

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

March 7, 2023

[REDACTED], OWNER
314 FALLOWFIELD AVENUE
CHARLEROI, PA, 15022

RE: THE ADAMS HOUSE
314 FALLOWFIELD AVENUE
CHARLEROI, PA, 15022
LICENSE/COC#: 41371

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/01/2022, 12/02/2022 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: THE ADAMS HOUSE License #: 41371 License Expiration: 03/13/2023
 Address: 314 FALLOWFIELD AVENUE, CHARLEROI, PA 15022
 County: WASHINGTON Region: WESTERN

Administrator

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

Legal Entity

Name: KAREN ADAMS
 Address: 314 FALLOWFIELD AVENUE, CHARLEROI, PA, 15022
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 01/02/1998 Issued By: L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 21 Waking Staff: 16

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 12/02/2022

Inspection Dates and Department Representative

12/01/2022 - On-Site: [REDACTED]
 12/02/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 21 Residents Served: 21

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 0

Number of Residents Who:
 Receive Supplemental Security Income: 21 Are 60 Years of Age or Older: 9
 Diagnosed with Mental Illness: 18 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 0 Have Physical Disability: 8

Inspections / Reviews

12/01/2022 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/01/2023

01/09/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/16/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/11/2023

Inspections / Reviews *(continued)*

01/24/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 02/16/2023

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 01/25/2023

03/07/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: 02/16/2023

Reviewer: [REDACTED] Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED] at [REDACTED], there were home health folders for multiple residents including residents #1, #2 and #3 on the medication cart in the dining room, unlocked, unattended and accessible. These folders contained admission and treatment information of residents.

In addition, there were pharmacy delivery sheets for multiple residents including residents #1 and 4 on top of the medication cart in the dining room unlocked, unattended and accessible.

Plan of Correction

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

Immediately, the home health folders for residents #1, #2 and #3 and the pharmacy delivery sheets for residents #1 and 4 on top of the medication cart in the dining room have been removed from the cart and filed where they belong in the locked cabinet. The personal care home administrator will have a meeting where record confidentiality will be discussed as well as regulation 2600.17 and the proper policy for keeping records confidential. This meeting will be on Saturday, January 7th.

Update: The personal care home administrator will have a follow up meeting where record confidentiality will be discussed again with emphasis on a discussion about home health and the need to acknowledge this with them and keep the folders locked up and not stored on the medication cart. This meeting will be on Saturday, January 14th. The ongoing monitoring step is that the administrator will do random inspections of the medication cart and kitchen/office area at least twice a week for record confidentiality and investigate the instances of violation of this regulation and educate staff. Please see attached meeting notes from the Jan. 7th meeting. and the upcoming proposed follow up meeting.

Licensee's Proposed Overall Completion Date: 01/14/2023

Implemented ([REDACTED] - 03/07/2023)

54a - Direct Care Staff

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

Plan of Correction

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

Immediately, the administrator contacted staff person A and [REDACTED] contacted [REDACTED] school to retrieve the high school transcripts. The school directed [REDACTED] to an online request website where staff person A requested [REDACTED] credentials. They were ordered and are coming in the mail but the website did not provide a confirmation number or receipt. The administrator attempted to contact the school and they redirected [REDACTED] to the same website. The school is no longer

54a Direct Care Staff (continued)

keeping record and has transferred these documents to a third party. The administrator has not had contact with the website or the school due to them being out of office for the holiday break. The administrator has communicated with staff person A the last week of December and had limited contact. On January 2, the administrator will follow up again with Staff person A and will contact the website to see if we can retrieve documentation or a status update. The coordinator responsible for collecting this qualification will be retrained. The administrative assistant will do an audit on the employee files on January 3 and will immediately audit any future new employee file after each new hire before the person's first day of work.

Update: The personal care home administrator received the staff members high school transcripts. The administrative assistant did an employee file audit on Jan. 5, 2023 for all staff requiring diplomas and will audit after every new hire. Please see attached.

