pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: May 23, 2023

[redacted]
Redstone Presbyterian Seniorcare
[redacted]

RE: Redstone Highlands
4 Garden Center Drive
Greensburg, Pennsylvania 15601
License/COC #: 443361

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on December 13, 2022, December 28, 2022, December 29, 2022, January 6, 2023, and March 24, 2023, 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), failure to submit an acceptable plan to correct noncompliance items, and failure to comply with the acceptable plan to correct noncompliance items, the Department hereby REVOKES your certificate of compliance (license number 443360) dated December 23, 2022 – December 23, 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. This decision is made pursuant to 62 P.S. § 1026 (b)(1); and 55 Pa. Code § 20.71(a)(2); (3); (4) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from May 23, 2023 to November 23, 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.

If you disagree with the decision to issue a 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. If you decide

to appeal your 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,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [redacted]

Department of Human Services
Bureau of Human Service Licensing

LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *REDSTONE HIGHLANDS* **License #:** *44336* **License Expiration:** *12/23/2023*

Address: *4 GARDEN CENTER DRIVE, GREENSBURG, PA 15601*

County: *WESTMORELAND* **Region:** *WESTERN*

Administrator

Name [redacted] **Phone** [redacted] **Email:** [redacted]

Legal Entity

Name: *REDSTONE PRESBYTERIAN SENIORCARE*

Address: [redacted]

Phone: [redacted] **Email:** [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** *12/05/1995* **Issued By:** *Dept L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *64* **Waking Staff:** *48*

Inspection Information

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Renewal, Complaint, Incident* **Exit Conference Date:** *01/06/2023*

Inspection Dates and Department Representative

12/13/2022 - On-Site: [redacted]
12/28/2022 - On-Site:
12/29/2022 - On-Site:
01/06/2023 - Off-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *61* **Residents Served:** *46*

Secured Dementia Care Unit

In Home: *No* **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *46*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability:** *0*

Have Mobility Need: *18* **Have Physical Disability:** *0*

Inspections / Reviews

12/13/2022 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *01/28/2023*

01/30/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *02/07/2023*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *02/06/2023*

02/06/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *02/07/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *02/13/2023*

05/04/2023 - Document Submission

Submitted By [redacted] **Date Submitted:** *02/07/2023*

Reviewer: [redacted] **Follow-Up Type:** *Enforcement*

25a - Written Contract and Review

1. 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 #1's resident-home contract, dated 1/10/22, does not indicate the resident's name, the name of the Community, and the resident's responsible person. These areas of the contract are blank.

Plan of Correction ***Accept [redacted] 02/06/2023)***

On 12/13/22, Resident #1 home contract dated for 1/10/22 does not indicate the resident name, name of facility, and the resident's responsible party. On 12/13/22 Resident #1 home contract was reviewed by community liaison; Resident #1 name, facility name and responsible party was added. A whole house audit was conducted on 12/14/22 by PCHA and Community Liaison to review all current resident contracts for missing information. PCHA or designee will audit resident home contracts of all new residents upon admission to ensure compliance with regulation 2600.25a on an ongoing basis. Education regarding regulation 2600.25a was conducted immediately with all staff members and will be conducted monthly for three months, and annually thereafter to ensure compliance with regulation 2600.25a. PCHA will retain record of all conducted education.

Licensee's Proposed Overall Completion Date: *03/14/2023*

Not Implemented [redacted] 05/04/2023)

25b - Contract Signatures

2. 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

Resident #2's resident-home contract, dated 7/22/21, is not signed by the resident.

Plan of Correction ***Accept [redacted] 02/06/2023)***

On 12/13/22, Resident #2 home contract dated for 7/22/21 was not signed by the resident. On 12/13/22 Resident #2 home contract was reviewed by PCHA /Community Liaison; Resident #2 home contract was signed by resident. A whole house audit was conducted on 12/14/22 by PCHA and Community Liaison to review all current resident contracts for missing information. PCHA or designee will audit resident home contracts of all new residents upon admission to ensure compliance with regulation 2600.25b on an ongoing basis. Education regarding regulation 2600.25b was conducted immediately with all staff members and will be conducted monthly for three months, and annually thereafter to ensure compliance with regulation 2600.25b. PCHA will retain record of all conducted education.

