

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

March 2, 2023

[REDACTED]
QUINCY RETIREMENT COMMUNITY
6596 ORPHANAGE ROAD
COLESTOCK HEALTH CENTER
WAYNESBORO, PA, 17268

RE: QUINCY RETIREMENT COMMUNITY
6596 ORPHANAGE ROAD
QUINCY, PA, 17247
LICENSE/COC#: 30652

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/18/2023, 01/19/2023 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: *QUINCY RETIREMENT COMMUNITY* License #: 30652 License Expiration: 08/29/2023
 Address: 6596 ORPHANAGE ROAD, QUINCY, PA 17247
 County: *FRANKLIN* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *QUINCY RETIREMENT COMMUNITY*
 Address: 6596 ORPHANAGE ROAD, COLESTOCK HEALTH CENTER, WAYNESBORO, PA, 17268
 [REDACTED] [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *05/28/1975* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *31* Waking Staff: *23*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *01/19/2023*

Inspection Dates and Department Representative

01/18/2023 - On-Site: [REDACTED]
 01/19/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *52* Residents Served: *30*

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

Hospice
 Current Residents: *4*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *30*
 Diagnosed with Mental Illness: *15* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

01/18/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/02/2023*

02/03/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *02/28/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/10/2023*

Inspections / Reviews *(continued)*

02/13/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/03/2023

03/02/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/28/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

25b - Contract Signatures

1. 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 [REDACTED] for Resident #1 was not signed by the resident.

Plan of Correction

Directed (CR - 02/10/2023)

Resident contract was signed by resident on [REDACTED].

An audit of recent admissions was done on 1/23/23 by Executive Director to identify any other incomplete contracts.

Additional contract signatures were obtained from residents on [REDACTED].

Admissions staff were educated on regulation on 1/24/23.

Audit of admissions contracts for complete and accurate signature will be conducted by Administrator or designee for 3 months and will be reported through Quality Assurance Meeting.

(Directed)

- Resident contract was reviewed with Resident #1 by the PC Admin on [REDACTED]; Resident #1 signed the contract.
- Additional admission contract reviews were conducted by the PC Administrator and contract signatures were obtained from the residents on [REDACTED].
- Admissions staff were educated by the Executive Director on the regulation on 1/23/2023.
- Beginning on 1/31/2023, the PC Administrator will review all new admission paperwork within 1 week of admission to ensure appropriate signatures were obtained.
- Beginning on 1/31/2023, an audit of new admissions contracts will be completed by the Administrator or designee as admissions occur for a period of 3 months. Results of the audit will be reviewed at the Quality Assurance Meetings scheduled to occur by 2/28/2023, 3/31/2023 and 4/30/2023.

Directed Completion Date: 02/10/2023

Implemented (CR - 03/02/2023)

41e - Signed Statement

2. Requirements

2600.

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

Description of Violation

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures. Documentation of efforts made to obtain the resident's signature was not kept in the resident's record.

Plan of Correction

Directed (CR - 02/13/2023)

93a

Signage was put up at exit notifying staff and residents to use caution due to no handrail at this location.

41e - Signed Statement (continued)

Audit was performed by Director of Environmental Services on 1/27/23 and no other areas were found to be deficient regarding handrails. Ongoing monthly inspections will occur, beginning 2/1/23, to ensure no safety issues related to handrails, by maintenance personnel. Staff were educated about safety concern and need to assist residents at this location, on 1/27/2023 by Personal Care Administrator and Director of Environmental Services. Handrail installation is planned, awaiting manufacturing of the handrail and installation by contractor. Anticipated completion date 2/28/2023.

(Directed)

- On [REDACTED], the PC Administrator reviewed Resident Rights with Resident #1 which was signed by the resident.
- On 1/23/2023, an audit of all Resident Right's admission paperwork was completed by the Executive director. Signatures were obtained by residents as needed by the Personal Care Administrator on [REDACTED].
- Education was provided to admissions staff members by the Executive Director on 1/23/2023.
- Beginning on 1/31/2023, an audit will be completed each month for 3 months on resident rights acknowledgements. Results of the 3 month audits will be reviewed at the Quality Assurance Meetings scheduled to occur by 2/28/2023, 3/31/2023 and 4/30/2023.
- Beginning on 1/31/2023, the PC Administrator will review all new admission paperwork within 1 week of admission to ensure appropriate signatures have been obtained.

Directed Completion Date: 02/10/2023

Implemented (CR - 03/02/2023)

42s - Privacy

3. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home has video monitoring and recording of the front exterior entrance; However, residents are not informed upon admission that this area is subject to video recording and signs are not posted in this area indicating that images are being recorded.

