

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

March 28, 2023

[REDACTED]  
ANNS CHOICE INC  
16000 ANN'S CHOICE WAY  
WARMINSTER, PA, 18974

RE: ANN'S CHOICE  
16000 ANN'S CHOICE WAY  
WARMINSTER, PA, 18974  
LICENSE/COC#: 12901

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/12/2022, 12/16/2022, 12/19/2022, 12/20/2022, 12/22/2022 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:** ANN'S CHOICE **Licen e #:** 12901 **Licen e Expiration:** 07/22/2023  
**Address:** 16000 ANN'S CHOICE WAY, WARMINSTER, PA 18974  
**County:** BUCKS **Region:** SOUTHEAST

## Administrator

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

## Legal Entity

**Name:** ANNS CHOICE INC  
**Address:** 16000 ANN'S CHOICE WAY, WARMINSTER, PA, 18974  
**Phone:** [REDACTED] **Email:** [REDACTED]

## Certificate(s) of Occupancy

## Staffing Hours

**Resident Support Staff:** 126 **Total Daily Staff:** 221 **Waking Staff:** 166

## Inspection Information

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Incident **Exit Conference Date:** 12/23/2022

## Inspection Dates and Department Representative

12/12/2022 - Off-Site: [REDACTED]  
 12/16/2022 - Off-Site: [REDACTED]  
 12/19/2022 - Off-Site: [REDACTED]  
 12/20/2022 - Off-Site: [REDACTED]  
 12/22/2022 - Off-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**Licen e Capacity:** 65 **Re ident Served:** 57

## Secured Dementia Care Unit

**In Home:** Yes **Area:** Memory Care **Capacity:** 44 **Re ident Served:** 38

## Hospice

**Current Re ident :** 0

## Number of Residents Who:

**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 57  
**Diagnosed with Mental Illness:** 0 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 38 **Have Physical Disability:** 0

## Inspections / Reviews

12/12/2022 Partial

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/15/2023

**01/19/2023 - POC Submission**

Submitted By: [REDACTED]

Date Submitted: 03/06/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 01/24/2023

**01/25/2023 - POC Submission**

Submitted By: [REDACTED]

Date Submitted: 03/06/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 02/24/2023

**03/02/2023 - Document Submission**

Submitted By: [REDACTED]

Date Submitted: 03/06/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 03/06/2023

**03/28/2023 - Document Submission**

Submitted By: [REDACTED]

Date Submitted: 03/06/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 15a - Resident Abuse Report

## 1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

## Description of Violation

On [REDACTED]/22, at [REDACTED] am, resident #1 was found locked in the resident's bedroom and the linen on the resident's bed had been soiled. Resident #1 was locked in the room by staff person A. This incident was observed by staff person B. However, this allegation of abuse was not reported in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 .

On [REDACTED]/22, during the [REDACTED] pm shift, residents #2 and #3 were found locked in resident #2's room. The residents were locked in the room by staff person A. This incident was observed by staff person C. However, this allegation of abuse was not reported in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 .

## Plan of Correction

Accept [REDACTED] - 01/25/2023)

- All suspected abuse shall be reported immediately, in accord with the Older Adult Protective Services Act and 6 PA Code 15.21-15.27.
- Caregivers were provided education on abuse reporting by the Staff Development Coordinator on " Resident Rights, involuntary seclusion and Intimidation on 12/7-12/9/22 and again on 12/23-12/27/22, with signed attendance sheets.
- Education of all staff to be completed Staff Development Coordinator by 2/17/23.
- Abuse training will be provided annually, and as needed by Staff Development Coordinator or her Designee.
- This will be monitored by the Staff Development Coordinator, or designee and reported at QAPI meetings monthly 2 months beginning in February 2023

Audit: Starting 2/3/23

- o Managers/Night Supervisors will round each shift for 2 weeks to ensure doors are not locked.
- o Managers/Night Supervisors will round 1 time per week for 2 weeks to ensure doors are not locked.
- Review of audits at Monthly QAPI meeting x 2 months beginning in February 2023

Licensee's Proposed Overall Completion Date: 04/30/2023

Implemented [REDACTED] - 03/28/2023)

## 16c - Written Incident Report

## 2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

## Description of Violation

On [REDACTED]/22, at [REDACTED] am, resident #1 was found locked in the resident's bedroom and the linen on the resident's bed had been soiled. Resident #1 was locked in the room by staff person A. This incident was observed by staff person B. The home did not report this incident to the department.