Licensee's Proposed Overall Completion Date: *03/14/2023*

Implemented [redacted] 05/04/2023)

41e - Signed Statement

3. Requirements

2600.

41e - Signed Statement *(continued)*

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 #2'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 ***Accept [redacted] - 02/06/2023)***

On 12/13/22, Resident #2 home contract dated for 7/22/21 did not contain a statement signed by the resident acknowledging receipt of a copy of resident rights and complaint procedures. On 12/13/22 Resident #2 home contract was reviewed by PCHA community liaison; Resident #2 home contract was signed by resident and a new copy of resident rights and complaint procedures were given to resident. A whole house audit was conducted on 12/14/22 by PCHA and Community Liaison to review all current resident contracts for missing information. PCHA or designee will audit resident home contracts of all new residents upon admission to ensure compliance with regulation 2600.25b on an ongoing basis. Education regarding regulation 2600.25b was conducted immediately with all staff members and will be conducted monthly for three months, and annually thereafter to ensure compliance with regulation 2600.25b. PCHA will retain record of all conducted education.

Licensee's Proposed Overall Completion Date: *03/14/2023*

Implemented [redacted] - 05/04/2023)

85a - Sanitary Conditions

4. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

Resident #2's glucometer was used to test resident #4's blood sugar on 12/21/22 at approximately 8:00 a.m.

Plan of Correction ***Directed [redacted] 02/06/2023)***

On 12/21/22, at approximately 0800 resident #2's glucometer was used to test resident #4's blood glucose level in violation of regulation 2600.85.a. LPN on shift at that time replaced resident #2's glucometer on 12/21/22 at no cost to resident #2. All glucometers were immediately labeled to include each individual resident's name. PCHA/Designee will audit glucometers against EMAR for discrepancies to identify any misuse of glucometers twice weekly for 2 weeks, then once weekly for 2 weeks, then bi- weekly for one month and monthly ongoing thereafter. All Staff were immediately educated on regulation 2600.85a. On 1/7/2023. Education will continue monthly for three months regarding regulation 2600.85a and will continue annually thereafter. PCHA will obtain all documentation for audits, and education regarding regulation 2600.85a.

DIRECTED
Within one calendar day of receipt of the accepted plan of correction: The administrator shall notify both of the residents and their physicians of the glucometer sharing and follow the directions of the resident's physicians. 2/6/23 [redacted]

Directed Completion Date: *04/07/2023*

Not Implemented [redacted] - 05/04/2023)

85d - Trash Receptacles

6. 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 12/13/22, at 2:15 p.m., there was an uncovered, unattended, half-full trash can on the side of a wheeled cart in the first floor kitchen.

Plan of Correction ***Accept [redacted] 02/06/2023)***

On 12/13/22, at 2:15pm there was an uncovered, unattended, half full trash can on the side of a wheeled cart in the first floor kitchen. Upon discovery on 12/13/22 the trash can was removed. All staff were re-educated on 12/14/22 regarding terms and conditions of regulation 2600.85d. PCHA or designee will conduct audits of personal Care kitchen trash receptacles to ensure compliance with regulation 2600.85.d. Audits will be conducted weekly for 4 weeks, and then monthly for three months to ensure ongoing compliance with regulation 2600.85d. PCHA will keep record of all audits and education completed.

Licensee's Proposed Overall Completion Date: *04/10/2023*

Implemented [redacted] 05/04/2023)

95 - Furniture and Equipment

7. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 12/13/22, at approximately 3:00 p.m., the faucet on the sink in the common bathroom next to the PC+ laundry room was loose and not attached to the sink, causing the sink not to drain properly.