Plan of Correction

Directed (CR - 02/13/2023)

42s

Temporary sign was posted by Director of Environmental services at this time of survey informing guests entering Colestock Center.

Building that video surveillance is in use, 1/19/23.

Education was provided to Director of Environmental Services, Maintenance Manager and Personal Care

42s - Privacy (continued)

Administrator by Executive director during survey on 1/19/23. 1/31/23 Edit was made to Quincy Village Personal Care House Rules document, so that this information will be provided to all future residents upon admission and signature acknowledging receipt will be obtained via admission contract signing. Residents were educated about surveillance location at Resident Council on 1/30 by Personal Care Administrator. Resident council minutes attached. Permanent signage informing all visitors and residents to building that video surveillance is occurring was installed at front entrance, by Maintenance Personnel on 2/4/23.

(Directed)

- On 1/31/2023, the Quincy Village Personal Care House Rules were reviewed and revised by the Executive Director to include video surveillance which will be reviewed with residents upon admission during the contract review and signing.
- Beginning on 2/20/2023, the the maintenance director will perform monthly audits of the sign indicating residents and visitors may be recorded; documentation will be kept.

Directed Completion Date: 02/20/2023

Implemented (CR - 03/02/2023)

93a - Handrails**4. Requirements**

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

The home's courtyard has two entrance doors labeled as #4 and #6. Each door has a step with a drop approximately 6 inches to a landing followed by another step with a drop of approximately 5 inches to the sidewalk. Door #4 and door #6 do not have a well-secured handrail or handle.

Plan of Correction

Accept (CR - 02/13/2023)

93a

Signage was put up at exit notifying staff and residents to use caution due to no handrail at this location. Audit was performed by Director of Enviornmental Services on 1/27/23 and no other areas were found to be deficient regarding handrails. Ongoing monthly inspections will occur, beginning 2/1/23, to ensure no safety issues related to handrails, by maintenance personnel. Staff were educated about safety concern and need to assist residents at this location, on 1/27/2023 by Personal Care Administrator and Director of Enviornmental Services. Handrail installation is planned, awaiting manufacturing of the handrail and installation by contractor. Anticipated completion date 2/28/2023

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

Implemented (CR - 03/02/2023)

103e - Left Overs**5. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

103e - Left Overs (continued)

Description of Violation

On 1/18/2023 at approximately 10:45 AM, there was an unlabeled, undated plate of blueberry pancakes and bacon in kitchen refrigerator on the second floor.

Plan of Correction

Directed (CR - 02/13/2023)

103e

Food found to be unlabeled and without a date was removed from refrigerator immediately on 1/18/2023 by Personal Care Administrator. Audit was performed by Personal Care Aides to ensure that there were no other food items in refrigerator without proper documentation label 1/18/23. Education was provided to all staff by Administrator/Asst. Dining Director on 1/26/2023 Beginning 2/1/23 Audit is being performed by Personal Care Aides each shift to ensure that food items are dated and labeled appropriately. Beginning 2/1/23 ongoing audit will be conducted by Personal Care Administrator, for 3 months with reporting at meetings in February, March and April 2023.

(Directed)

- Beginning 2/1/23, ongoing monthly audits will be conducted by Personal Care Administrator.

Directed Completion Date: 02/10/2023

Implemented (CR - 03/02/2023)

132b - Safety Inspection/Fire Drill

6. Requirements

2600.

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

Description of Violation

A fire safety inspection and drill observed by a fire safety expert was conducted on 4/2/2019. The next annual fire safety inspection and drill observed by a fire safety expert was not conducted until 7/8/2022.

Plan of Correction

Accept (CR - 02/13/2023)

132B

Fire safety inspection was not conducted in 2021, but was done in July 2022.

Education was conducted 1/19/2023 during survey related to the regulatory suspension initiated in 2020, having ended in 2021. Reminder notification on calendars of Director of Environmental Services and PC Admin has been put in place by Personal Care Administrator to ensure that annual testing is done timely. Next inspection is due before July 2023 and is currently scheduled to take place in March 2023 by [REDACTED].

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

Implemented (CR - 03/02/2023)

132c - Fire Drill Records

7. Requirements

2600.

132c - Fire Drill Records *(continued)*

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 drills conducted on 11/16/2022 and 12/21/2022 do not include the correct number of residents evacuated. Documentation for each of these identified drills indicates every resident present in the home evacuated. Per Staff Member A and Staff Member B, Resident #2 was present in the home and did not evacuate for the November and December 2022 evacuations.