## 16c - Written Incident Report (continued)

On [REDACTED]/22, during the [REDACTED] pm shift, residents #2 and #3 were found locked in resident #2's room. The residents were locked in the room by staff person A. This incident was observed by staff person C. The home did not report this incident to the department.

**Plan of Correction**

Accept [REDACTED] 01/25/2023)

- Upon report of locking of doors to Clinical Manager on 12/5/22, Clinical Manager immediately reported it to NHA. Investigation was begun, employee suspended, and timely report was made to the Adult Residential Licensing (ARL) on the Bureau of Human Services Licensing Incident Reporting form emailed (12/6/22)
- All suspected abuse shall be reported immediately, in accord with the Older Adult Protective Services Act and 6 PA Code 15.21-15.27.
- Staff education on immediately Reporting of Abuse was completed by Staff Development Coordinator on Resident Rights, Involuntary seclusion and Intimidation on 12/7-12/9/22 and again on 12/23-12/27/22, with signed attendance sheets.
- Education of all staff on immediately Reporting Abuse to be completed Staff Development Coordinator by 2/17/23.
- Staff Development Coordinator or designee to educate all Personal Care staff on Reporting of abuse within 30 days.
- Audit: Starting 2/3/23
  - o Any occurrences of allegations of abuse in Personal Care shall be audited to verify compliance that event was reported to Adult Residential Licensing (ARL) within 24 hours of report daily for two weeks; and then weekly for 2 weeks.
- Review of audits at Monthly QAPI meeting x 2 months beginning February 2023

Licensee's Proposed Overall Completion Date: 04/30/2023

Implemented [REDACTED] - 03/28/2023)

## 25a - Written Contract and Review

**3. Requirements**

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

**Description of Violation**

Resident #4, admitted [REDACTED]/22, has a resident-home contract that is not dated.

Resident #5, admitted [REDACTED] 21, has a resident-home contract that is not dated.

**Plan of Correction**

Accept [REDACTED] 01/25/2023)

- All written resident-home contracts between the resident and the home shall be dated at the time of admission.
- Admissions staff conferred with CC Director and Corporate Partner to review needed items.
- With 15 days receipt of accepted POC, the administrator or designated staff person will check all Personal Care resident records to ensure a resident-home contract is dated.
- Upon every new admission, Admissions Coordinator or designee will complete review of the contract with resident and/or resident's designated person and then ensure that resident-home contracts are signed and dated

**25a - Written Contract and Review (continued)**

- Audits, Starting 2/3/23
  - o New admission contracts for Personal Care residents will be audited weekly for 4 weeks by PC Administrator to ensure contracts are dated.
- Findings will be reviewed monthly at QAPI beginning February 2023.

Licensee's Proposed Overall Completion Date: 04/30/2023

Implemented [REDACTED] - 03/14/2023)

**25b Contract Signatures****4. Requirements**

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**Description of Violation**

The resident-home contract, for resident #4 was not signed by the resident.

**Plan of Correction**

Accepted [REDACTED] 01/25/2023)

- Signature for Contract for Resident 4 will be obtained by 2/3/23
- All written resident-home contracts between the resident and the home shall be signed by the resident and payor at the time of admission.
- Admissions staff conferred with CC Director and Corporate Partner to review needed items.
- With 15 days receipt of accepted POC, the administrator or designated staff person will check all resident records to ensure a resident-home contract is signed. Signatures will be obtained for all unsigned contracts within 30 days.
- Admissions Coordinator or designee will complete review of the contract with resident and/or resident's designated person and then ensure that resident-home contracts are signed and dated
- Audits Starting 2/3/23
  - o New admission contracts for all new personal care admissions will be audited weekly for 4 weeks PC Administrator to ensure contracts are signed.
- Findings will be reviewed monthly at QAPI beginning February 2023.