Plan of Correction ***Accept [redacted] 02/06/2023)***

On 12/13/22, a faucet was observed loose and not attached to the sink in the common bathroom next to the personal care garden level laundry room. Upon Discovery on 12/13/22 the Facility Services Director repaired the loose faucet on 12/13/22 restoring the draining function of sink drain. Staff were immediately educated on regulation 2600.95 on 12/14/22. Education will continue monthly for three months, and then annually thereafter. PCHA or designee will conduct weekly audits for 4 weeks and then monthly for 3 months to ensure compliance with regulation 2600.95. All documentation of education and audits will be retained by the PCHA.

Licensee's Proposed Overall Completion Date: *04/10/2023*

Implemented [redacted] 05/04/2023)

103f - Refrigerator/Freezer Temps

8. 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

On 12/13/22, at 2:17 p.m., the temperature in the first floor kitchen's ice cream freezer was 6 degrees Fahrenheit.

103f - Refrigerator/Freezer Temps (continued)

On 12/13/22, at 2:50 p.m., the temperature in the PC+ kitchen's ice cream freezer was 4 degrees Fahrenheit.

Plan of Correction ***Accept [redacted] 02/06/2023)***

On the afternoon of 12/13/22, the temperature in the first floor kitchen's ice cream freezer was 6 degrees Fahrenheit and the temperature in the PC+ kitchen's ice cream freezer was 4 degrees Fahrenheit violating 2600.103.f of temperature needing to be at or below 0 degrees Fahrenheit. On 12/14/22 Dietary manager placed new thermometers in both ice cream freezers. Dietary staff will conduct daily temperature checks on both ice cream freezers on a daily ongoing basis. PCHA or designee will complete weekly audits for 4 weeks, and then monthly audits for 3 months to ensure compliance with regulation 2600.103.f . Staff education regarding regulation 2600.103f was conducted immediately with all staff, and will continue monthly for three months, and then annually thereafter to ensure compliance with regulation 2600.103f. PCHA will retain documentation of audits and staff education.

Licensee's Proposed Overall Completion Date: *04/10/2023*

Not Implemented [redacted] 05/04/2023)

103g - Storing Food

9. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 12/13/22 at 2:19 p.m., there was an unsealed bag of 11 pieces of French toast stored in an uncovered plastic bin in the first floor kitchen's upright freezer next to the stove.

Plan of Correction ***Accept ([redacted] 02/06/2023)***

On 12/13/22, an unidentified bag of French toast was stored in an uncovered plastic bin in the first floor kitchen's upright freezer next to the stove. On 12/13/22 uncovered food was immediately discarded. On 12/14/2022 Dietary Manager and all staff were immediately re-educated on regulation 2600.103.g. Education regarding regulation 2600.103g will continue monthly for three months, and then annually thereafter. PCHA or designee will conduct weekly audits for 4 weeks and then monthly for 3 months to ensure compliance with regulation 2600.103g. PCHA will retain documentation from all staff education and audits completed.

Licensee's Proposed Overall Completion Date: *04/10/2023*

Implemented ([redacted] 05/04/2023)

103i - Outdated Food

10. Requirements

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

Description of Violation

On 12/13/22, at 2:50 p.m., there were 8 packages of unlabeled, undated 4-packs of pancakes in the PC+ upright freezer.

VIOLATION WITHDRAWN 5/12/23

Plan of Correction ***Accept (JK - 02/06/2023)***

On 12/13/22, eight packages of unlabeled and undated pancakes were observed in PC+ upright freezer. On

[redacted]

11. Requirements

2600.
123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

On 12/13/22, the home's emergency procedures were located in the first floor medication room, which is not a conspicuous and public place in the home.

Plan of Correction ***Accept [redacted] 02/06/2023)***

On 12/13/22, the home's emergency procedures were located in the first floors medication room, which is not a conspicuous and public place in violation of regulation of 2600.123.b. On 12/13/22 the PCHA moved the emergency procedure manual to the personal care lobby located on the first floor with an Emergency Manual sign to direct attention to the manuals readily available location. All staff were immediately educated on regulation 2600.123b on 12/13/22. Education will continue monthly for three months and then annually thereafter to maintain compliance with regulation 2600.123b. PCHA or designee will complete audits monthly for three months to ensure and maintain compliance with regulation 2600.123b. PCHA will retain all documentation for audits and staff education.