Plan of Correction

Directed (CR - 02/13/2023)

Education was conducted by Executive Director on 1/19/23 related to accurate count of residents evacuating during fire drill. (Attach document)

Education was conducted by Personal Care Administrator on 1/30/23 for all residents regarding expectations during fire drill. Staff education was done 1/27/23.

Audit will be done by Director of Environmental Services or designee and Personal Care Administrator or designee to ensure accuracy of fire drill record keeping and will be reported at Quality Assurance by Administrator at end of first quarter 2023.

(Directed)

- On 1/19/2023, education was given to PC Administrator and Maintenance personnel by the Executive Director related to accurate count of residents evacuating during a fire drill.*
- Beginning on 2/1/2023, monthly audits will be completed by the Director of Environmental Services, PC Administrator or designee to ensure the accuracy of the fire drill record. Any concerns observed on the documented monthly drill record will be reviewed at the home's Quality Assurance meetings scheduled to occur by 2/28/2023, 3/31/2023 and 4/30/2023.*

Directed Completion Date: 02/10/2023

Implemented (CR - 03/02/2023)

132d - Evacuation

8. 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

During the fire drills conducted on 11/16/2022 and 12/21/2022, Resident #2 did not evacuate to a public thoroughfare or to a fire-safe area.

Plan of Correction

Directed (CR - 02/13/2023)

Education was conducted by Executive Director on 1/19/23 related to all residents evacuating during fire drill.

Resident and family will be educated and alternative residency will be sought for Resident # 2 before 2/9/23.

Education was conducted by Personal Care Administrator on 1/30/23 for all residents regarding expectations

132d - Evacuation (continued)

during fire drill. Staff education was done related to all residents needing to evacuate during fire drill 1/27/23. Executive Director and Personal Care Administrator self educated on 2600.29 related to hospice residents and evacuation, on 1/27/2023.

Audit will be done by Director of Environmental Services or designee and Personal Care Administrator or designee to ensure accuracy of fire drill record keeping and will be reported at Quality Assurance by Administrator at end of first quarter 2023.

(Directed)

- Education was conducted by Executive Director on 1/19/23 related to all residents evacuating during fire drill; education was provided to PC Admin and maintenance personnel.
- Beginning on 2/1/2023, monthly audits will be completed by the Director of Environmental Services, PC Administrator or designee to ensure the accuracy of the fire drill record. Any concerns observed on the documented monthly drill record will be reviewed at the home's Quality Assurance meetings. The Quality Assurance meetings are scheduled to occur by 2/28/2023, 3/31/2023 and 4/30/2023.

Directed Completion Date: 02/10/2023

Implemented (CR - 03/02/2023)

141b1 - Annual Medical Evaluation

9. Requirements

2600.

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

Description of Violation

On 1/18/2023, Resident #2's most recent medical evaluation was completed on [REDACTED]

Plan of Correction

Directed (CR - 02/13/2023)

141b1

Medical evaluation in resident RASP was completed for Resident # 2 by [REDACTED] by Personal Care Administrator. Audit of all resident Medical Evaluation was conducted by Personal Care Administrator or designee on 1/26/23. Education was conducted regarding the scheduling and completion of Medical Evaluations annually and with change of status, by Personal Care Administrator related to completion of the RASP, Licensed Nursing Staff & PCA designee received this education on 1/26/23. Audit of Medical Evaluation will be completed monthly between 1/26/23 and end of first quarter by Personal Care Administrator or designee, medical evaluations will be scheduled as needed. This audit will be completed annually as well by Personal Care administrator or designee. Results of audits will be reported at Quality Assurance by Administrator at Feb, Mar and April meetings, and then quarterly to maintain compliance. insert date of Q1 QAPI

(Directed)

141b1 - Annual Medical Evaluation (continued)

- Education was conducted regarding the scheduling and completion of Medical Evaluations annually and with change of status, by Personal Care Administrator related to completion of the Medical Evaluation; Licensed Nursing staff & PCA designee received this education on 1/26/23.
- Beginning on 1/26/2023, resident medical evaluations will be audited monthly by the PC Administrator or designee to ensure medical evaluations are completed at least annually per the regulation timelines.
- Results of the monthly audits will be reviewed at the quarterly quality assurance meetings with the first quarterly meeting being held by April 30, 2023.

Directed Completion Date: 02/10/2023

Implemented (CR - 03/02/2023)

183b - Meds and Syringes Locked**10. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 1/19/2023 at approximately 12:30 PM, a container of Vick's Vapor Rub was unlocked, unattended, and accessible in Resident #3's bedroom. Resident #3 is not assessed to self administer medications per the Resident Assessment and Support Plan, dated [REDACTED].

