



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

# CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **HOTEL LEBANON CORPORATION**  
LEGAL ENTITY

To operate **AMERICAN HOUSE T/A HOTEL LEBANON**  
NAME OF FACILITY OR AGENCY

Located at **23-25 SOUTH NINTH STREET, LEBANON, PA 17042**  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **74**  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

**55 Pa.Code Chapter 2600: Personal Care Homes**  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **March 14,** **2023** until **September 14,** **2023**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **344042**

*Janette Biderpad*  
ISSUING OFFICER

*Jamie J. Buchenauer*  
DEPUTY SECRETARY

NOTE This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: **MARCH 14, 2023**

Hotel Lebanon Corporation  
23-25 South Ninth Street  
Lebanon, Pennsylvania 17042

RE: American House T/A Hotel Lebanon  
License #: 344042

Dear Hotel Lebanon Corporation:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living), licensing inspections on August 30, 2022 and January 10-11, 2023 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

As a result of violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby issues you a SECOND PROVISIONAL license to operate the above facility. A SECOND PROVISIONAL license is being issued based on our 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 SECOND PROVISIONAL license is enclosed.

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

| 55 Pa. Code | Class | Fine | Calculated | Mandated |
|-------------|-------|------|------------|----------|
|-------------|-------|------|------------|----------|

| <u>Chapter<br/>2600:</u> | <u>of<br/>Violation</u> | <u>Census at<br/>Inspection</u> | <u>Per resident<br/>X Per day</u> | <u>Fine<br/>= Per day</u> | <u>Correction Date<br/>(to avoid Fine)</u>        |
|--------------------------|-------------------------|---------------------------------|-----------------------------------|---------------------------|---|
| 2600.3(c)                | III                     | 59                              | \$3                               | \$177                     | 15 calendar days from mailing date of this letter |
| 2600.15(a)               | II                      | 59                              | \$5                               | \$295                     | 5 calendar days from mailing date of this letter  |
| 2600.42(b)               | II                      | 59                              | \$5                               | \$295                     | 5 calendar days from mailing date of this letter  |
| 2600.63(a)               | II                      | 59                              | \$5                               | \$295                     | 5 calendar days from mailing date of this letter  |
| 2600.65(b)               | II                      | 59                              | \$5                               | \$295                     | 5 calendar days from mailing date of this letter  |
| 2600.65(d)               | II                      | 59                              | \$5                               | \$295                     | 5 calendar days from mailing date of this letter  |
| 2600.103(f)              | III                     | 59                              | \$3                               | \$177                     | 15 calendar days from mailing date of this letter |
| 2600.103(i)              | III                     | 59                              | \$3                               | \$177                     | 15 calendar days from mailing date of this letter |
| 2600.141(a)1-10          | II                      | 59                              | \$5                               | \$295                     | 5 calendar days from mailing date of this letter  |
| 2600.141(b)1             | II                      | 59                              | \$5                               | \$295                     | 5 calendar days from mailing date of this letter  |
| 2600.183(b)              | II                      | 59                              | \$5                               | \$295                     | 5 calendar days from mailing date of this letter  |

|             |    |    |     |       |  |
|-------------|----|----|-----|-------|--|
| 2600.187(a) | II | 59 | \$5 | \$295 | 5 calendar days from mailing date of this letter |
| 2600.187(d) | II | 59 | \$5 | \$295 | 5 calendar days from mailing date of this letter |
| 2600.188(b) | II | 59 | \$5 | \$295 | 5 calendar days from mailing date of this letter |
| 2600.225(c) | II | 59 | \$5 | \$295 | 5 calendar days from mailing date of this letter |

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

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

If you disagree with the decision to issue a 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. Your appeal must indicate the reasons for the appeal, and you must be as specific as possible regarding your areas of disagreement with the Department's decision. If you decide to appeal, 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

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

Sincerely,

*Jamie L. Buchenauer*

Jamie L. Buchenauer  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Licensing Inspection Summaries

cc:

[REDACTED]

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

**Facility Information**

Name: *AMERICAN HOUSE T/A HOTEL LEBANON* License #: *34404* License Expiration: *02/10/2023*  
Address: *23-25 SOUTH NINTH STREET, LEBANON, PA 17042*  
County: *LEBANON* Region: *CENTRAL*

**Administrator**

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

**Legal Entity**

Name: *HOTEL LEBANON CORPORATION*  
Address: *23-25 SOUTH NINTH STREET, LEBANON, PA, 17042*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *03/23/0987* Issued By: *Department Labor & Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *59* Waking Staff: *44*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Complaint, Provisional* Exit Conference Date: *01/11/2023*

**Inspection Dates and Department Representative**

01/10/2023 - On-Site: [REDACTED]  
01/11/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *74* Residents Served: *59*

**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: *35*  
Diagnosed with Mental Illness: *55* Diagnosed with Intellectual Disability: *2*  
Have Mobility Need: *0* Have Physical Disability: *0*

## Inspections / Reviews

## 01/10/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/29/2023*

## 02/03/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *02/23/2023*  
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/10/2023*

## 02/16/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *02/23/2023*  
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *02/23/2023*

## 03/06/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: *02/23/2023*  
Reviewer: [REDACTED] Follow-Up Type: *Enforcement*

### 3c - Post Current License

#### 1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

#### Description of Violation

*On 01/10/23 the Title 55 Chapter 2600 Regulations were not posted in a conspicuous and public place in the home.*

*Repeated Violation-11/22/21, et. al., 1/26/22*

#### Plan of Correction

**Directed (████ - 02/13/2023)**

*\*On 1/27/2023 Administrator has placed a copy of the title 55 Chapter 2600 regulations and place in a binder named Current Violation Report and Chapter 2600 to be placed in Right-to-Know Information hanging basket in the dining room area.*