Licensee's Proposed Overall Completion Date: 01/11/2023

Implemented [REDACTED] - 03/07/2023)

85a - Sanitary Conditions**3. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 12/2/2022 at approximately 10:00 am, there was a purplish sticky substance spilled on the third shelf on the door in freezer #2 in the basement. Also, there was a brown substance on the left side of refrigerator #1 and crumbs and debris on the bottom of refrigerator #1 in the basement. There was a brownish substance on the shelf in the Samsung refrigerator in the basement.

On 12/2/2022 at approximately 10:15 am, there were no paper towels or other sanitary means to dry hands in the bathroom by the medication room. The air dryer was inoperable.

On 12/2/2022 at approximately 10:15 am, the following were observed in the bathroom next to the medication room:

- * 2 used washcloths on the shower shelf
- * A black loofah on a stick hanging on the metal rack in the shower
- * An unlabeled bar of soap on the metal rack hanging on the spigot.
- * 18 open bottles of shampoos and liquid soaps and a small bottle of roll on deodorant on the shelf in the shower, all unlabeled

Plan of Correction

Accept [REDACTED] - 01/09/2023)

Immediately freezer #2, refrigerator #1, and the Samsung refrigerator in the basement were all cleaned. The food service person responsible for the cleaning prior no longer works for the personal care home and a new hire is training on the job which includes this cleaning. The administrator will be setting up a checklist on the units for them to be cleaned twice a week by that food service person and the administrator will check after the checklists on the units once a week. This checklist will be developed and posted by January 6.

The food service person is also responsible for inventorying and stocking supplies as well including paper towels. The home did have a housekeeper but we are now looking to fill that position again and the future housekeeper upon

85a - Sanitary Conditions (continued)

training will be responsible for stocking the bathroom supplies during their cleaning schedule. For now, the newly hired food service person will be doing that. Immediately, the paper towels were refilled in the bathroom by the medication room. The food service person made sure to check all the paper towel dispensers. The administrator will be adding this as a check item for the aides to check that the food service person is stocking the paper towels and the aides will report if it isn't being done. Since the aides are cleaning more house-wide while we are finding a new housekeeper, the use of the food service person will offset some of the responsibility. This check item will be added to the job duties of the aides and posted by January 6. The food service person will have a physical checklist as well that will include these job duties. This change will be discussed at the staff meeting on Saturday January 7. All of these sanitary conditions and regulation 2600.85.a. will be discussed at the meeting.

The administrator will be making a new home rule that all soaps, shampoos, deodorants, washcloths, loofahs, etc will need to be kept in the resident's personal shower caddy and taken to their room when they are done with their hygiene. This caddy will be labeled with the resident's name and will be provided by the home by January 6th. The administrator will ask that everyone begins using them immediately but the residents will have a 30 day notice of this change as a new home rule. It will be put into the new contract for new residents. Since we don't currently have a housekeeper to audit the bathrooms, the administrator will designate the midnight shift aides to visually inspect the bathrooms daily and remove loose, unlabeled items and/or return labeled items to the resident and remind them of the new home rule. This will be added to midnight shift aide job duties list. Staff will also be notified during the meeting on January 7th and will be advised of any questions about the use of the caddies or policy for loose items and that problems can be directed to the administrator for clarification. All of these sanitary conditions and regulation 2600.85.a. will be discussed at the meeting. Please see attached.

Licensee's Proposed Overall Completion Date: 01/07/2023

Implemented [REDACTED] - 03/07/2023)

85d - Trash Receptacles**4. Requirements**

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 12/1/2022 at approximately 10:55 am, there was a full, uncovered trash can in the bathroom to the left of the stairs on the second floor.

Repeat Violation 10/18/2021 et al.

Plan of Correction

Accept [REDACTED] - 01/11/2023)

Immediately, the trash was emptied and a lid was located. Because the home cannot find a housekeeper at the moment, the aides are responsible for removing trash on their shift. All aides will be educated on the importance of the trash can lids and trash removal. The administrator is trying to find a housekeeper, but the administrator is going to change the job duties list for the aides to include these responsibilities for now. This list will be completed by January 6th. Because this is a repeat violation, extra emphasis will be provided. The home will have a meeting on January 7th to discuss the expectations of this list change and educate on the regulation 2600.85.d. Please see attached. These repeat violations will be discussed with the staff and will also be covered at the annual quality assurance meeting.