Plan of Correction

Directed (CR - 02/13/2023)

OTC medication was removed from Resident # 3 room, by Personal Care Administrator on 1/19/23 until physician order could be obtained.

Physician order was obtained for OTC medication on 1/24/23.

Room audits were conducted by Personal Care Aides on 1/26 and 1/27/23 to ensure other OTC meds were not in violation of regulatory requirement.

Education was conducted by Personal Care Administrator for all staff on 1/31/23. Resident/family education was conducted via memo from Personal Care Administrator distributed at resident meeting on 1/30/23 and mailing 1/31/23.

(Directed)

- Physician order was obtained by PC Administrator for the use of the OTC medication on [REDACTED] Vicks vapor rub apply thin layer below nose TID prn for nasal congestion. The medication will be locked in med cart & resident will not be self-administering any medications at this time.
- Beginning on 2/6/2023, daily audits will be completed by Personal Care Aide's to ensure unattended medications are locked in either the resident's bedroom, if self-administering, or in the home's medication cart per the resident's RASP.
- Beginning 2/6/2023, the PC Administrator will perform weekly room audits to ensure medication is locked up appropriately per the resident's RASP.

Directed Completion Date: 02/10/2023

Implemented (CR - 03/02/2023)

184b - Labeling OTC/CAM

11. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 1/19/2023, a bottle of Pharbetol 325mg, belonging to Resident #4, was in the home's 2nd floor medication cart and was not labeled with the resident's name.

Plan of Correction

Directed (CR - 02/13/2023)

185a

Resident's #2 medication was ordered by physician but had not been faxed to the pharmacy by the physician. This was corrected 1/23/23 & medication was received 1/24/23. Resident #4's glucometer was immediately re-set to reflect the correct time on 1/19/23 by Personal Care Aide. Audit was conducted by Personal Care Aides to ensure to ensure that all ordered medications were present on 1/25/23 Audit Process was expanded to include accurate date & time on resident glucometers. Audit was conducted of all resident glucometers by Personal Care Aide on 1/25/23. Education was provided to Personal Care aides regarding medication ordering & receiving process & glucometer accuracy on 1/31/23 Personal Care administrator created a tracking tool to ensure that ordered prescriptions are delivered as needed. Tracking tool was implemented 1/26/23. Ongoing audit of medication order/receipt & glucometer will be conducted weekly by Personal Care Aide designee beginning 2/1/23 & will be reported to Quality Assurance in Feb, March and April.

(Directed)

- Resident #4's medication was labeled with the resident's name by the Personal care Aide on 1/19/2023.
- An audit of all resident medications was completed by the personal Care Aide on 1/20/23.
- Education was conducted for all staff by Personal Care Administrator by 1/31/23.
- Beginning on 2/6/2023, weekly audits will be completed by the Personal care Aide to ensure medications are labeled with the resident's names; documentation will be kept.

Directed Completion Date: 02/10/2023

Implemented (CR - 03/02/2023)

185a - Implement Storage Procedures

12. 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 #2 has an order for Robitussin Cough-Cold CF Liquid to take 5mL every 4 hours as needed for cough, and an order for Ativan 0.5mg Tablet to take 1 tablet by mouth every 4 hours as needed for [REDACTED]. On 1/19/2023, these medications were not available in the home.

On 1/19/2023 at approximately 1:33 PM, Resident #4's glucometer was not calibrated to the correct time.

185a - Implement Storage Procedures (continued)**Plan of Correction****Directed (CR - 02/13/2023)**

Resident # 2s medication was ordered but physician had not faxed the prescription to the pharmacy. This was corrected 1/23/23 and medication was received 1/24/23. Resident # 4s glucometer was immediately re-set to reflect the correct time.

Audit was conducted by Personal Care Aide to ensure that all ordered medications were present.

Audit process was expanded to include accurate date and time on resident glucometers.

Audit was conducted of all resident glucometers by Personal Care Aide on 1/25/23

Education was provided to Personal Care Aides regarding medication ordering and receiving process and glucometer accuracy on 1/31/23

Tracking tool was created to ensure that ordered prescriptions are delivered as needed. Ongoing audit of medication order/receipt and glucometer verifications will be conducted by Personal Care Administrator or designee throughout first quarter 2023

(Directed)

- On 1/19/2023, Resident #4's glucometer was recalibrated to the correct time by the Personal Care Aide.
- On 1/25/2023, an audit was completed by the Personal Care Aide for all residents in the home to ensure all ordered medications were present.
- Beginning on 2/1/2023, weekly medication cart audits will be completed by the Personal Care Aides to ensure medications are available as ordered and glucometers are calibrated to the correct date and time; documentation will be kept.
- On 1/26/2023, a tracking tool was created and implemented by the PC Administrator to ensure ordered prescriptions are delivered as needed.
- Audits on medications will be reviewed at the home's Quality Assurance meetings scheduled to occur by 2/28/2023, 3/31/2023 and 4/30/2023.