*\* The Inspection and Licenses instructions are added to the Office Manual Guide Right-to-Know Information hanging basket in the dining room area as of 2/17/2023 by the administrator.*

*(Directed)*

- On 01/27/2, the Administrator placed a copy of the title 55 Chapter 2600 regulations in a binder named Current Violation Report and Chapter 2600, The Binder is placed in Right-to-Know Information hanging basket in the dining room area.*
- On 02/17/23, the Administrator will add the inspection and license instructions to the office manual Guide Right-to-Know Information hanging basket located in the dining room area.*
- On 02/08/23, the Administrator trained the staff on the placement of the 2600 Booklet and on the location of the Inspections and License.*

**Directed Completion Date: 02/17/2023**

**Not Implemented (████ - 02/27/2023)**

### 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 12/01/22, the home conducted an investigation concerning monetary theft using Resident 1's bank card and acquiring the resident's PIN number without the resident's consent. The home did not report this incident to the Department of Human Services.*

*Repeated Violation-2/24/22, et. al.*

#### Plan of Correction

**Directed (████ - 02/13/2023)**

*\*DHS Incident Reporting training will be discussed with all direct care staff by the administrator by 02/17/2023.*

*\*A record of training form will be completed by the administrator as of 02/10/2023 and will include training name, direct care staff trained, date and trainer signature.*

*\*Incident reporting form and instructions will be added by the administrator by 02/10/2023 to the Office Manual*

**16c - Written Incident Report (continued)**

*Guide Right-to-Know Information hanging basket in the dining room area available to all direct care staff and will be placed in Right-to-Know Information hanging basket in the dining room area.*

*\*An updated checklist has been created by the administrator as of 02/03/2023 as part of the new hire packet to ensure all new hires have completed the training.*

*\*All incident reports will be uploaded into Tabula Pro under the resident profile to ensure proper storage of information by the administrator as of 1/13/2023 this process is in place.*

*\* As of December 2022, the process of scanning incident reports into Tabula is in function.*

*(Directed)*

- The Administrator will complete the Incident Reporting form by 02/28/23 and will forward a copy to DHS by 03/01/23.*
- On 1/13/2023, the Administrator uploaded all incident reports into Tabula Pro, under the resident profile to ensure proper storage of information.*
- The Administrator will complete the Incident Reporting Form Training with all Staff by 02/17/23*
- The Administrator completed a record of training on 02/10/23 which includes, the training name, direct care staff trained, date and trainer signature.*
- The Administrator added the Incident reporting form and instructions to the Office Manual Guide available to all direct care staff and will be placed in Right-to-Know Information hanging basket in the dining room area on 02/10/23.*
- The administrator created an updated checklist on 02/03/23 as a part of the new hire packet to ensure all new hires have completed training*

**Directed Completion Date: 02/28/2023**

**Implemented (████) - 03/03/2023)**

**18 - Compliance With Laws****3. Requirements**

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

**Description of Violation**

*On 01/10/23 the Boiler Certificate found located in the Furnace Room and another copy subsequently provided by the home expired 10/21/21.*

*On 01/10/23, Carbon Monoxide Alarm mounted on the wall in the boiler room was not labeled with a date.*

**Plan of Correction**

**Accept (████) - 02/13/2023)**

*\* The administrator scheduled the inspection for the Boiler Certificate with the Department of Labor for 1/13/2023.*

*████ stated that we will receive the certificate in February (no specific date was given)*

*\*Carbon Monoxide Alarm was fixed with proper labeling and date by maintenance staff employee on 1/27/2023.*

**18 - Compliance With Laws (continued)**

*\*A reminder will be created by 2/28/2023 into Tabula Pro under the facility calendar by Administrator to ensure inspections are done in a timely manner.*

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

**Implemented** (████) - 02/27/2023)

**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, dated 08/09/07, for Resident 2 was not signed by the resident or the administrator of the home.*

**Plan of Correction**

**Directed** (████) - 02/13/2023)

*\* All contracts are in Tabula Pro as of 2/7/23 to ensure proper access and management of documents.*

*\* 1/11/23 Resident 2 full contract was re scan by Administrator to ensure all pages where in Tabula Pro.*

*\* Contract requirements instructions will be included in the Office Manual Guide Right-to-Know Information hanging basket in the dining room area by the Administrator as of 2/17/2023.*

*\* Administrator will run reports every 6 months starting 06/01/2023 next one will be 12/1/2023 to ensure all residents have their contract in their profile on Tabula Pro.*

*(Directed)*

- On 2/7/23, the Administrator uploaded all resident contracts in Tabula Pro to ensure proper access and management of documents.*
- On 1/11/23, Resident 2 full contract was rescanned by the Administrator to ensure all pages are present in Tabula Pro.*
- The administrator will include the contract requirement instructions in the Office Manual Guide Right-to-Know Information hanging basket located in the dining room area by 2/17/2023.*
- The administrator will run reports in Tabula Pro every 3 months starting 03/01/23 to ensure all residents have their contract in their profile in Tabula Pro.*

**Directed Completion Date:** 03/01/2023

**Implemented** (████) - 03/02/2023)

**42b - Abuse****5. 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**

*A representative of The Department of Military and Veterans Affairs (DMVA) took Resident 1 to the bank on*

**42b - Abuse (continued)**

approximately 11/2/22 and discovered that 12 unauthorized withdrawals had been made between 8/23/22 and 10/31/22 totaling \$8,507.47. The DMVA reported the incident to Lebanon County Adult Protective Services who in turn notified the Department on 11/4/22. A police investigation was also initiated. According to interviews with American House staff by representatives of the Department, Staff Member A provided Resident 1's bank card and PIN number to Staff Members B or C on multiple occasions between the summer and fall of 2022 and instructed them to make withdrawals at the bank. At other times during this same period, Staff Member A would provide several hundred dollars in cash and [REDACTED] personal bank card and PIN number to Staff Members B, C or D. Staff Member A would then instruct them to go to the bank and deposit these funds into [REDACTED] account.

