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

February 27, 2023

[redacted]
SZR HAVERFORD AL OPCO LLC
[redacted]

RE: SUNRISE OF HAVERFORD
217 WEST MONTGOMERY AVENUE
HAVERFORD, PA, 19041
LICENSE/COC#: 14492

Dear [redacted] ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/12/2023, 01/13/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[redacted]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *SUNRISE OF HAVERFORD* **Licen e #**: *14492* **Licen e Expiration**: *01/01/2024*

Address: *217 WEST MONTGOMERY AVENUE, HAVERFORD, PA 19041*

County: *DELAWARE* **Region**: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *SZR HAVERFORD AL OPCO LLC*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *I 2* **Date**: *11/20/1997* **I ued By**: *Lower Merion Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *72* **Waking Staff**: *54*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *01/13/2023*

Inspection Dates and Department Representative

01/12/2023 On Site [redacted]

01/13/2023 On Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *98* **Residents Served**: *45*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Reminiscence* **Capacity**: *17* **Residents Served**: *16*

Hospice

Current Residents: *11*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *44*

Diagnosed with Mental Illness: *2* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *27* **Have Physical Disability**: *0*

Inspections / Reviews

01/12/2023 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/12/2023*

02/15/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *02/22/2023*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *02/22/2023*

Inspections / Reviews *(continued)*

02/27/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *02/22/2023*

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.
23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

The support plan, for resident #1 indicates the resident requires assistance [redacted] On [redacted]-22, the resident did not receive this assistance as required. Staff person A, failed to [redacted]. When transported to the dining room, staff person A, failed to [redacted]. The personal care preferences are defined and outlined in the support plan.

Plan of Correction ***Accept [redacted] - 02/15/2023)***

2/17/22 On date in question, resident 1 was not scheduled to be [redacted], and resident received [redacted] per support plan documentation on date. Resident A was transferred to a dining chair by another staff person.
12/17/2022 Team member was placed on leave pending investigation.
1/20/23 After community and state investigation was completed, Staff person A came to the community and was provided extensive training on Abuse & Neglect, OAPSA, Residents Rights (PA Specific), Body Language, Verbal & Non Verbal Communication, Perception of Residents, Responding to Residents with Heightened Anxiety and Care Needs, Importance of reviewing SEHA and RASPs, Stress Management, and Customer Service. Staff person A completed Working with Difficult People, Understanding Abuse and Neglect, and Understanding Resident Rights via Relias. Staff person A was placed on a plan of supervision for 30 days post training.
1/25/23 & ongoing for 3 months At weekly coordinator meeting, ISP changes will be discussed and then reviewed at cross over meetings by the Wellness Nurse. The Executive Director or Designee will follow up with the care team to ensure the ISP changes are being communicated to them at cross over. During resident council meetings, Executive Director or Designee will ensure the residents are receiving services as per their support plans.
2/21/23 This Plan of Correction will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violations do not occur again.

Licensee's Proposed Overall Completion Date: *02/21/2023*

Implemented [redacted] 02/27/2023)

42b - Abuse

2. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] 22 at [redacted] am, Staff person A, entered the room of resident #1 in an aggressive manner. Staff person A, pointed at the resident and stated the following:
"Don't talk, I don't want to hear you talk! You're always always whining and crying."

42b - Abuse (continued)

Staff person A, declined to fulfill the resident's request as outlined in the support plan. The resident has a preferred routine when receiving personal care; and staff person A, admitted to not washing the resident. Resident #1 reported that the oral care was not completed as required per personal care services. Resident #1, communicates that the care was completed in a rough and rushed manner. Upon completion resident #1 was transported to the bistro area. During the transfer, staff person A, made the following statement:

"You can move your feet!"

Resident #1, has a diagnosis of [redacted], which compromises [redacted] movement. Resident #1, made a request for Staff person A to assist transferring them into a bistro chair. Staff person B, who was behind the bistro heard the request of the resident and witnessed staff person A, walk away without assisting the resident. The resident indicated [redacted] never wants staff person A, to assist with their personal care routine.

Plan of Correction ***Accept [redacted] 02/15/2023)***

[redacted]22-Resident received assistance into a bistro chair via a different staff person. Staff person A was reassigned per resident's request.