Licensee's Proposed Overall Completion Date: 06/15/2023

Implemented [REDACTED] - 03/14/2023)

**25c2 - Fee Schedule****5. Requirements**

2600.

25.c. At a minimum, the contract must specify the following:

2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

**Description of Violation**

The home charges specified amounts for individual personal needs services. The resident-home contract, for resident #4 does not include a fee schedule of actual amounts charged for available services.

## 25c2 - Fee Schedule (continued)

**Plan of Correction**

Accepted [REDACTED] 01/25/2023)

- Fee schedule was reviewed and signed for Resident 4 on obtained by 2/3/23.
- A fee schedule will be included in the contract for Personal Care Residents.
- Admissions staff conferred with CC Director and Corporate Partner to review needed items.
- With 15 days receipt of accepted POC, the administrator or designated staff person will check all Personal Care resident records to ensure a fee schedule of actual amounts charged for available services has been reviewed with resident and/or designee and included with contract
- Admissions Coordinator or designee will complete review of all allowable resident charges for each of the home's services for all new admissions with resident and/or resident's designated person and then
- Audits
  - o Starting 2/3/23 All new personal care admission contracts will be audited weekly for 4 weeks PC Administrator to ensure contracts include a fee schedule of actual amounts charge for available services.
- Findings will be reviewed monthly at QAPI beginning February 2023.

Licensee's Proposed Overall Completion Date: 04/15/2023

Implemented [REDACTED] - 03/14/2023)

## 41e - Signed Statement

**6. Requirements**

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

**Description of Violation**

Resident #4's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

**Plan of Correction**

Accepted [REDACTED] 01/25/2023)

- Residents Rights will be reviewed with Resident and spouse and signed copy received by 2/3/24
- A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the Resident Rights and Complaint procedure, or documentation of efforts made to obtain signature, shall be kept in the resident's record.
- Admissions staff conferred with CC Director and Corporate Partner to review needed items.
- With 15 days receipt of accepted POC, the administrator or designated staff person will check all resident records to ensure a Resident Rights have been reviewed with resident and/or designee and included with contract
- Admissions Coordinator or designee will complete review of Resident Rights with all new admissions with resident and/or resident's designated person and then
- Audits
  - o Starting 2/3/23 All new personal care admission contracts will be audited weekly for 4 weeks by PC Administrator to ensure contracts include resident rights.
- Findings will be reviewed monthly at QAPI beginning February 2023.

Licensee's Proposed Overall Completion Date: 04/15/2023

41e - Signed Statement (*continued*)*Implemented* [REDACTED] - 03/14/2023)

## 42b - Abuse

**7. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**Description of Violation**

*On multiple occasions, staff person A locked memory care residents in their rooms. Staff person A stated that the resident doors were locked to prevent resident #4 from randomly entering other resident rooms. Not all care staff have keys to open all resident bedrooms and as such, staff are not able to access residents to provide care or in the event of an emergency.*

*On [REDACTED] 22, Staff person B reported that when they arrived at work and went to check on resident #1, the resident's door was locked and they could not enter the room. Resident #1 was found in bed with soiled linen.*

*On [REDACTED] /22 residents #2 and #3 were found locked in resident #2's room. Resident #3 resides in a different room from resident #2 however, they were locked in together. The home reports that neither resident is capable of opening the door from the inside to leave on their own.*

*Additionally, staff person A admitted to locking resident #6 in the their room. Resident #6 is incapable of opening the door from the inside to leave on their own.*

*Staff person A was immediately removed from the schedule as of [REDACTED] /22 and subsequently terminated.*