Repeated Violation-2/24/22, et. al.

**Plan of Correction**

Directed [REDACTED] - 02/13/2023)

\*Investigation was done by Administrator along with law enforcement from Lebanon City started on 11/29/22 until 12/8/22 and it came to the conclusion or termination of employment for Staff Member A. Owner of the business is who informed staff member A of termination of employment.

\*Report of Suspected Resident Abuse Reporting and Investigation Requirements Training will be done in Tabula Pro by administrator on 2/17/2023 to retrain any current and new employees. Training will be completed on 3/17/2023.

\*A record of training form will be completed by the administrator as of 02/10/2023 and will include training name, direct care staff trained, date and trainer signature.

\* Training information will be entered in Tabula Pro on 3/17/23 by Administrator.

\* Administrator will run reports every 6 months starting 06/01/2023 to ensure all residents have their contract in their profile on Tabula Pro.

(Directed)

- The Administrator and Law Enforcement conducted an investigation of the incident from 11/29/22 through 12/8/22. As a result of the investigation, Staff Member A's employment with the home was terminated.
- The Administrator will complete Report of Suspected Resident Abuse Reporting and Investigation Requirements Training via Tabula Pro on 2/17/2023.
- The Administrator will retrain current and new employees on Reporting Suspected Resident Abuse and Investigation Requirements by 3/17/2023.
- The Administrator will train current and new staff on the financial managing and handling of resident's funds by 03/17/23.
- The Administrator completed a record of training form on 02/10/2023 which includes name of training, direct care staff trained, date and trainer signature.
- The Administrator will upload all training information in Tabula Pro by 3/17/23.

Directed Completion Date: 03/17/2023

Not Implemented ([REDACTED]) - 03/06/2023)

**52 - Hiring Staff****6. Requirements**

2600.

52 - Hiring Staff (continued)

52. Staff Hiring, Retention and Utilization - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

Description of Violation

Staff Member E's record did not include a Criminal Background check. Repeated Violation-2/24/22, et. al.

Plan of Correction

Directed ( ) - 02/13/2023

\*Administrator will have his Criminal Background check done by 1/26/23.

\*An updated checklist was created as of 2/3/23 by Administrator to be part of the new hire packet process to ensure no direct care staff is missing the criminal background check.

\*Criminal Background Check results are uploaded into Tabula Pro by Administrator as they are completed once hired.

\*Administrator will run a report on Tabula pro starting 06/1/23 and continuing every 3 months (9/1/23, 12/1/23) to ensure no direct care staff is missing a Criminal Background, if any missing background is found one will be completed and added to Tabula Pro by Administrator.

(Directed)

- The Administrator completed Staff Member E's Criminal Background Check on 01/26/23.
- The Administrator created an updated checklist on 2/3/23 to be part of the new hire packet process to ensure the staff's criminal background checks are completed.
- Beginning 2/3/23, the Administrator will upload Criminal Background Check results into Tabula Pro once staff is hired.
- Beginning 3/1/23, the Administrator will run a report in Tabula pro and continue every 3 months (6/1/23, 09/1/23, 12/1/23) to ensure staff is not missing background checks.
- Beginning 3/1/23, the Administrator will immediately complete any missing background checks and add the documentation to Tabula Pro.

Directed Completion Date: 03/01/2023

Implemented ( ) - 03/06/2023

54a - Direct Care Staff

7. 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

Staff Members F, and G do not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Repeated Violation-2/24/22, et. al.

Plan of Correction

Directed ( ) - 02/13/2023

\*Staff member F submitted a copy of high school transcript on 1/13/23 and Staff member G education form was requested by administration on 1/26/23 and due 1/27/23. Staff member G has sent GED on 1/27/23 and has been uploaded in Tabula Pro by Administrator as of 2/7/23.

**54a - Direct Care Staff (continued)**

*\*An updated checklist has been created by Administrator as of 2/3/23 to be part of the new hire packet to ensure no direct care staff is missing their high school diploma or GED.*

*\*Administrator will run a report on Tabula pro starting 06/1/23 and continuing every 3 months (9/1/23, 12/1/23) to ensure no direct care staff is missing a GED or HS Diploma. Any upcoming of missing document will be request immediately to employee and due within a week to provide document or supported documentation providing the confirmation of document request.*

**Directed Plan:**

- *Staff member F submitted a copy of the high school transcript on 1/13/23,*
- *Staff member G's education form was requested by administration on 1/26/23 and due by 1/27/23. Staff member G submitted GED on 1/27/23*
- *The Administrator uploaded the educational documentation for Staff members F and G in Tabula Pro on 2/7/23.*
- *The Administrator created an updated checklist on 2/3/23 to be part of the new hire packet to ensure direct care staff's high school diploma or GED is on record.*
- *Beginning 3/1/23, the administrator will run a report on Tabula pro and continued every 3 months (6/1/23, 09/1/23, 12/1/23) to ensure direct care staff is not missing GED or HS Diploma information.*
- *Starting 3/1/23, the administrator will immediately request and follow-up on any upcoming of missing document due within a week of the due date.*

**Directed Completion Date:** 03/01/2023

**Implemented (█ - 03/02/2023)**

**63a - First Aid/CPR Training****8. Requirements**

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

**Description of Violation**

*On 12/26/22 from 2:00pm to 10:30pm, 59 Residents were present in the home. During this time there were 2 staff persons present in the home but only 1 staff person certified in CPR and First Aid.*