85d Trash Receptacles (continued)

Update:

An official daily monitoring of the trash cans and lids have been added to the aide job duties for the 5p 1a Evening Aid Duties. It also acknowledges they need to notify the administrator if a lid cannot be located. We also educated all staff at the meeting regarding these changes and the regulation importance so that we all can monitor daily for trash cans needing emptied and that lids need to stay on the trash cans in the kitchen and all bathrooms. Please see attached.

Additionally, for sanitary conditions relating to paper towels, the 9a 5p Morning Aid Duties list has been updated to check that the food service person has filled the paper towel dispensers/soaps and report to the Administrator if empty. The food service person has a checklist to fill paper towels and soaps 3x a week. Please see attached.

Additionally, for sanitary conditions related to the showers having loose unlabeled products and washcloths, etc. The 1a 9a Night Aid Duties have been updated to include the duty of checking all bathrooms nightly for loose, unlabeled items and returning labeled caddies and hygiene items to the residents. The Night aid will also promote the new home rules and report to the administrator any problems. The administrator ordered all the caddies. All staff have been educated on this new home rules and all current residents have signed the new home rules agreement, the new home rule is also updated in the resident home contract for future residents. Please see attached.

Licensee's Proposed Overall Completion Date: 01/11/2023

Implemented (█) - 03/07/2023)

89a - Water Pressure

5. Requirements

2600.

89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

There was no hot water at the sink in the bathroom in the hallway between the living room and kitchen on the first floor.

Plan of Correction

Accept (█) - 01/11/2023)

The administrator has inspected the problem and it does not look like the home can fix it without outside help. The administrator has had trouble getting return calls over the holiday. The administrator will call again immediately for plumbers. Checking the water temperatures will be part of the new food service persons checklist. Any documentation for this will be submitted as soon as we receive it.

Update:

A plumber was located and came to the home beginning on January 4, 2023. Jan. 6, the water pressure is fixed, the water temperature has been adjusted again, and hot water is available. The food service person will be responsible for performing a food service and maintenance checklist and checking hot water temperatures and evaluating adequate water pressure is on the check list as monthly item every 2nd Friday of the month. If any complaints arise in between, the home will address them immediately. Please see attached.

Licensee's Proposed Overall Completion Date: 01/11/2023

Implemented (█) - 03/07/2023)

89b Hot Water Temperature

6. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 12/1/2022 at 11:05 am, the hot water temperature at the sink in the bathroom next to the medication room, measured 142.3 degrees Fahrenheit.

Plan of Correction

Accept (redacted) - 01/09/2023)

Immediately, the hot water tank was adjusted. The administrator checked the water temperature again and it was correct. The food service person is also responsible for some maintenance related jobs and will be trained to check the water temperature monthly starting January 2 unless we have complaints and then it will be checked immediately and adjusted. Any recurrent problems with it will result in a call to a hot water heater expert.

Licensee's Proposed Overall Completion Date: 01/02/2023

Implemented (redacted) - 03/07/2023)

92 Windows

7. Requirements

2600.

92. Windows and Screens Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

There was no screen on the first window from the door in bedroom #9.

Plan of Correction

Accept (redacted) - 01/11/2023)

The administrator has inspected the problem and checked for replacement screens. The administrator has had trouble getting return calls over the holiday. The administrator will call again immediately for a window expert to try to create some custom window screens. Any documentation for this will be submitted as soon as we receive it. The home used to have replacements which is what we thought we had inventory of but they were either used up or accidentally misplaced/discarded. The food service person is also responsible for some maintenance related jobs and will be trained to check the window screens monthly starting January 2 unless we have complaints of damaged or missing screens in between checks. Any documentation with the window expert will be sent as soon as possible.

Update:

The plumber/handyman came and measured the screen area on Jan. 4th, 2023 and it was created and put it in Jan. 6th, 2023. The administrator couldn't get a picture because of the glass reflection, the houses are too close together, and it's too high up to see from the inside. It's best to inspect visually. The food service person will be responsible for performing a food service and maintenance checklist and checking window screens will be done monthly on the 2nd Monday of the month. If any complaints arise in between, the home will address them immediately. The handyman that created this replacement screen will be called in any time the food service person identifies that we need new screen(s). Please see attached.