[redacted]/23-Staff person A came to the community and was provided extensive training on Abuse & Neglect, OAPSA, Residents Rights (PA Specific), Body Language, Verbal & Non-Verbal Communication, Perception of Residents, Responding to Residents with Heightened Anxiety and Care Needs, Importance of reviewing SEHA and RASPs, Stress Management, and Customer Service. Staff person A completed Working with Difficult People, Understanding Abuse and Neglect, and Understanding Resident Rights via Relias.

Staff person A was placed on a plan of supervision for 30-days post training. Training was provided to care team to ensure they understand the importance of reviewing and reading ISP's. At cross over meetings, any ISP plans that were updated will be reviewed with the team by a nurse.

2/23/23 & ongoing for 3 months-During resident council meetings, Executive Director or Designee will ensure the residents are receiving services as per their support plans, and the Executive Director/Designee will follow up with care team to ensure that ISP updates are being communicated.

2/21/23 & ongoing for 3 months-This Plan of Correction will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violations do not occur again.

Licensee's Proposed Overall Completion Date: *02/21/2023*

Implemented [redacted] 02/27/2023)

42c - Treatment of Residents

3. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

42c - Treatment of Residents *(continued)*

Description of Violation

On [redacted]-22, while providing care for resident #1, staff person A was verbally aggressive, while providing care in a rushed manner.
Staff person A, pointed at the resident and stated the following: "Don't talk, I don't want to hear you talk! You're always always whining and crying."

Plan of Correction ***Accept [redacted] - 02/15/2023)***

[redacted]23-Staff person A came to the community and was provided extensive training on Abuse & Neglect, OAPSA, Residents Rights (PA Specific), Body Language, Verbal & Non-Verbal Communication, Perception of Residents, Responding to Residents with Heightened Anxiety and Care Needs, Importance of reviewing SEHA and RASPs, Stress Management, and Customer Service. Staff person A completed Working with Difficult People, Understanding Abuse and Neglect, and Understanding Resident Rights via Relias.
1/20/23-Staff person A was placed on a plan of supervision for 30-days post training.
1/23/23 & ongoing ffor 3 months-During resident council meetings, Executive Director or Designee will ensure the residents are receiving services as per their support plans.
1/This Plan of Correction will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violations do not occur again.

Licensee's Proposed Overall Completion Date: *02/21/2023*

Implemented [redacted] - 02/27/2023)

42c - Treatment of Residents *(continued)*

66b - Training Plan Content

4. Requirements

2600.
66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

Description of Violation

The home's staff training plan does not include Age Sensitivity Training which promotes awareness in sensory and mental changes in older adults.

Plan of Correction ***Accept [redacted] - 02/15/2023)***

1/31/23-Age-sensitivity training was provided for team members at our monthly Town Hall meeting.
2/1/23-The training for the community was reviewed to ensure no additional training was currently identified as necessary training for the staff needed to be complete immediately.
2/1/23-The training for the community will be reviewed regularly to ensure no additional training is identified as necessary training to add to our training plan. Should additional training be identified, we would then train team members on that training at that time.
2/21/23-This Plan of Correction will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violations do not occur again.

Licensee's Proposed Overall Completion Date: *02/21/2023*

Implemented [redacted] - 02/27/2023)

85a - Sanitary Conditions

5. Requirements

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

Description of Violation

On 1-13-23 at 11:28 am, the vents in rooms # [redacted] and [redacted] had filters that were unclean, covered with heavy dust.
On 1-13-23 at 2:02 pm, the broken pipe located in the kitchen creating an unsanitary condition of flooding the floor per staff person

Plan of Correction ***Accept [redacted] - 02/15/2023)***

1/13/23-Vents in rooms [redacted] & [redacted] were cleaned by maintenance. A sweep of all resident rooms was completed, and any vents that were identified as dusty were at that time cleaned.
1/13/23-Maintenance will check all vents monthly and clean the vents identified as needing cleaned at that time. Housekeeping checklist put into place to include vent checks to ensure no issue arises sooner, and if a vent is dentified at that time it will be immediately cleaned. Training was provided to housekeeping to ensure they understand the importance of clean vents and how to follow this process.
1/13/23-ED/Designee to review housekeeping checklist on monthly basis to ensure this process is effective; vents are cleaned to ensure this process is effective.
2/21/23-This Plan of Correction will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new