*On 12/27/22 2:00pm to 10:30pm, 59 Residents was present in the home. During this time there was 1 staff person present in the home who was not certified in CPR and First Aid.*

*On 12/28/22 2:00pm to 10:30pm 59 Residents was present in the home. During this time there were 2 staff persons present in the home but only 1 staff person certified in CPR and First Aid.*

*On 12/29/22 2:00pm to 10:30pm, 59 Residents were present in the home. During this time there were 2 staff persons present in the home and neither staff person was certified in CPR and First Aid.*

*On 12/30/22 3:00pm to 10:30pm, 59 Residents were present in the home. During this time there were 2 staff persons*

**63a - First Aid/CPR Training (continued)**

*present in the home and only 1 staff person was certified in CPR and First Aid.*

*On 12/31/22 2:00pm to 10:30pm, 59 Residents were present in the home. During this time there 2 staff persons present and only 1 staff person was certified in CPR and First Aid.*

*Each overnight shift sampled (10pm to 6:30am) 2 staff persons were scheduled but only 1 staff member is CPR/FA certified.*

*Repeated Violation-11/22/21, et. al., 2/24/22, et. al., 6/1/22*

**Plan of Correction****Directed [REDACTED] - 02/13/2023)**

*\*On 1/6/23 the Administrator call to schedule the CPR training and was given the date of 1/27/23, for all direct care staff that are not compliant.*

*\*Administrator will be the responsible person to schedule future CPR trainings.*

*\*CPR training certificates will be uploaded into employees' profile into Tabula Pro by Administrator once completed no later than 1 week after.*

*\*An updated checklist has been created by Administrator as of 2/3/23 to be part of the new hire packet to ensure no direct care staff is missing their CPR Training.*

*\*Administrator will run a report on Tabula pro starting 06/1/23 and continuing every 3 months (9/1/23, 12/1/23) to ensure no direct care staff is missing CPR Training. Any upcoming of missed training will be scheduled to complete the CPR training.*

*\* As of 2/3/23 all current direct care staff who have the CPR training valid certification were scanned into Tabula Pro by Administrator.*

*(Directed)*

- On 1/6/23 the Administrator scheduled the CPR and First Aid training. The training will occur for all staff members who need it on 1/27/23.*
- Beginning 2/1/23, the Administrator will be responsible for scheduling future CPR and First Aid trainings.*
- The Administrator will upload CPR and First Aid training certificates onto employees' profile in Tabula Pro no later than 1 week after the training is completed.*
- As of 02/03/23. the Administrator uploaded all current direct care staff CPR and First Aid certifications in Tabula Pro.*
- The Administrator created an updated checklist on 2/3/23 to be part of the new hire packet to ensure no direct care staff's high CPR and First Aid Certifications are on record.*
- Starting 3/1/23, the administrator will run a report in Tabula pro and continue every 3 months (6/1/23, 09/1/23, 12/1/23) to ensure direct care staff's CPR and First Aid Training is completed.*
- Starting 3/1/23, the administrator will immediately schedule any upcoming of missing CPR and First Aid training within a week of discovery.*

**Directed Completion Date: 03/01/2023**

**Not Implemented [REDACTED] - 03/06/2023)**

## 65a - FS Orientation 1st Day

**9. Requirements**

2600.

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

**Description of Violation**

Staff Member F whose first date of work is [REDACTED], staff Member G [REDACTED] and Staff Member H [REDACTED], did not receive orientation on the following topics:

1. Evacuation procedures
2. Staff duties & responsibilities -fire drills
3. Designated meeting place outside/interior fire safe area
4. Smoking safety procedures/policy
5. Location & use of fire extinguishers Repeated Violation-2/24/22, et. al.
6. Smoke detectors & fire alarms
7. Telephone use and notification of emergency services

**Plan of Correction****Directed [REDACTED] - 02/13/2023)**

\*An updated checklist has been created by Administrator as of 2/3/23 to be part of the new hire packet to ensure no direct care staff is missing the Upon Initial Employment Training.

\*Upon Initial Employment Training form will be uploaded into employee profile into Tabula Pro by Administrator once hiring process is completed no later than a 1 week after.

\*Administrator will run a report on Tabula pro starting 06/1/23 and continuing every 3 months (9/1/23, 12/1/23) to ensure no direct care staff is missing the Upon Initial Employment Training. Any upcoming of missed orientation will be scheduled to complete no later than 1 week after finding.

\* Staff Member F, G and H will have their training and form completed as of 2/17/23 and uploaded into Tabula Pro by 2/24/23.

\* \* All forms of current employees with completed training have been uploaded into Tabula Pro by Administrator as of 2/3/23.

**Directed Plan:**

- The Administrator will complete the 1st Day orientation training for the Staff Members F, G and H by 2/17/23.
- The Administrator created an updated checklist on 2/3/23 to be part of the new hire packet to ensure staff's 1st Day Orientation Training is completed.
- Beginning 2/3/23, the Administrator will upload the 1st Day Orientation Training form into employee profile in Tabula Pro once hiring process is completed, no later than a 1 week after.
- Beginning 3/1/23, the Administrator will run a report on Tabula pro and continue every 3 months (6/1/23, 09/1/23, 12/1/23) to ensure direct care staff's 1st Day Orientation Training is completed.
- Beginning 3/1/23, the Administrator will schedule any upcoming of missed orientation within 1 week of discovery.
- The Administrator will upload 1st Day Orientation training forms into Tabula Pro by 2/24/23.
- Beginning 2/3/23, the Administrator will audit staff members records and complete 1st Day Orientation training for all other employees requiring training.
- Beginning 2/3/23, the Administrator will upload all forms of current employees who have completed 1st Day Orientation training into Tabula Pro by Administrator by 2/3/23.