**Plan of Correction***Accept* [REDACTED] 01/25/2023)

*esidents will not be neglected, intimidated, physically or verbally abuse, mistreated, subjected to corporal punishment or disciplined in any way*

- Upon report of locking of doors to Clinical Manager, event was immediately reported to NHA. Investigation was begun to confirm all doors were unlocked.*
- Resident Rights, Involuntary seclusion and Intimidation on 12/7-12/9/22 and again on 12/23-12/27/22, with signed attendance sheets.*
- Staff education on immediately Reporting of Abuse was completed by Staff Development Coordinator on Resident Rights, Involuntary seclusion and Intimidation on 12/7-12/9/22 and again on 12/23-12/27/22, with signed attendance sheets.*
- Staff Development Coordinator or designee to educate all Personal Care staff on Reporting of abuse and nvoluntary Seclusion within 30 days.*
- Audit: Starting 2/3/23*
  - o Managers/Night Supervisors will round each shift for 2 weeks to ensure doors are not locked.*
  - o Managers/Night Supervisors will round 1 time per week for 2 weeks to ensure doors are not locked.*
- Review of audits at Monthly QAPI meeting beginning February 2023.*

**Licensee's Proposed Overall Completion Date:** 04/15/2023

*Implemented* [REDACTED] - 03/28/2023)

## 123a - Exit Doors

## 8. Requirements

2600.

123.a. Exit doors must be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost.

## Description of Violation

On multiple occasions, including [REDACTED]/22 and [REDACTED]/22, staff person A locked memory care residents in their rooms with no way to get out. Not all staff have keys to open resident bedrooms in the event of an emergency.

## Plan of Correction

Accept [REDACTED] 01/25/2023)

- All resident room doors are equipped so that they can easily opened by resident from the inside without the use of a key or other manual device that can be replaced, misplaced or lost. All resident rooms doors currently –and always have been able to- open from the inside without a key; anyone inside the resident room can utilize the door knob to exit the room.
- Education will be provided to all PC staff to communicate that staff must be able to access resident bedrooms at all times in the event of emergency. Education to be provided by Staff Development Coordinator or designee by 2/17/23.
- Audit: Starting 2/3/23 All new personal care
  - o Managers/Night Supervisors will round each shift for 2 weeks to ensure doors are not locked.
  - o Managers/Night Supervisors will round 1 time per week for 2 weeks to ensure doors are not locked.
- Review of audits at Monthly QAPI meeting beginning February 2023.

Licensee's Proposed Overall Completion Date: 04/15/2023

Implemented ([REDACTED] - 03/28/2023)

## 141a 1-10 Medical Evaluation Information

## 9. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

## Description of Violation

Resident 5's medical evaluation dated [REDACTED]/21, did not include a general physical examination.

Resident 6's medical evaluation dated [REDACTED]/22, did not include a general physical examination ad allergies.

## Plan of Correction

Accept [REDACTED] - 01/25/2023)

**141a 1-10 Medical Evaluation Information (continued)**

- Personal Care Residents will have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission, and annually.
- 
- Residents 5 & 6 will have an updated DME by [REDACTED] 23.
- Resident # 5 was seen by physician on [REDACTED] /21, [REDACTED] 22
- Resident #6 was seen by physician [REDACTED] /22 by physician and [REDACTED] /22 by CRNP
- 
- Admissions staff conferred with CC Director and Corporate Partner to review needed items.
- Within 15 days of POC acceptance, audit will be completed of all PC DMEs in house.
- Starting 2/3/23 Use of Tickler Audit Form will be initiated to capture annual DME Due Dates
- Review of findings from initial audit at monthly QAPI Meetings beginning February 2023.

Licensee's Proposed Overall Completion Date: 06/15/2023

Implemented [REDACTED] 03/02/2023)

**141b1 Annual Medical Evaluation****10. Requirements**

2600.