85a - Sanitary Conditions (continued)

POC and training will be implemented and monitored to ensure the violations do not occur again.
1/8/23-Pipe to dishwasher was immediately cleaned and turned off at time of break and awaiting repair. The repair was then scheduled for 1/17/23.
1/17/23-The pipe was repaired on 1/17/23 as scheduled and in full working order.
1/13/23-All dishwashers will be checked monthly by maintenance to ensure they are fully functioning. If a dishwasher is found not to be fully functioning, a sign will be placed on the dishwasher to indicate that it is not functioning and cannot be used.
2/21/23 & ongoing for 3 months-The Executive Director/Designee will spot check to ensure that all dishwashers are fully functioning and in no need of repair. This Plan of Correction will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violations do not occur again.

Licensee's Proposed Overall Completion Date: *02/21/2023*

Implemented ([redacted] 02/27/2023)

86b - Bathroom

6. Requirements

2600.
86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathroom vents in the following rooms: #[redacted] and [redacted] were inoperable. The bathrooms did not have operable fans and there was no ventilation in the bathrooms.

Plan of Correction ***Accept ([redacted] - 02/15/2023)***

1/13/23-We respectfully request this violation be withdrawn, as the vents in the bathroom of resident suites blow clean air into each resident bathroom to provide ventilation.
1/13/23-A sweep was completed of all resident bathroom suites to ensure all units were fully functioning. No suites were identified as needing repair.
1/13/23-The Maintenance Coordinator will check monthly to ensure vents are working properly and providing fully functioning ventilation.
2/21/23 & ongoing for 3 months-The Maintenance Coordinator/Designee will spot check to ensure this process is effective. This Plan of Correction will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violations do not occur again.

Licensee's Proposed Overall Completion Date: *02/21/2023*

Implemented [redacted] 02/27/2023)

87 - Lighting

7. Requirements

87 - Lighting *(continued)*

2600.
87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

The lighting in the bathrooms of rooms # [redacted] and [redacted] were missing bulbs from the bathroom light fixtures.

Plan of Correction ***Accept [redacted] - 02/15/2023)***

1/13/23-Maintenance Coordinator replaced the missing bulbs immediately.
All bathrooms and resident suites in community were swept to ensure any bulbs that were identified missing or out were replaced.
The housekeeping checklist was edited to add bulb checks during housekeeping of resident rooms.
2/21/23 & ongoing for 3 months-The Maintenance Coordinator/Designee will spot check to ensure this process is effective. This Plan of Correction will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violations do not occur again.

Licensee's Proposed Overall Completion Date: *02/21/2023*

Implemented [redacted] 02/27/2023)

95 - Furniture and Equipment

8. Requirements

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

Description of Violation

The following equipment was not in good repair :

- *The sink located in the activity room on the 2nd floor was leaking and loose.*
- *The toilet paper handles located in rooms #[redacted] and [redacted] were not in good repair and missing the roller.*
- *The pipe in the kitchen on the floor was cracked and not in good repair.*

Plan of Correction ***Accept [redacted] - 02/15/2023)***

1/13/23-The handle to the sink was turned off immediately, and the sink stopped dripping. The sink was tightened and re-caulked to ensure the proper seal and prevent movement. The toilet paper rollers that were missing were replaced.
A community sweep of all suites was conducted to ensure all sinks were in working order and no additional sinks were identified as needing repair, and additionally, no additional toilet paper rollers needed to be replaced.
These items have been added to the housekeeping checklist to ensure the housekeeping team is checking toilet

95 - Furniture and Equipment (continued)

paper rollers and sinks while housekeeping resident suites.
2/21/23 & ongoing for 3 months-The Maintenance Coordinator/Designee will spot check to ensure this process is effective. This Plan of Correction will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violations do not occur again

Licensee's Proposed Overall Completion Date: *02/21/2023*

Implemented [redacted] 02/27/2023)

101j7 Lighting/Operable Lamp

9. 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

Resident in room # [redacted] does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction ***Accept [redacted] 02/15/2023)***

1/13/23-Resident in room [redacted] has a reachable lamp that can be turned on/off at bedside, the lightbulb was mmediately replaced.
A community sweep was conducted to ensure proper lighting at bedside. No additional suites were found with mproper lighting at bedside. This item was added to housekeeping checklist to ensure proper lighting is present while room is being housekept.
1/31/23-Training completed during town hall to ensure team members understand what to look for and the process to follow when a burned out lightbulb is found.
2/21/23 & ongoing for 3 months-The Maintenance Coordinator/Designee will spot check to ensure this process is effective. This Plan of Correction will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violations do not occur again.