## 65a - FS Orientation 1st Day (continued)

Directed Completion Date: 03/01/2023

Implemented ( ) - 03/02/2023

## 65b - Rights/Abuse 40 Hours

## 10. Requirements

2600.

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

## Description of Violation

Staff Member F whose first date of work is 1/1/2022, Staff Member G, 1/1/2022 and H 1/1/2022 did not receive Rights/Abuse 40 Hours in the following topics:

1. Resident rights
2. Emergency medical plan
3. Mandatory reporting of abuse - OAPSA

*Repeated Violation-2/24/22, et. al.*

## Plan of Correction

Directed ( ) - 02/13/2023

\*An updated checklist has been created by Administrator as of 2/3/23 to be part of the new hire packet to ensure no direct care staff is missing their Resident Rights, Emergency Medical Plan and Mandatory Reporting Abuse.

\* Administrator assist Staff Member F, G and H to create account on Temple University under Direct Care Staff Training and Competency Test the due date is 2/17/23

\*Administrator will run a report on Tabula pro starting 06/1/23 and continuing every 3 months (9/1/23, 12/1/23) to ensure no direct care staff is missing Resident Rights, Emergency Medical Plan and Mandatory Reporting Abuse. Any upcoming of missed training will be scheduled to complete no later than 1 week after finding.

\* All forms of current employees with completed training have been uploaded into Tabula Pro by Administrator as of 2/3/23.

(Directed)

- The Administrator will schedule the 40 Hours/Rights and Abuse Training for Staff Members F, G and H and ensure topics include Resident Rights, Emergency Medical Plan, Mandatory reporting of Abuse – OAPSA, and Reporting reportable Incidents and conditions and complete training by 02/17/23.
- The Administrator will upload 40 Hours/Rights and Abuse Training forms into Tabula Pro by 2/24/23.
- The Administrator will create an updated checklist by 2/17/23 to be part of the new hire packet to ensure the 40 Hours/Rights and Abuse Training is completed for all staff.
- Beginning 2/3/23, the Administrator will upload the 40 Hours/Rights and Abuse Training form into employee profile in Tabula Pro once hiring process is completed, no later than a 1 week after.
- Beginning 3/1/23, the Administrator will run a report on Tabula pro and continue every 3 months (6/1/23, 09/1/23, 12/1/23) to ensure direct care staff's 40 Hours/Rights and Abuse Training is completed.
- Beginning 3/1/23, the Administrator will schedule any upcoming of missed orientation within 1 week of discovery.

Directed Completion Date: 03/01/2023

65b - Rights/Abuse 40 Hours (*continued*)*Not Implemented* (████ - 03/06/2023)

## 65d - Initial Direct Care Training

**11. Requirements**

2600.

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

3. Initial direct care staff person training to include the following:

**Description of Violation**

Staff Member F hired on ██████ began providing unsupervised ADL services on 12/1/22. However, the staff person did not complete the following initial direct care staff person trainings:

1. Demonstration of Job Duties
2. Direct care training course & past test
3. Initial Direct Care

Staff Member G hired on ██████, began providing unsupervised ADL services on 12/1/22. However, the staff person did not complete the following initial direct care staff person trainings:

1. Demonstration of Job Duties
2. Direct care training course & past test
3. Initial Direct Care

Staff Member H hired on ██████ began providing unsupervised ADL services on 12/1/22. However, the staff person did not complete the following initial direct care staff person trainings:

1. Demonstration of Job Duties
2. Direct care training course & past test
3. Initial Direct Care

*Repeated Violation-2/24/22, et. al.*

**Plan of Correction***Directed* (████ - 02/13/2023)

- \*An updated checklist has been created by Administrator as of 2/3/23 to be part of the new hire packet to ensure no direct care staff is missing their Direct Care Training/ Shadowing and demonstration of job duties training.
- \* Administrator assist Staff Member F, G and H to create account on Temple University under Direct Care Staff Training and Competency Test the due date is 2/17/23
- \*Administrator will run a report on Tabula pro starting 06/1/23 and continuing every 3 months (9/1/23, 12/1/23) to ensure no direct care staff is missing their Direct Care Training/ Shadowing and demonstration of job duties training. Any upcoming of missed training will be scheduled to complete no later than 1 week after finding.
- \* All forms of current employees with completed training have been uploaded into Tabula Pro by Administrator as of 2/3/23.

(Directed)

- The Administrator assisted Staff Member's F, G and H with creating an account on Temple University under the Direct Care Staff Training and Competency Test to complete training by 02/17/23.

**65d - Initial Direct Care Training (continued)**

- As of 02/03/23, the Administrator created an updated checklist to be part of the new hire packet to ensure direct care staff's Initial Direct Care Training/ Shadowing and demonstration of job duties training are completed.
- Beginning 3/1/23, the Administrator will run a report on Tabula pro and continue every 3 months (6/1/23, 09/1/23, 12/1/23) to ensure direct care staff's Initial Direct Care Training/ Shadowing and demonstration of job duties training is completed.
- On 02/03/23, the administrator uploaded all forms into Tabula Pro for employees who have completed Initial Direct Care Training.

Directed Completion Date: 03/01/2023

Not Implemented ( ) - 03/06/2023)

**88a - Surfaces****12. Requirements**

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

**Description of Violation**

On 01/10/23, a missing ceiling tile was observed in Resident Room ( ), for Residents 3, 4 and 5.

On 01/10/23, the exit near room ( ) was observed and has loose hand railing.

**Plan of Correction**

Accept ( ) 02/13/2023)

\*In resident room ( ) the ceiling tile was replaced by maintenance staff employee on 1/11/23.

\*Maintenance staff employee verified the loose handrailing on 1/27/23 and it will be replaced by 02/24/23.

\* Administrator will create a maintenance log by 2/17/23 to register all needed repairs.