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

**Description of Violation**

Resident 5's most recent medical evaluation was completed on [REDACTED] /22. The resident's previous medical evaluation was completed on [REDACTED] /21.

Resident 6's most recent medical evaluation was completed on [REDACTED] /22. The resident's previous medical evaluation was completed on [REDACTED] 21.

**Plan of Correction**

Accept [REDACTED] - 01/25/2023)

- Personal Care Residents will have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission, and annually.
- Residents 5 & 6 will be updated by [REDACTED] /23.
- Resident # 5 was seen by physician on [REDACTED] 21 and [REDACTED] 22, and by CRNP [REDACTED] /21
- Resident #6 was seen by physician [REDACTED] /21 and [REDACTED] 22
- Admissions staff conferred with CC Director and Corporate Partner to review needed items.
- Within 15 days of POC acceptance, audit will be completed of all PC DMEs in house.
- Starting 2/3/23 Use of Tickler Audit Form will be initiated to capture annual DME Due Dates
- Review of findings from initial audit at monthly QAPI Meetings x 4 months beginning February 2023.

Licensee's Proposed Overall Completion Date: 06/15/2023

Implemented [REDACTED] - 03/02/2023)

**191 Resident Right to Refuse**

**11. Requirements**

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

**Description of Violation**

Resident #4, admitted [REDACTED] 22, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

**Plan of Correction****Accept [REDACTED] - 01/25/2023)**

- Admissions Coordinator or their designee A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the Resident Rights and Complaint procedure, or documentation of efforts made to obtain signature, shall be kept in the resident's record. This will be monitored by the PC Administrator, or designee, and reviewed at the QM meeting.
- Resident #4 and spouse will be educated on residents rights and signature obtained by 2/5/23.
- Admissions staff conferred with CC Director and Corporate Partner to review needed items.
- PC manager or designee will complete review of Resident Rights with all new admissions with resident and/or resident's designated person and then
- Audits Starting 2/3/23
  - o New admission contracts will be audited weekly for 4 weeks to ensure contracts include resident rights.
- Findings will be reviewed monthly at QAPI x 4 months beginning February 2023.

Licensee's Proposed Overall Completion Date: 06/15/2023

**Implemented [REDACTED] - 03/14/2023)****201 - Positive Interventions****12. Requirements**

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

**Description of Violation**

Resident #4, has behavior issues documented on the resident's medical evaluation dated [REDACTED] /22. Resident 4's assessment and support plan, which is undated, indicates that resident 4 [REDACTED] and requires moderate supervision by staff. The resident's RASP indicates that staff are to monitor and observe resident for safety, and to offer calm reassurance and direction when needed. The RASP does not provide specific positive interventions on how staff are to modify or eliminate these behaviors [REDACTED]. In an attempt to prevent resident #4 from wandering into other resident's rooms, on multiple dates including [REDACTED] /22 and [REDACTED] /22, staff person A, locked the other memory care resident bedroom doors, isolating residents and endangering residents by restricting staff access to resident rooms and at times preventing residents from entering or exiting their own rooms. Positive interventions were not implemented for resident 4.

**Plan of Correction****Accept [REDACTED] - 01/25/2023)**

- Safe Management Techniques and positive interventions will be utilized to modify or eliminate a behavior that endangers the resident him/herself or others.
- Positive interventions were added to the support plan for Resident 4.
- Nurse, Clinical Manager, and/or Actions & Expression Committee representative will update Personal Care resident records with positive interventions that will be utilized to modify or eliminate a behavior that endangers the

**201 - Positive Interventions (continued)**

resident or other.

- Safe Management education will be provided to all staff by the Staff Development Coordinator by 2/17/23, and annually

- Audits Starting 2/3/23

o PC administrator or their designee will audit Service Plans for those Personal Care residents who have had Action and Expression incident reports to ensure a positive intervention has been entered x 4 months

- Review of audit findings will be presented at monthly QAPI meetings x 4 months beginning February 2023.