Licensee's Proposed Overall Completion Date: *03/14/2023*

Implemented [redacted] 05/04/2023)

131f - Fire Extinguisher Inspection

12. Requirements

2600.
131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

On 12/13/22, the fire extinguisher in the administration office had not been inspected by a fire safety expert since November 2020.

Plan of Correction ***Accept [redacted] 01/30/2023)***

Maintenance department conducted a house audit to ensure all PC fire extinguishers inspected by fire expert in November of 2022 were tagged appropriately. Fire extinguishers noted to not be tagged properly were replaced on 1.23.2023. Audits will be conducted monthly by Maintenance Director/ Designee to ensure compliance. Audit results will be reported to Quality Assurance Performance Improvement (QAPI) committee to identify trends, quality improvement and need for additional education to maintain compliance with regulation 2600.131f.

131f - Fire Extinguisher Inspection *(continued)*

Licensee's Proposed Overall Completion Date: *03/14/2023*

Implemented [redacted] - 05/04/2023)

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 most current fire safety inspection and drill observed by a fire safety expert was conducted on 1/20/22; however, the Department's Guidance on Suspended Regulations, dated 12/6/21, indicates the annual fire safety inspection and fire drill conducted by a fire expert must be completed by December 31, 2021.

Plan of Correction ***Accept [redacted] - 02/06/2023)***

Violation of 2600.132.b occurred when facility did not complete annual fire safety inspection and fire drill conducted by a fire expert by December 31, 2021 due to scheduling issues after Department's Guidance on Suspended Regulations, dated 12/6/21 was lifted and new required date of 12/31/21. Annual fire safety inspection and fire drill was completed on 1/20/22 and 1/26/23. All staff were immediately educated on regulation 2600.132b on 1/7/2023. Education will continue monthly for three months and then annually thereafter to ensure compliance with regulation 2600.132b. PCHA or designee will be responsible for appropriate scheduling of annual fire safety inspection and fire drill by a fire expert to maintain compliance with regulation 2600.132.b. PCHA will ensure dates are in compliance with regulation 2600.132b. PCHA will retain documentation regarding all staff education and annual fire safety letter.

Licensee's Proposed Overall Completion Date: *04/07/2023*

Implemented [redacted] - 05/04/2023)

132c - Fire Drill Records

14. Requirements

2600.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drills conducted on the following dates and times do not indicate an accurate count of the number of residents in the home and the number of residents evacuated:

- *1/20/22 at 10:32 a.m.*
- *2/16/22 at 8:12 p.m.*
- *3/23/22 at 5:46 a.m.*
- *4/24/22 at 10:29 a.m.*
- *5/31/22 at 7:08 p.m.*
- *6/22/22 at 5:38 a.m.*
- *7/31/22 at 9:30 a.m.*

132c - Fire Drill Records (continued)

- *8/18/22 at 6:57 p.m.*
- *9/23/22 at 5:47 a.m.*
- *10/31/22 at 9:48 a.m.*
- *11/17/22 at 5:30 p.m.*

The fire drills conducted on the following dates and times do not indicate the exit route used for the evacuation:

- *5/31/22 at 7:08 p.m.*
- *6/22/22 at 5:38 a.m.*
- *7/31/22 at 9:30 a.m.*
- *8/18/22 at 6:57 p.m.*
- *10/31/22 at 9:48 a.m.*
- *11/17/22 at 5:30 p.m.*

Plan of Correction ***Accept [redacted] 02/06/2023)***

On 11 occasions in 2022 fire drill log did not indicate an accurate count of number of residents in the home and the number of residents evacuated, additionally on 6 occasions did not indicate the exit route used for the evacuation in violation of regulation 2600.132c. On 12/14/22 all staff were educated on the proper documentation of fire drills to be in compliance with regulation 2600.132c. Education will continue monthly for three months, and then annually thereafter. PCHA or designee will complete audits of fire drill documentation monthly for three months to ensure proper documentation of fire drills in accordance with regulation 2600.132c. PCHA will retain documentation of all staff education and audits completed.