\*Administrator will meet weekly with maintenance staff employee to follow up the status of repairs starting 2/17/23

Licensee's Proposed Overall Completion Date: 02/17/2023

Implemented ( ) - 03/03/2023)

**101j6 - Mirror****13. Requirements**

2600.

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

6. A mirror.

**Description of Violation**

There is no mirror in the shared bedroom ( ) for residents 6 and 7

**Plan of Correction**

Accept ( ) - 02/13/2023)

\* In resident room ( ) the mirror was placed on the wall for residents to share by maintenance staff employee on 1/11/23.

\* Maintenance staff employee was re-trained on everything that needs to be in a resident's room by administrator

**101j6 - Mirror (continued)**

on 1/27/23.

\* Information on items required on the resident room has been added to the Office Manual Guide Right-to-Know Information hanging basket in the dining room area by the administrator to be available to maintenance staff employee for reference as of 2/10/23

Licensee's Proposed Overall Completion Date: 02/10/2023

Implemented (█) - 03/06/2023)

**101j7 - Lighting/Operable Lamp****14. 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**

Residents 6 and 7 do not have access to a source of light that can be turned on/off at their bedside.

**Plan of Correction**

Accept (█) - 02/13/2023)

\* In resident room █ on 1/11/23 the bedside lamp was placed for both residents by maintenance staff employee.

\* Maintenance staff employee was re-trained on everything that needs to be in a resident's room by administrator on 1/27/23.

\* Information on items required on the resident room has been added to the Office Manual Guide Right-to-Know Information hanging basket in the dining room area by the administrator to be available to maintenance staff employee for reference as of 2/10/23

Licensee's Proposed Overall Completion Date: 02/10/2023

Implemented (█) - 03/06/2023)

**103f - Refrigerator/Freezer Temps****15. 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 01/10/23 at approximately 10:30am the temperature in Refrigerator #1 in the kitchen was 45 degrees Fahrenheit and on 01/11/23 at 3:50pm the refrigerator was 50 degrees Fahrenheit.

**Plan of Correction** Repeated Violation-11/22/21, et. al., 6/1/22, et. al.

Accept (█) - 02/13/2023)

\* Refrigerator will be removed and replace by maintenance staff employee by 2/28/23.

\* Administrator has retrained cook on 1/24/23 to ensure that temperature logs are being completed on a daily basis.

\* Administrator will review the temperature log weekly to ensure compliance starting 1/31/23.

\* Administrator has created a temperature log as of 2/1/23 and it will be placed on the Office Manual Binder Right-to-Know Information hanging basket in the dining room area.

Licensee's Proposed Overall Completion Date: 02/10/2023

103f - Refrigerator/Freezer Temps (*continued*)

Not Implemented (████) - 03/03/2023)

## 103i - Outdated Food

## 16. Requirements

2600.

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

## Description of Violation

*On 01/10/23, 1 14.5oz Can of Green Giant Kitchen Sliced Green Beans was found dented.**On 01/10/23, 1 can was observed with no label was found dented**Repeated Violation-2/24/22, et. al.*

## Plan of Correction

Accept (████) - 02/13/2023)

*\* The dented cans from the donation were removed by maintenance staff employee and thrown away as of 1/16/23.**\* A new area for dented cans has been set up and labeled by them cook to place any cans that are dented until they can be properly disposed as of 1/27/23.**\* Administrator will create a receive items log to record when food orders or donations come in to make sure that are in compliance by 2/3/23.**\* All staff will be trained by Administrator on dented cans procedure by 2/17/23 and how to complete the log.**Instructions will be available in the Office Manual Guide Right-to-Know Information hanging basket in the dining room area by 2/17/23.*

Licensee's Proposed Overall Completion Date: 02/17/2023

Not Implemented (████) - 03/03/2023)

## 132a - Monthly Fire Drill

## 17. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

## Description of Violation

*An unannounced fire drill was not held during the months of 09/2022 and 12/2022.*

## Plan of Correction

Accept (████) - 02/13/2023)

*\* Fire Drill was previously schedule by Staff Member A and completed on 1/10/23.**\* All fire drills will be scheduled and recorded in Tabula Pro Facility calendar by Administrator with a monthly reminder. February fire drill has been scheduled for 2/16/23 by Administrator.**\* Administrator will add the instructions to follow for fire drills into the Office Manual Guide Right-to-Know Information hanging basket in the dining room area by 2/17/23.*

Licensee's Proposed Overall Completion Date: 02/17/2023

Implemented (████) - 03/06/2023)

## 132b - Safety Inspection/Fire Drill

## 18. Requirements

2600.

132b - Safety Inspection/Fire Drill (continued)

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 fire safety inspection and fire drill observed by a fire safety expert was conducted 01/10/23, prior to that date was last conducted on 10/20/2020.

Plan of Correction

Directed [redacted] - 02/13/2023)

\*Administrator will contact the Fire Department as of \_\_\_\_\_ to request information regarding any prior Safety Inspection before 1/10/2023.

\*Fire Safety Inspection has been added to Tabula Pro Facility calendar by Administrator as of 2/10/23 to ensure annual inspections are not missed.

\* Administrator will add the instructions to follow for Annual Safety Inspection into the Office Manual Guide Right-to-Know Information hanging basket in the dining room area by 2/17/23.

(Directed)

- The Administrator will contact the Fire Department by 2/24/23 to request information regarding prior documentation detailing the Fire Safety Inspection conducted by a Fire Safety Expert prior to 01/10/23, and after 10/20/2020.
- On 02/10/23, the Administrator added the Fire Safety Inspection by a Fire Safety Expert to the Tabula Pro Calendar to ensure annual inspections are completed.
- Beginning 02/17/23, the Administrator will add the Annual Safety Inspection instructions to the Office Manual Guide Right-to-Know Information into the hanging basket located in the dining room area.