Licensee's Proposed Overall Completion Date: 01/11/2023

Implemented (redacted) - 03/07/2023)

95 Furniture and Equipment

8. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The side armrest along the seam of the large brown vinyl sofa against the left wall in the living room was ripped approximately 18" to 20". There were also two large holes in the armrest measuring approximately 10" by 8".

The bracket on the right side of the curtain rod on the first window in bedroom #7 was pulled away from the wall.

Repeat Violation 10/18/2021 et al.

Plan of Correction

Accept [REDACTED] - 01/11/2023)

The administrator will immediately remove the damaged couch. The food service person is also responsible for some maintenance related jobs and will be trained to check the couches and curtains monthly starting January 2 unless we have complaints of damaged or missing furniture and equipment in between checks. These checks will be a physical checklist. Because this has been a repeat violation, the administrator will also do a monthly visual check after the food service person to assure furniture and equipment are in good repair. A list of furniture needing replacement will be made and the administrator will begin to make purchases to furnish the home and pictures will be provided as soon as possible. These repeat violations will be discussed with the staff and will also be covered at the annual quality assurance meeting.

Update: The curtain rod will be fixed today 1/11/2023 by the administrator. The food service person will be responsible for performing a food service and maintenance checklist and checking the all furniture, blinds, curtains/curtain rods are in good repair are on the check list as monthly item every 2nd Friday of the month. The food service person will fix or replace any future problematic curtain rods. If there is any need for repairs or replacements of furniture, blinds, curtains/curtain rods, the administrator will be notified. If any complaints arise in between, the home will address them immediately.

Additionally, relating to furniture, I have also attached pictures of the furniture list and the removed couch, and some of the replacement furniture. We are waiting on one more item for the living room, it is a second lift recliner, being delivered Thursday, Jan. 12, 2023. Please see attached.

Licensee's Proposed Overall Completion Date: 01/12/2023

Implemented [REDACTED] - 03/07/2023)

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 sheet on the bed to the right in bedroom #2 had a yellow/brown stain the whole way down the right side edge from the top to the middle of the sheet.

The sheet on the bed to the left in bedroom #9 had a yellow/brown stain on the side of the sheet measuring approximately 20" by 8".

101j3 Bed/Linens/Pillows/Blankets (continued)

Plan of Correction

Accept () - 01/11/2023)

Immediately, the sheet on the bed in bedroom #2 and the sheet on the bed in bedroom #9 were removed and disposed of. Because the home cannot find a housekeeper at the moment, the aides are responsible for changing sheets on their shift. All aides will be educated on the importance of the linens being in good repair and clean. The administrator is trying to find a housekeeper, but the administrator is going to change the job duties list for the aides to include these responsibilities for now. This list will be completed by January 6th. The home will have a meeting on January 7th to discuss the expectations of this list change and educate on the regulation 2600.101.j. Immediately, the administrator will be purchasing additional new sheets in bulk. The home will provide receipts as soon as they are purchased.

Update:

An official daily monitoring of the sheets and bed linens have been added to the aide job duties for the 1a pa Night Aid Duties. This will be done daily when the aid makes the residents beds. It also acknowledges they need to notify the administrator if the sheets/bedding need replaced. The administrator ordered an additional supply of 24 new sheets for the home on Jan. 5, 2023. We also educated all staff at the meeting 1/7/23 regarding these changes and the regulation importance so that we all can monitor daily for good condition in our sheets and bedding linens. Please see attached.

Licensee's Proposed Overall Completion Date: 01/11/2023

Implemented () - 03/07/2023)

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

There was no source of lighting that could be turned on/off from beside for the second bed from the door in bedroom #7. There was not light bulb in the lamp.

There was no source of lighting that could be turned on/off from beside for any of the 4 beds in bedroom #8.

There was no source of lighting that could be turned on/off from beside for the bed on the left in bedroom #9.

There was no source of lighting that could be turned on/off from beside for the bed on the left in bedroom #2.