Licensee's Proposed Overall Completion Date: *03/14/2023*

Implemented [redacted] 5/04/2023)

132d - Evacuation

15. Requirements

2600.
132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

Multiple interviews with residents and staff indicate that residents are not regularly evacuated to a fire safe area in the home unless they are in the zone where the imaginary fire takes place during the fire drill.

Plan of Correction ***Accept [redacted] 02/06/2023)***

Facility was found not to be in compliance with regulation 2600.132.d after interviews conducted with staff and residents which indicated residents were not regularly evacuated to a fire safe area in the home unless they were in the zone where the imaginary fire took place during the fire drill. Fire safety expert directed fire drill was conducted on 1/26/23 evacuating all residents to fire safe areas. Education provided to all staff on 1/26/23 by fire safety expert to ensure all future fire drills will be conducted in compliance with regulation 2600.132.d. Education regarding regulation 2600.132 will continue monthly for three months and then annually thereafter. PCHA or designee will audit all upcoming fire drills for evacuation of all residents to fire safe areas for compliance. PCHA will retain documentation of all fire drills, staff education, and audits completed.

Licensee's Proposed Overall Completion Date: *04/26/2023*

132d - Evacuation *(continued)*

Not Implemented [redacted] 05/04/2023)

141b1 - Annual Medical Evaluation

17. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #3's most recent medical evaluation was completed on 2/15/22; however, the resident's previous medical evaluation was completed on 1/7/21.

Plan of Correction ***Accept ([redacted]2/06/2023)***

On 2/15/22 Resident #3 annual medical evaluation was completed violated the 380 day period in which an annual medical evaluation is to be completed. On 1/19/23 a house audit was conducted by PCHA to ensure all other resident medical evaluations were in compliance of regulation 2600.141.b.1. Education provided on 1/10/23 to all licensed nurses on timeline guidelines regarding regulation 2600.141.b.1. Personal Care Home Administrator developed a DME tracking system on 1/19/23 to ensure medical evaluations are completed within timeline. Personal Care Home Administrator will maintain the DME tracking system to ensure compliance of the medical evaluation regulation. Annual education will be provided to all licensed nurses to ensure understanding and compliance with regulation 2600.141.b.1.

Licensee's Proposed Overall Completion Date: *04/10/2023*

Implemented ([redacted] 05/04/2023)

184a - Resident's Meds Labeled

18. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #2 is prescribed Systane balance solution eye drops–Instill 1 drop in both eyes 4 times a day; however, the medication label indicates-Put 1 or 2 drop(s) in the affected eye(s) as needed.

Resident #2 is prescribed Novolog (Aspart) Solution pen-injector 100 units/ml-Inject subq at noon, 5 p.m., bedtime as per sliding scale: 170-200=0 units; 201-230=1 unit; 231-250=2 units; 251-300 =3 units; 301-350 =4 units; 351-400 =6 units; 401-450 =8 units; over 450 call MD; however, the pharmacy label indicates the sliding scale as follows: 170-200=0 units; 201-230=1 unit; 231-250=2 units; 251-300 =3 units; 301-350 =4 units.

Resident #5 is prescribed potassium chloride packet 20meq-Give 1 packet by mouth one time a day; however, the medication label indicates-Dissolve 1 packet in liquid and give by mouth daily.

184a - Resident's Meds Labeled (continued)

Resident #5 is prescribed Liquacel-One time a day for wound healing 30 ml; however, the medication label indicates- Use directly from the bottle or mix with 1-4 oz of your favorite beverage.