Directed Completion Date: 02/24/2023

Implemented [redacted] - 03/06/2023)

132c - Fire Drill Records

19. Requirements

2600.

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

Description of Violation

The fire drill record for the drills conducted on 01/22 through 08/22 do not include the time of drill, duration, number of residents, number of staff, exit route used, problems encountered and if the fire alarm/smoke detector was operative.

Plan of Correction

Accept [redacted] - 02/13/2023)

\* Administrator will re-train all direct care staff on how to complete the drill record form by 2/17/23.

\* All direct care staff and facility personal will be informed that a copy of the Fire Drill Record along with an example of how to complete will be added to the Office Guide Manual located in Right-to-Know Information hanging basket in the dining room area by 2/17/23.

\* 1/10/23 Fire drill record information has been added by Administrator to Tabula Pro as of 1/10/23.

Licensee's Proposed Overall Completion Date: 02/17/2023

Not Implemented [redacted] - 03/06/2023)

132d - Evacuation

20. 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

The fire drill conducted by the fire safety expert was completed on 01/10/23, prior to that date it was conducted 10/20/2020. The maximum safe evacuation time was not specified in writing within the past year by a fire safety expert.

Plan of Correction

Directed (████ - 02/13/2023)

\*Administrator has called the fire department on 1/10/23 to verify if any information prior the drill of 1/10/23 was available. No response received as of 2/7/23.

\* As of 2/7/23 administrator will reach again the fire department and alarm company to try and get the previous fire drill information. Also verify what is the maximum amount of time to conduct the evacuation process.

\* Instructions of the evacuation process and time will be included in the Office Manual Guide located in Right-to-Know Information hanging basket in the dining room area by the Administrator on 2/24/23 and all facility personal will be informed.

(Directed)

- The Administrator will contact the Fire Department by 2/24/23 to request documentation detailing the Fire Safety Inspection conducted by a Fire Safety Expert prior to 01/10/23, and after 10/20/2020, to establish the maximum safe evacuation time.
- Beginning 02/24/23, the administrator will add the Annual Fire Safety Inspection instructions to the Office Manual Guide Right-to-Know Information into the hanging basket located in the dining room area.
- On 02/10/23, the Administrator added the Fire Safety Inspection by a Fire Safety Expert to the Tabula Pro Calendar to ensure annual inspections are not missed.

Directed Completion Date: 02/24/2023

Not Implemented (████ - 03/06/2023)

132e - Fire Drill Sleeping Hours

21. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The fire drill records show no fire drills were conducted during sleeping hours for the period 01/31/22 through 08/06/22.

Plan of Correction

Accept (████ - 02/14/2023)

\*All fire drills will be scheduled and recorded in Tabula Pro Facility calendar with a reminder by the Administrator by 2/27/23.

**132e - Fire Drill Sleeping Hours (continued)**

\* Administrator will add the instructions to follow for fire drills during sleeping hours into the Office Manual Guide that will be posted in Right-to-Know Information hanging basket in the dining room area by 3/3/23 and notified all facility personal.

\* Administrator will create a log by 2/27/23 to register fire drills completed during sleeping hours and will be uploaded into Tabula Pro after been completed.

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

Not Implemented (████) - 03/06/2023)

**141a 1-10 Medical Evaluation Information****22. 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 6's Annual DME dated █████, did not include page 2

Resident 8's Annual DME dated █████, did not include page 2

**Plan of Correction** Repeated Violation-2/24/22, et. al., 6/1/22

Accept (████) - 02/13/2023)

\*Physician office will be contact by Med Tech Supervisor as of 2/3/23 to request 2nd page of DME for resident 6 and 8.

\*Administrator will add the DME process to the Office Manual Guide located in Right-to-Know Information hanging basket by 3/3/23.

\*As DME are received they will be uploaded into Tabula Pro by Med Tech Supervisor for all residents this will provide the dates of when a new DME is needed.

\* Administrator will run reports in Tabula Pro every 6 months to ensure no resident is missing or has an expired DME starting 6/1/23 and continuing on 12/1/23.

\* As of 2/7/23 all DME that are up to date had been uploaded into Tabula Pro by the Administrator.

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

Not Implemented (████) - 03/03/2023)

**185a - Implement Storage Procedures**

**23. 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**

Resident 6, is prescribed Lorazepam, 0.5 Tab, One Tablet Orally daily as needed, DX: [REDACTED], the medication was not found available in the home.

Resident 9, is prescribed Glucose Tablets 1 Tablet by mouth as needed for low blood sugar. DX: [REDACTED]. The medication was not found available in the home.

On 12/8/22, resident 10, was prescribed Albuterol 0.083% INH SOLN, 1 Vial Via Nebbs Every 4 hours as needed for [REDACTED] was not found in the home, but is listed on the MAR.

**Plan of Correction****Directed ( [REDACTED] - 02/13/2023)**

\* Med Tech Supervisor will have med cabinets labeled with resident's names by 2/3/23.

\*Administrator will meet with Med Tech Supervisor to review and discuss the procedures for storage, access, security distribution and use of medications by 2/17/23.

\*Administrator will create a binder for the Med Room by 2/17/23 that will include all the procedures and regulations regarding storage of medication and use of medical equipment.

\*Med Tech Supervisor will meet with all med tech to notify of the availability of the binder and review procedures by 2/21/23.

\*Med Tech Supervisor will create a log by 2/17/23 to register the date and names of employees re-trained for the storage procedures.