Repeat Violation 10/18/2021 et al

Plan of Correction

Accept () - 01/09/2023)

The administrator has inspected the problem and checked for replacements in the basement. The administrator has had trouble keeping lamps in the home. The administrator after inventorying there were no extra lamps, immediately the administrator replaced the missing lamps and will no longer buy led lamps because the whole lamp dies. The home used to have replacements which is what we thought we had inventory of but they were either used

101j7 - Lighting/Operable Lamp (continued)

up or accidentally misplaced/discarded. The food service person is also responsible for some maintenance related jobs and will be trained to check the lamps weekly starting January 2 due to safety concerns unless we have complaints of damaged or missing lamps in between checks. These checks will be on a physical checklist. Due to this being a repeat violation, the administrator will visually follow after the checks of the food service person monthly to assure compliance. These repeat violations will be discussed with the staff and will also be covered at the annual quality assurance meeting.

Licensee's Proposed Overall Completion Date: 01/02/2023

Implemented (████) - 03/07/2023)

101o - Walls, Floors, Ceilings**11. Requirements**

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

There ceiling tiles above the third bed in bedroom #7 were heavily damages from past water damage. The first tile was discolored and warped so that it was not fitting in the frame. Both this ceiling tile and the adjacent one had black spots which appeared to be mold.

Repeat 10/18/2021 et al.

Plan of Correction

Accept (████) - 01/11/2023)

The administrator has inspected the problem. Immediately, the administrator will have the food service person check for signs on mold in the ceiling. If necessary, a mold specialist will be contacted. The food service person is also responsible for some maintenance related jobs because we cannot find a maintenance person to work right now. They will be trained to check the ceiling tiles monthly starting January 2 unless we have complaints of damaged or missing tiles in between checks. These checks will be on a physical checklist. Because this is a repeat violation, the administrator will do a visual inspection monthly after the food service person. Please see attached. These repeat violations will be discussed with the staff and will also be covered at the annual quality assurance meeting.

Update: The ceiling tiles were replaced and walls were cleaned. This was done by the food service person on Jan. 10. The food service person will be responsible for performing a food service and maintenance checklist and checking the all the ceiling tiles/surrounding areas are in good repair are on the check list as monthly item every 2nd Tuesday of the month. The food service person will fix or replace any ceiling tiles and clean up after that. If there is any need for repairs or replacements tiles, the administrator will be notified. If any complaints arise in between, the home will address them immediately. Please see attached.

Additionally, for the lamps violation, the administrator ordered more lamps on January 8. We received feedback that some of the residents do not like having a lamp. The administrator ordered push lights as well to accommodate the different preferences. The food service person also has checking lamps on their checklist as a weekly check. Please see attached.

Licensee's Proposed Overall Completion Date: 01/11/2023

Implemented (████) - 03/07/2023)

103f - Refrigerator/Freezer Temps

12. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the refrigerator in the kitchen.

Plan of Correction

Accept (████) - 01/09/2023)

The food service person is responsible for making sure the units have thermometers. The prior food service person made sure to check all the fridges and freezers for thermometers and placed one in the refrigerator in the kitchen. The thermometer has since been moved to the proper position in the fridge as it was in the fridge door. The new food service person will be trained on logging temperatures and assuring all thermometers are properly placed. This log is on the side of the units and is checked every time the food service person works.

Licensee's Proposed Overall Completion Date: 01/02/2023

Implemented (████) - 03/07/2023)

132b - Safety Inspection/Fire Drill

13. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last safety inspection and fire drill observed by a fire safety expert was conducted on 1/15/2021.

Plan of Correction

Accept (████) - 01/11/2023)

For the year of 2022, the local fire department took over conducting the fire drills and the fire safety inspection and supervised fire drill. It was completed because they were doing the drills with the aides and the fire dept. requested we update our fire extinguishers and sprinkler inspection etc. At the time, there was a different coordinator employed and the records were misplaced. But we will need to retrieve the paperwork. Immediately, we will get documentation for this and send it. The annual inspection and fire drill are due to be done again for 2023 so we will also document that when it happens and keep proper records annually.

Update: The fire captain from the fire department provided documentation for our 2022 inspection and supervised drill. The fire dept. conducted our 2023 inspection and drill on January 6, 2023. Please see attached.

