signed out. Current team members will be retrained on this process on 1/11/23.

MT/LPN orientation will train team members on this process.

Licensee's Proposed Overall Completion Date: 02/28/2023

Not Implemented [REDACTED] - 03/02/2023)

**10. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

**Description of Violation**

Resident 5 is prescribed Calcium Carbonate 600MG tab give 1 tab by mouth twice a day. However, this medication is unavailable in the home.

**Plan of Correction**

Accept [REDACTED] 01/11/2023)

DRC or designee will perform cart audits. Cart audits will be weekly at first for one month and then Monthly from then on. This started the week of 12/18/22 and will be weekly through January 2023 and Monthly beginning in February.

MT/LPN are expected to review previous shifts MAR to ensure all medications were documented properly. Team members are expected to report immediately to DRC or ADRC if medication was not properly signed out. Current team members will be retrained on this process on 1/11/23.

**187d - Follow Prescriber's Orders (continued)**

MT/LPN orientation will train team members on this process.

Licensee's Proposed Overall Completion Date: 02/28/2023

Not Implemented ( ) - 03/02/2023)

**190a - Completion Medication Course****11. Requirements**

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**Description of Violation**

Staff person A, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:

On 11/1/22 at 8AM, Amantadine 100Mg capsule to Resident 2

On 11/2/22 at 8AM, Vitamin D3 1000unit caps to Resident 5

On 11/16/22 at 8PM, Gabapentin 100mg capsule to Resident 6

Staff person B, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:

On 9/12/22 at 8PM, Haloperidol 2MG/1ML Resident 4

On 11/7/22 at 12AM, Morphine Sulf 20mg/1ml to resident 6

On 11/8/22 at 6AM, Morphine Sulf 20mg/1ml to resident 6

Staff person C, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:

On 11/1/22 at 8PM, Atorvastatin Calcium 20Mg tablet to Resident 2

On 11/18/22 at 8AM, Vitamin D3 1000unit caps to resident 5

On 11/29/22 at 8PM, Docusate Sodium Softgel 100mg capsule to resident 6

**Plan of Correction**

Accept ( ) - 01/11/2023)

Staff persons B & C were removed from cart on 11/30/22, Staff person A was removed on 12/12/22 during licensing inspection.

A diabetic training was conducted by a CDE on 12/6/22

Community will utilize LPN's to administer all medications until non licensed team members are trained as Med Techs including diabetic management. ED or Contracted Train the Trainer will review Med Tech binder at beginning of month to ensure any team member that is up evaluation is completed. This process will pass to inhouse Train the Trainer once they complete DHS approved training.

Licensee's Proposed Overall Completion Date: 02/28/2023

Not Implemented ( ) - 03/02/2023)

**190b - Insulin Injections**

12. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

On multiple dates and times from 11/1/22 to 11/30/22 staff person A, who has not completed the Department-approved diabetes patient education program, administered insulin injections to residents 2 and 3 .

On multiple dates and times from 11/1/22 to 11/30/22, staff person C, who has not completed the Department-approved diabetes patient education program, administered insulin injections to residents 1, 2 and 3.

Plan of Correction

Accept [REDACTED] - 01/11/2023)

Staff persons B & C were removed from cart on 11/30/22, Staff person A was removed on 12/12/22 during licensing inspection.

A diabetic training was conducted by a CDE on 12/6/22 on the full Diabetic Certification.

Community will utilize LPN's to administer all medications until non licensed team members are trained as Med techs including diabetic management. ED or Contracted Train the Trainer will review Med Tech binder at beginning of month to ensure any team member that is up evaluation is completed. This process will pass to inhouse Train the Trainer once they complete DHS approved training.

Licensee's Proposed Overall Completion Date: 02/28/2023

Not Implemented [REDACTED] - 03/02/2023)

190c - Record of Training

13. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training records for staff persons B and C do not include documentation that the course was successfully completed.

Plan of Correction

Accept [REDACTED] - 01/11/2023)

There are currently no department approved med techs working at the community. At the time of course completion the community in conjunction with their Train the Trainer will create and maintain a Med Tech certification binder.

ED or Contracted Train the Trainer will review Med Tech binder at beginning of month to ensure any team member that is up evaluation is completed. This process will pass to inhouse Train the Trainer once they complete DHS approved training.

Licensee's Proposed Overall Completion Date: 02/28/2023

Not Implemented [REDACTED] - 03/02/2023)