Licensee's Proposed Overall Completion Date: *02/21/2023*

Implemented [redacted] - 02/27/2023)

101o - Walls, Floors, Ceilings

10. Requirements

2600.
101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

The carpet in room # [redacted] had bleach stains on the carpet.

Plan of Correction ***Accept [redacted] 02/15/2023)***

1/13/23-The carpet in room [redacted] had a food stain that was shampooed out of the carpet immediately. The carpet remains in clean and good repair.
A community sweep of all suites was completed to ensure all carpets were clean and in good repair, and any carpet

101o - Walls, Floors, Ceilings (continued)

dentified as needing shampooed was completed.
1/31/23-Training was completed at town hall on process to follow when finding carpets that are not clean or in good repair. This item was added to housekeeping checklist to ensure this is checked while room is being housekept.
2/21/23 & ongoing for 3 months-The Maintenance Coordinator/Designee will spot check to ensure this process is effective. This Plan of Correction will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violations do not occur again.

Licensee's Proposed Overall Completion Date: *02/21/2023*

Implemented [redacted] 02/27/2023)

124 - Notice to Fire Department

11. Requirements

2600.
124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction ***Accept[redacted] 02/15/2023)***

2/15/23-The Executive Director to send letter to the fire department stating the location of bedrooms and the assistance needed to evacuate in an emergency.
2/10/23-The Executive Director set an outlook calendar reminder yearly for yearly sending of fire department letter.
1/15/23-Training was conducted to the coordinator team to ensure they understand the need for the fire letter and that this letter must be sent annually.
2/21/23 & ongoing for 3 months-This Plan of Correction will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violations do not occur again.

Licensee's Proposed Overall Completion Date: *02/21/2023*

Implemented ([redacted] - 02/27/2023)

132f - Alternate Exit Routes

12. Requirements

2600.
132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The stairway exits A & B were the only exit routes used during the fire drills held on the following dates:

- *1-24-2022*
- *2-22-2022*

132f - Alternate Exit Routes (continued)

- 3-24-2022

Plan of Correction ***Accept [redacted] 02/15/2023)***

1/16/23-The Executive Director provided education to the Maintenance Coordinator on proper documentation for fire drills to ensure the exit routes used are the ones that are documented on fire drill form and that we continue using alternate exits.
2/2023-The Executive Director/Designee will review the documentation after each drill to ensure proper documentation.
2/21/23 & ongoing for 3 months-This Plan of Correction will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violations do not occur again.

Licensee's Proposed Overall Completion Date: *02/21/2023*

Implemented ([redacted] - 02/27/2023)

162e Menu Changes

13. Requirements

2600.
162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

On 1-13-23, Butternut Squash Soup was listed on the lunch menu for the soup. Chicken Noodle Soup was served instead. No notice was provided to the residents in advance of the meal.

Plan of Correction ***Accept [redacted] - 02/15/2023)***

1/13/23-The Dining Services Coordinator posted the menu change in Reminiscence at the time the violation was given.
The Executive Director reviewed the process with the Dining Services Coordinator on menu change postings getting to Reminiscence at the start of the day when the menu item is changed.
The Executive Director or Designee will spot check menus and compare them to the meal being served to verify this has been corrected ongoing.
2/21/23 & ongoing for 3 months-This Plan of Correction will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violations do not occur again.

Licensee's Proposed Overall Completion Date: *02/21/2023*

Implemented [redacted] 02/27/2023)

184c - Sample Prescription Meds.

14. Requirements

2600.
184.c. Sample prescription medications shall have written instructions from the prescriber that include the components specified in subsection (a).