Licensee's Proposed Overall Completion Date: 06/15/2023

Implemented [REDACTED] 03/28/2023)

**202 - Prohibitions****13. Requirements**

2600.

202. The following procedures are prohibited:

**Description of Violation**

On multiple occasions, staff person A locked memory care residents in their rooms with no way to get out on their own. On [REDACTED]/22, resident #1 was found locked in the resident's room. On [REDACTED] 22 residents #2 and #3 were found locked in resident #2's room. Additionally, staff person A admitted to locking resident #6 in the resident's room.

**Plan of Correction**

Accept [REDACTED] - 01/25/2023)

- Caregivers were provided education on abuse reporting by the Staff Development Coordinator on " Resident Rights, involuntary seclusion and Intimidation on 12/7-12/9/22 and again on 12/23-12/27/22, with signed attendance sheets.

- Education of all Personal Care staff to be completed by 2/17/23.

- Abuse training will be provided annually, and as needed.

- Audit: Starting 2/3/23

o Managers/Night Supervisors will round each shift for 2 weeks to ensure doors are not locked.

o Managers/Night Supervisors will round 1 time per week for 2 weeks to ensure doors are not locked.

- Review of audits by PC Administrator, or designee at Monthly QAPI meeting x 2 months beginning February 2023.

Licensee's Proposed Overall Completion Date: 04/14/2023

Implemented [REDACTED] - 03/28/2023)

**224a - Preadmission Screen Form****14. Requirements**

2600.

224a - Preadmission Screen Form (continued)

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #4 was admitted to the home on [REDACTED]/22; however, the resident's preadmission screening form was not completed.

Resident #5 was admitted to the home on [REDACTED]/21; however, the resident's preadmission screening form was not completed.

Resident #6 was admitted to the home on [REDACTED] 18; however, the resident's preadmission screening form was not completed.

Plan of Correction

Accept [REDACTED] 01/25/2023)

- The Department's preadmission screening form will be utilized within the 30 days prior to admission to determine that the needs of the resident can be met by the services provided by the home.
- Admissions staff conferred with CC Director and Corporate Partner to review needed items.
- Audits Starting 2/3/23
  - o PC Administrator will audit charts of newly admitted residents x 4 months to ensure Preadmission screen was completed on the Department form.
- Findings will be reviewed monthly at QAPI x 4 months beginning February 2023.

Licensee's Proposed Overall Completion Date: 06/15/2023

Implemented [REDACTED] - 03/02/2023)

225a - Assessment 15 Days

15. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #4 was admitted on [REDACTED]/22; however, the resident's assessment is not dated.

Resident #5 was admitted on [REDACTED] 21; however, the resident's assessment was not completed until [REDACTED] 22.

Plan of Correction

Accept [REDACTED] 01/25/2023)

- Personal Care Residents will have a written initial assessment within 15 days of admission.
- Admissions staff conferred with CC Director and Corporate Partner to review needed items.
- Audits Starting 2/3/23
  - o The PC Administrator or designee will audit all Charts for newly admitted Personal Care residents to ensure that all initial assessments are completed timely. This will be audited monthly (x4)
- Review of findings to be reviewed at the QM meeting x 4 months beginning February 2023.

## 225a - Assessment 15 Days (continued)

Licensee's Proposed Overall Completion Date: 06/15/2023

Implemented (█) 03/02/2023)

## 225c - Additional Assessment

## 16. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

## Description of Violation

Resident #6's most recent assessment was completed on █/21.

## Plan of Correction

Accept (█) - 01/25/2023)

- Personal Care Residents will have an assessment completed annually.
- Confirm with group the assessment report to be used.
- The PC Administrator will audit report monthly x 4 months to ensure that all annual assessments are completed timely.
- Review of findings to be presented at monthly QAPI meeting x 4 beginning February 2023.

Licensee's Proposed Overall Completion Date: 06/15/2023

Implemented (█) - 03/02/2023)

## 227a - Support Plan 30 Days

## 17. 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 #4 was admitted on █/22; however, the resident's initial support plan was not dated.