Directed Completion Date: 02/10/2023

Implemented (CR - 03/02/2023)

224a - Preadmission Screen Form**13. Requirements**

2600.

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

Description of Violation

Resident #1's preadmission screening form, dated [REDACTED], does not include a determination that the needs of the resident can be met by the services provided by the home.

224a - Preadmission Screen Form (continued)

Repeated Violation - 7/14/2021, et al

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

Pre admission screen was completed for Resident # 1 [REDACTED] by Personal Care administrator.

Audit of Pre Admission screens for determination that the needs of the resident can be met by the services provided by the home was conducted by Personal Care Administrator on 1/23/23

Education was conducted by Personal Care Administrator with LPN on 1/17/23 related to complete documentation.

New admissions will be audited throughout first quarter and reported to QA

(Directed)

- Beginning on 1/31/2023, the PC Administrator will review all new admission paperwork within 1 week of admission to ensure a determination that the needs of the resident can be met by the services provided by the home.

Directed Completion Date: 02/10/2023

Implemented (CR - 03/02/2023)**225c - Additional Assessment****14. Requirements**

2600.

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

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #2's most recent assessment was completed on [REDACTED]. An updated assessment was not completed following the resident's significant mobility status change, the resident's decline in ability to turn and reposition self in bed, the resident's current status of being "bed ridden" or with the resident starting to receive hospice services.

Repeated Violation - 7/14/2021, et al

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

225c

Resident #2 DME was not updated when resident had previous significant change. DME was completed [REDACTED] by Personal Care Administrator. Audit of resident DME's was conducted by Personal Care Administrator on 1/26/23. Education was conducted by Personal Care Administrator related to completion of RASP on 1/31/23. Education was received by Personal Care Aides. Audit of all RASPS will be completed between 1/26/23 & end of first quarter by Personal Care Administrator or designee & will be reported at Quality Assurance by PC Administrator at April 2023 meeting. Resident # 2 was transferred to skilled care on 2/6/23.

(Directed)

- An audit of all resident RASP's will be completed to ensure their assessment and supports are accurate to their current abilities and needs. The audit process will be completed no later than 2/28/2023 by the Personal Care Administrator.
- Staff education will be provided to all staff members in the home on notifying a person responsible for

225c - Additional Assessment (continued)

completing RASP's when a resident's status changes to ensure the RASP is completed timely to reflect the changes. This education will be completed no later than 2/28/23 by the PC Administrator.

- Beginning on 3/1/2023, quarterly audits will be completed by the PC Administrator and/or designee to ensure RASP's reflect the resident's current needs and abilities.

Directed Completion Date: 03/01/2023

Implemented (CR - 03/02/2023)

227d - Support Plan Medical/Dental**15. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1's Support Plan, dated 11/23/2022, does not include the resident's medical needs or support provided as indicated by the resident's current medical evaluation. Resident #1's physician's orders include sliding scale insulin coverage and routine blood glucose checks for a diagnosis of Diabetes, the use of a CPAP machine for a diagnosis of Obstructive Sleep Apnea, daily respiratory evaluation/screen or daily weight checks.

Plan of Correction

Accept (CR - 02/13/2023)

227d

Resident #1 support plan did not include supporting diagnosis. This was corrected by Personal Care Administrator on [REDACTED]. Audit of current resident support plans for supporting diagnosis was conducted 1/25/23 by Personal Care Administrator. Education was conducted by Personal Care Administrator & received by Personal Care Aide designee related to completion of the support plan including support diagnosis on 1/31/23. Support plans completed throughout the first quarter will be audited by Personal Care Administrator. Support plans will be audited on a monthly basis by Personal Care Administrator & Personal Care Aide designee starting 2/6/23. Each monthly audit will contain a sample size of 10 residents in the home. If support plans are found to be missing medical diagnosis & support provided by the name for that particular diagnosis, the plan will be updated by the Personal Care Administrator or Personal Care Aide designee. Education on completion of support plans was received by Personal Care Aide designee on 1/25/23.

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

Implemented (CR - 03/02/2023)