*(Directed)*

- The Administrator will place order for medications for Resident 6 and Resident 9 by 02/24/23.
- The Administrator will add missing medication to Resident 10's MAR, by 02/24/23  
The Med Tech Supervisor will have med cabinets labeled with resident's names by 2/3/23.
- The Administrator will meet with Med Tech Supervisor to review and discuss the procedures for storage, access, security distribution and use of medications by 2/17/23.
- The Administrator will create a binder for the Med Room by 2/17/23 that will include all the procedures and regulations regarding storage of medication and use of medical equipment.
- The Med Tech Supervisor will meet with all med techs regarding the availability of the binder and review procedures by 2/21/23.
- The Med Tech Supervisor will create a log by 2/17/23 to register the date and names of employees re-trained in the storage procedures.

**Directed Completion Date: 02/24/2023****Not Implemented ( [REDACTED] - 03/06/2023)****190a - Completion Medication Course****24. Requirements**

2600.

### 190a - Completion Medication Course (*continued*)

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

#### Description of Violation

Staff Member I hired [REDACTED] administers medications routinely. Staff Member I's most recent medication administration training was completed on 11/8/21.

Staff Member D hired is [REDACTED] administers medications routinely. Staff Member D's most recent medication administration training was completed on 11/10/21.

Staff Member J administers medications routinely. Staff Member J's most recent medication administration training was completed on 09/14/21.

#### Plan of Correction

Directed [REDACTED] - 02/13/2023)

\*As of 2/7/23 the link to the course was received and Administrator application will be completed and submit by 2/10/23.

\*All direct care staff Med Administrator Certificates are uploaded into Tabula Pro by the Administrator by 2/10/23.

(Directed)

- On 02/07/23, the Administrator obtained the application link for the Medication Administration train the trainer course which was completed on 02/10/23.
- The medication administration certificate for the Administrator was uploaded into Tabula Pro on 02/10/23.
- The Administrator will conduct the Medication Administration Training for Staff Members I, D, and J by 02/24/23.
- The Administrator will create a log to track the completion of Direct Staff Medication Administration training by 02/24/23.
- The Administrator will place the Medication Administration Documentation for Staff members I, D and J in Tabula pro by 02/24/23.
- Beginning 03/01/23, the administrator will audit staff members records and every 4 months. The administrator will complete any required training within 1 week of discovery.

Directed Completion Date: 03/01/2023

Not Implemented ([REDACTED] - 03/06/2023)

### 190b - Insulin Injections

#### 25. Requirements

2600.

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

#### Description of Violation

Staff Member I, hired on [REDACTED] administers medications including insulin injections routinely. Staff Member I's most

**190b - Insulin Injections (continued)**

recent diabetic insulin training was completed 11/12/21.

Staff Member D, hired on [REDACTED] administers medications including insulin injections routinely. Staff Member D's most recent diabetic insulin training was completed 11/12/21.

**Plan of Correction****Directed** [REDACTED] 02/14/2023)

\* Staff I and D will be schedule by the Administrator with the Diabetic trainer.

\* Certificate will be added to the employee profile in Tabula by the Administrator once completed.

(Directed)

- The Administrator will complete the Diabetes Insulin Training for Staff Members I, and D by 02/24/23.
- The Administrator will keep a record of the medication administration training in the home.
- The Administrator will upload the Diabetes Insulin Training Documentation for Staff members I and D in Tabula pro by 02/24/23.
- The Administrator will create a log to track the Diabetes Insulin Training by 02/24/23.
- Beginning 03/01/23, the Administrator will audit staff members records and every 4 months after. The Administrator will complete any required training within 1 week of discovery.

Directed Completion Date: 03/01/2023

**Not Implemented** [REDACTED] - 03/06/2023)

**225c - Additional Assessment**

27. Requirements

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

Description of Violation

Resident 10 who was admitted to the home on [REDACTED] most recent annual Resident Assessment and Support Plan was completed on 2/25/21.

Repeated Violation-11/22/21, et. al., 2/24/22, et. al.

Plan of Correction

Accept ([REDACTED] - 02/14/2023)

- \* RASP for resident 10 has been updated as of 1/2/23 by Administrator.
- \* All current RASP has been uploaded in Tabula as of 2/3/23 by Administrator.
- \* Tabula Pro provides notification of any upcoming due dates for RASP and Administrator will review monthly starting 3/1/23 to ensure all are updated.

Licensee's Proposed Overall Completion Date: 03/01/2023

Not Implemented ([REDACTED] - 03/06/2023)

227a - Support Plan 30 Days

28. 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 11 who was admitted to the home on [REDACTED] does not have an initial or subsequent Resident Assessment or Support Plan completed on file.

Plan of Correction

Directed ([REDACTED] - 02/14/2023)

- \*Resident 11 has had multiple appointments for [REDACTED] DME the last one was 2/6/23 and [REDACTED] refused because [REDACTED] needs at least 3 days notification. Med Tech Supervisor will call to schedule a new appt.
- \* Administrator will add instructions regarding the RASP (Support Plan) to the Office Manual Guide Binder located in Right-to-Know Information by 2/27/23.
- \* Administrator has verified that all residents have a current RASP in Tabula Pro as of 2/7/23.
- \* Tabula Pro system will provide notifications of upcoming RASP updates needed.

(Directed)

- The Administrator will complete the Resident Assessment and Support Plan (RASP) for Resident 11 by 02/24/23.
- The Administrator will maintain a copy of the RASP at the home.
- The Administrator uploaded all RASPs into Tabula Pro 02/07/23.
- The Administrator will add instructions regarding the RASP (Support Plan) to the Office Manual Guide Binder located in Right-to-Know Information by 2/27/23.

227a - Support Plan 30 Days (continued)

- Beginning 03/01/23, Tabula Pro will provide notification of upcoming due dates for RASPs.
- Beginning 03/01/23, the administrator will review Tabula Pro monthly to ensure RASPs are uploaded.

Directed Completion Date: 03/01/2023

Not Implemented ( [REDACTED] 03/06/2023)