Plan of Correction ***Accept [redacted] 02/06/2023)***

Medication labels for Resident #2 eye drops and insulin pen did not match the EMAR. Resident #5 medications did not have additional directions on EMAR. Pharmerica pharmacy was notified of all discrepancies. Identified medications were relabeled immediately. All staff were educated on Regulation 184a on 1/25/23. The midnight licensed nurse will red line all new orders. Two licensed nurses will work on the last Thursday of every month, for cart exchange. Nurse (1) will read medication labels while Nurse (2) will verify on EMAR for each resident. The PCHA/Designee will conduct audits every week for four weeks, then monthly for three months and annually thereafter to ensure compliance with regulation 184a. PCHA will retain documentation for all staff education and audits pertaining to regulation 2600.184a. to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: *05/03/2023*

Implemented [redacted] 05/04/2023)

185a - Implement Storage Procedures

19. 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 12/24/22 at 12:00 p.m., resident #2's December 2022 medication administration record (MAR) indicates a blood sugar reading of 174; however, there is no reading on the resident's glucometer for this date and time.

On 12/28/22, at approximately 2:30 p.m., resident #2's glucometer was not calibrated to the current time.

On 12/28/22 at 2:54 p.m., resident #5's glucometer was not calibrated to the current date and time.

On the following dates and times, resident #5's December 2022 MAR indicates the following blood sugar readings; however, there are no readings on the resident's glucometer for these dates and times:

- *12/17/22 6:00 p.m., glucometer reads 276*
- *12/22/22 7:00 a.m., glucometer reads 210*
- *12/25/22 8:00 p.m., glucometer reads 278*

Plan of Correction ***Accept [redacted] 02/06/2023)***

In December of 2022, two resident's glucometers were not calibrated to correct date and time. PCHA immediately ensured that all current glucometers were calibrated to correct date and time and labeled for each resident. Staff education provided on 1/25/23 for requirements of regulation 185a. PCHA/Designee will conduct audits to verify glucometers are calibrated appropriately every week for four weeks, then monthly for 3 months and annually thereafter to ensure compliance with regulation 185a. Education will continue monthly for three months regarding regulation 2600.85a and will continue annually thereafter. PCHA will obtain all documentation for audits, and education regarding regulation 2600.185a.

Licensee's Proposed Overall Completion Date: *05/03/2023*

Not Implemented [redacted] - 05/04/2023)

191 - Resident Right to Refuse

20. 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

There is no documentation that resident #2, admitted to the home on [redacted] has 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] - 02/06/2023)***

On 12/13/22, Resident #2 home contract dated for 7 /22/21 of resident admitted on 7 /23/21 did not contain a statement signed by the resident acknowledging education of right to refuse medication if the resident believes that there may be a medication error. On 12/13/22 Resident #2 home contract was reviewed by community liaison; Resident #2 home contract was signed by resident and education was provided regarding the resident's right to refuse medication. A whole house audit was conducted on 12/14/22 by PCHA and Community Liaison to review all current resident contracts for missing information. PCHA or designee will audit resident home contracts of all new residents upon admission to ensure compliance with regulation 2600.191 on an ongoing basis. Education regarding regulation 2600.191 was conducted immediately with all staff members on 12/13/22 and will be conducted monthly for three months, and annually thereafter to ensure compliance with regulation 2600.191.

Licensee's Proposed Overall Completion Date: *03/14/2023*

Implemented [redacted] 05/04/2023)

225c - Additional Assessment

21. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

Description of Violation

Resident #3's most recent assessment was completed on 2/18/22; however, the resident's previous assessment was completed on 1/10/20.

Plan of Correction ***Accept [redacted] 02/06/2023)***

On 12/18/22 Resident #3's Resident Assessment Support Plan was completed and violated the time period in which a Resident's Assessment Support Plan can be completed. On 12/19/22 a whole house audit was conducted by PCHA to ensure all other Resident Assessment Support Plans were in compliance of regulation 2600.225.c. Education was provided to all staff on 12/19/22 regarding regulation 2600.225c. Personal Care Home Administrator/ Designee will conduct 5 random audits of residents rasp to ensure compliance with regulation 2600.225c weekly for four weeks, then monthly for three months regarding regulation 2600.225cand will continue annually thereafter. PCHA will obtain all documentation for audits regarding regulation 2600.225c.

Licensee's Proposed Overall Completion Date: *04/17/2023*

Implemented [redacted] 05/04/2023)