Resident #5 was admitted on █/21; however, the resident's initial support plan was not completed until █/22.

## Plan of Correction

Accept (█) - 01/25/2023)

- Personal Care Residents will have a written support plan developed and implemented within 30 days of admission.
- The PC manager and Clinical Manager or designee will complete the Support plans within 30 days of all new resident admissions.
- Starting 2/3/23 The PC Administrator will audit all new Personal Care admissions monthly x 4 to ensure that all support plans are completed timely.
- Findings to be reviewed at monthly QAPI meetings x 4 beginning February 2023.

Licensee's Proposed Overall Completion Date: 06/15/2023

Implemented (█) - 03/02/2023)

227g -Support Plan Signatures

18. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #4 participated in the development of his/her support plan. However, the resident did not sign the support plan.

Resident #5 participated in the development of his/her support plan on [redacted]/22. However, the resident did not sign the support plan.

Resident #6 participated in the development of his/her support plan on [redacted]/21. However, the resident did not sign the support plan.

Plan of Correction

Accept [redacted] - 01/25/2023)

- Support plan for Resident 4 will be signed by [redacted]/23, or # of attempts will be documented.
- Support plan for Resident 5 will be signed by [redacted]/23, or # of attempts will be documented.
- Support plan for Resident 6 will be signed by [redacted]/23, or # of attempts will be documented.
- Individuals involved in creating and implementing resident support plans will sign them.
- Starting 2/3/23 The PC Administrator will complete random monthly audits of Support Plans created each month to ensure that all support plans are signed x 4 months.
- Findings will be reviewed at the monthly QAPI meetings beginning February 2023.

Licensee's Proposed Overall Completion Date: 06/15/2023

Implemented [redacted] - 03/02/2023)

231b - Medical Evaluation

19. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #4 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]/22; however, the resident's medical evaluation does not say the resident needs to be in the SDCU.

Plan of Correction

Accept [redacted] - 01/25/2023)

- Resident 4s DME will be updated by [redacted]/23.
- Admissions staff conferred with CC Director and Corporate Partner to review needed items.
- Within 15 days of POC acceptance, audit will be completed of all medical evaluations completed for all Memory Care residents to ensure that their evaluation includes the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia unit.
- Audit. Starting 2/3/23

**231b - Medical Evaluation (continued)**

o PC Administrator will audit monthly x 4 months charts of all newly admitted Memory Care residents to ensure that their evaluation includes the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia unit.

- Review of findings will be presented at monthly QAPI Meetings x 4 months beginning February 2023.
- Licensee's Proposed Overall Completion Date: 06/15/2023

Licensee's Proposed Overall Completion Date: 06/15/2023

Implemented (████) - 03/02/2023)

**231c Preadmission Screening****20. Requirements**

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

**Description of Violation**

Resident #4 was admitted to the Secure Dementia Care Unit (SDCU) on █████/22. However, the resident's written cognitive preadmission screening was not completed.

Resident #5 was admitted to the Secure Dementia Care Unit (SDCU) on █████/21. However, the resident's written cognitive preadmission screening was not completed.

Resident #6 was admitted to the Secure Dementia Care Unit (SDCU) on █████/18. However, the resident's written cognitive preadmission screening was not completed.

**Plan of Correction**

Accept (████) 01/25/2023)

- The cognitive preadmission screening for Resident # 4 will be completed by a physician or geriatric assessment team.
- The cognitive preadmission screening will be completed and documented on the Department's preadmission screening form for each resident within 72 hours prior to admission to a secured dementia care unit.
- Starting 2/3/23 All new personal care All Cognitive Pre-Screens will be audited by PC manager on monthly basis (x4) to ensure they are completed.
- This will be monitored by the PC Administrator, or designee, and reviewed at the QAPI meeting beginning February 2023.

Licensee's Proposed Overall Completion Date: 06/15/2023

Implemented (████) 03/02/2023)