Licensee's Proposed Overall Completion Date: 01/11/2023

Implemented (████) - 03/07/2023)

183d - Prescription Current

14. Requirements

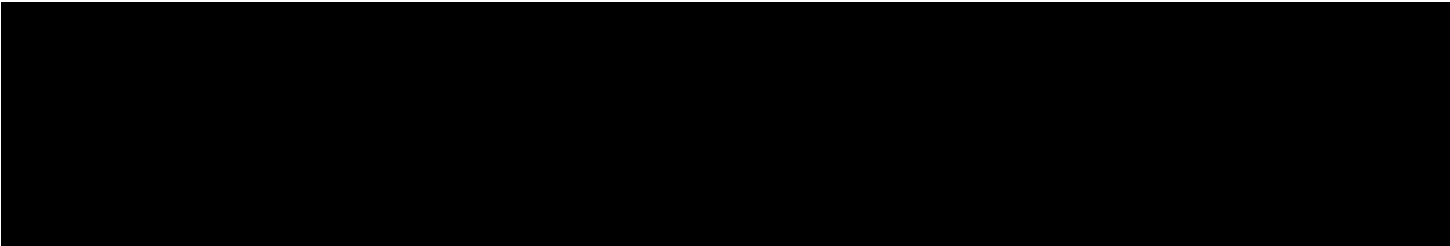
2600.

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

Description of Violation

There was a large medical waste box full of unused medications in the medication room that belonged to multiple current and discharged residents. Medications included the following:

183d Prescription Current (continued)

**Plan of Correction**

Accept (█ - 01/11/2023)

Immediately, the hazardous waste bag was tied shut. The aide used to return prescriptions and sharps boxes with the pharmacy delivery person but that policy was discontinued due to covid 19. The home had set up a hazardous waste company to pick up every 3 months. The bag has been placed in a locked area away from contact with the public and the residents until the company can pick up. Documentation of this pickup will be provided. In the future, the pickup frequency will need to be adjusted so the administrator will request that with the waste company and see if it's possible. Please see attached.

Update:

The personal care home administrator updated a policy with the hazardous waste company to pick up non hazardous medications and sharps containers every 8 weeks. Please see attached the agreement. The home will have a follow up staff meeting with education to address that this medication disposal problem has been remedied and what our policy and procedure is, where the container will be, the importance of keeping it locked in the basement, the emphasis on reordering the containers and how to do so, the collaboration with visiting nurses that bring their own sharps and medication waste into the home, and the importance to notify the administrator if a pick up is missed. Please see attached the proposed meeting notes for Sat. Jan. 14, 2023.

Additionally, for the recreation, the administrative assistant created a monthly notification on her calendar to update and change the activities calendar. Please see attached.

Additionally, for the Support Plan, the administrative assistant was educated on the heating pad and safety instructions update needed. The administrative assistant also audited all the resident RASPS and spoke with the aides to determine which residents have received a heating pad through their insurance company. The aides have also been notified to let the administrative assistant know if any other residents begin using heating pads. Please see attached.

Licensee's Proposed Overall Completion Date: 01/11/2023

Implemented (█ - 03/07/2023)

221c - Post Activity Calendar

15. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home.

Plan of Correction

Accept (█ - 01/09/2023)

The home's walls were painted again and the activities calendar was removed. Sometimes residents and/or staff

221c - Post Activity Calendar (continued)

remove it or accidentally it falls. The administrative assistant created a new calendar and posted it immediately. The administrative assistant will audit the calendar location and placement monthly and replace it when it is missing or damaged. Please see attached.

Licensee's Proposed Overall Completion Date: 01/01/2023

Implemented (█) - 03/07/2023)

227a - Support Plan 30 Days**16. Requirements**

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #10 uses a heating pad; however, the use of this heating pad and safety precautions for the use of the heating pad were not included in the resident's support plan, dated 6/9/2022.

Plan of Correction

Accept (█) - 01/09/2023)

The administrative assistant created a new support plan for resident #10 and has been educated on the use of the heating pad being allowed but the need for it to be in the support plan. Administrative assistant has been educated on the need for an updated support plan related to heating pads and devices used for disabilities. Please see attached.

Licensee's Proposed Overall Completion Date: 01/01/2023

Implemented (█) - 03/07/2023)