Description of Violation

Sample medication [redacted] belonging to resident # 3 were in the medication cart. The samples did not include following information:

- *The date of the prescription was issued*
- *Prescribed dosage and instructions for administration*
- *Name and title of the prescriber*

Plan of Correction ***Accept ([redacted] - 02/15/2023)***

1/13/23-The sample medication that was found was immediately labeled with the documentation that was missing. The Resident Care Director did an overall sweep of all medication carts to ensure the proper documentation was ncluded on the sample medication label.
1/25/23 2/9/23-Education was provided by the Resident Care Director to the Medication Care Managers as well as all Wellness Nurses about the requirements of sample medications. The medication cart audit form was updated to nclude checking sample medications for proper documentation.
2/21/23 & ongoing for 3 months-This Plan of Correction will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violations do not occur again.

Licensee's Proposed Overall Completion Date: *02/21/2023*

Implemented [redacted] 02/27/2023)

185a - Implement Storage Procedures

15. 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 # 4 is prescribed [redacted] as needed. On 1-13-23, the [redacted] medication was not available in the home at 10:49 am.

Plan of Correction ***Accept [redacted] - 02/15/2023)***

1/13/23-The Resident Care Director immediately ordered the missing [redacted] medication from the pharmacy to arrive as a STAT order to be delivered 1/13/23 on the midnight run.
A sweep of all medication carts was completed to check for any missing 'as needed' medications. No additional medications were discovered that needed to be ordered.
1/25/23 2/9/23-Training and education was provided to all Medication Care Managers and Wellness Nurses.

185a - Implement Storage Procedures (continued)

Checking cart for all as needed medications was added to the medication cart audit form.
2/21/23 & ongoing for 3 months-The Resident Care Director/Designee will spot check the audit forms to ensure this s being completed accurately. This Plan of Correction will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violations do not occur again.

Licensee's Proposed Overall Completion Date: *02/21/2023*

Implemented [redacted] - 02/27/2023)

187a - Medication Record

16. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident # 5 prescribed [redacted] . However, resident's # 's medication administration record does not indicate the purpose of the medication .

Resident # 6 prescribed [redacted] were not located on the medication cart, the location in the refrigerator was not displayed on the medication administration record.

Plan of Correction ***Accept [redacted] - 02/15/2023)***

1/13/23-The MAR was immediately updated to indicate the purpose of the medication. The medication was stored as nstructed by the manufacturer at the time of the survey, in the refrigerator, and was located in the refrigerator at the time of the survey.
A sweep of all MARs was conducted to ensure all medications have purpose listed and any that were identified were updated. Any medications that are stored in the refrigerator were updated to include where it was located.
1/25/23 2/9/23-Training was conducted to all medication care managers and wellness nurses to educate that purpose of medication must be included on MAR.
2/21/23 & ongoing for 3 months-Resident Care Director/Designee will spot check MAR to ensure purpose of all medications are listed. The Resident Care Director/Designee will spot check the audit forms to ensure this is being completed accurately. This Plan of Correction will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violations do not occur again.

Licensee's Proposed Overall Completion Date: *02/21/2023*

Implemented [redacted] - 02/27/2023)

187d - Follow Prescriber's Orders

17. Requirements

2600.

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

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

Description of Violation

Resident # 7 is prescribed [redacted]. However, resident # 7 was administered [redacted] on1-13-23.

Plan of Correction ***Accept [redacted] - 02/15/2023)***

1/13/23-The Resident Care Director confirmed with the physician that the proper medication was being given and at that time updated the Medication Administration record to ensure the order was corrected.
A sweep of all medication carts was completed to ensure all orders matched the medications that were sent by the pharmacy and were stored in the carts.
1/25/23 2/9/23-Training and education was provided to the medication care managers to all medication care managers and wellness nurses to ensure understanding of capsule VS tablet.
2/21/23 & ongoing for 3 months-The Resident Care Director or Designee will spot check cart audit checklists to ensure they are being completed accurately. This Plan of Correction will be discussed and evaluated (for up to 3 months) by the ED and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the iolations do not occur again.

Licensee's Proposed Overall Completion Date: *02/21/2023*

Implemented [redacted] - 02/27/2023)