

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

September 8, 2023

[REDACTED], VP OF OPERATIONS
701 LANSDALE OPERATING LLC
701 LANSDALE AVENUE
LANSDALE, PA, 19446

RE: ST. MARY VILLA FOR INDEPENDENT
& RETIREMENT LIVING
701 LANSDALE AVENUE
LANSDALE, PA, 19446
LICENSE/COC#: 14107

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/06/2023, 02/07/2023 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: ST. MARY VILLA FOR INDEPENDENT & RETIREMENT LIVING **License #:** 14107 **License Expiration:** 11/03/2023

Address: 701 LANSDALE AVENUE, LANSDALE, PA 19446

County: MONTGOMERY **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: 701 LANSDALE OPERATING LLC

Address: 701 LANSDALE AVENUE, LANSDALE, PA, 19446

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

Certificate(s) of Occupancy

Type: C-2 LP **Date:** **Issued By:** L&I

Staffing Hours

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

Inspection Information

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

Reason: Renewal **Exit Conference Date:** 02/07/2023

Inspection Dates and Department Representative

02/06/2023 - On-Site: [REDACTED]

02/07/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 90 **Residents Served:** 49

Secured Dementia Care Unit

In Home: Yes **Area:** St Camillus **Capacity:** 20 **Residents Served:** 12

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 48

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

Have Mobility Need: 15 **Have Physical Disability:** 0

Inspections / Reviews

02/06/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/03/2023

Inspections / Reviews (*continued*)

03/13/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/25/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 03/18/2023

03/28/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/25/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/26/2023

09/08/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/25/2023

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.

The resident-home contract, dated [REDACTED], for resident #2 was not signed by the resident.

The resident-home contract, dated [REDACTED], for resident #3 was not signed by the resident.

Plan of Correction

Accept [REDACTED] - 03/27/2023)

Please indicate the title of the person who provided education to the administrator, admissions director, coordinator, and RCC, and the date this was completed. Education was provided by Administrator on 2/28/2023 to Admissions Director, Admissions Coordinator, and RCC on the importance in ensuring that residents are given the opportunity to sign admission contract.

Please be specific. Starting when, how frequent, and for what duration will the Admissions Director monitor the admission process. What specific steps will be taken? Admissions Director will routinely monitor admission process to ensure that attempts are made prior to POA signature starting 2/28/23. This will be ongoing and monitored daily by Admissions Director. All new admissions will be reviewed daily and audited weekly to ensure correct signatures are obtained.

Licensee's Proposed Overall Completion Date: 03/24/2023

Implemented [REDACTED] - 09/08/2023)

28f Resident's Funds and 30 day Refund

2. Requirements

2600.

28.f. Within 30 days of either the termination of service by the home or the resident’s leaving the home, the resident shall receive an itemized written account of the resident’s funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident #4's date of discharge is [REDACTED]. The home has not refunded the resident in an amount of approximately [REDACTED]

Resident #5's date of discharge is [REDACTED]. The home has not refunded the resident in an amount of approximately [REDACTED]

Plan of Correction

Accept [REDACTED] - 03/27/2023)

Please indicate the date the audit was completed by the business manager. Audit was completed by Business Office Manager on 3/2/23 to ensure all residents from 2021 – current have been refunded within the 30 days of discharge. Please indicate the title of the person who provided education to the Business Office Manager, and the date this was completed. Education was provided by Administrator to Business Office Coordinator 2/28/23 on the importance in ensuring that residents are refunded within 30 days of D/C.

Please be specific. Starting when, how frequent, and for what duration will the Business Office Coordinator monitor resident refunds. What specific steps will be taken? Business Office Coordinator will be ongoing monitoring of d/c's to ensure that all residents are refunded with 30-day period starting 2/28/23 and will be audited monthly. There will be a 30 day look back period review to ensure all residents have been reimbursed.

28f Resident's Funds and 30 day Refund (continued)

Licensee's Proposed Overall Completion Date: 03/24/2023

Implemented () - 09/08/2023

44g - Telephone Number

3. Requirements

2600.

44.g. The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the home.

Description of Violation

The telephone numbers of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Disability Rights Pennsylvania (DRP) the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline are not posted in a conspicuous and public place in the home.

Plan of Correction

Accept () - 03/27/2023

Please indicate the title of the person who posted telephone numbers to the communication board. Telephone numbers were immediately posted to the communication board by the Administrator.

Please indicate date that education was provided. Education was provided to RCC by Administrator on the importance of agency numbers being posted on 2/28/23

Please be specific. Starting when, how frequent, and for what duration will the Administrator complete audits, and what, specifically, will the audits include? Ongoing daily audits will be completed by Administrator or designee to ensure information remains posted by doing daily checks to ensure that numbers remain on the board.

Licensee's Proposed Overall Completion Date: 03/24/2023

Implemented () - 09/08/2023

54a - Direct Care Staff

4. 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

Direct care staff person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry. The staff's diploma on file is in Arabic and the home did not submit a waiver request.

Plan of Correction

Accept () - 03/27/2023

Please indicate the specific day that Staff A provided the high school diploma. Will this education require a regulatory waiver? Please refer to the RCG as additional steps may be necessary if the education is not from the United States. Staff person A provided facility with a with the translated copy of high school diploma the 2/7/2023. This diploma does not require a regulatory waiver.

Please indicate the date that education provided to HR/RCC was completed. Education was provided to Human Resources Director and RCC by Administrator 2/28/23 on the importance in ensuring that all documentation is

54a Direct Care Staff (continued)

provided prior to onboarding. If we do not have the needed documentation to contact Administrator to see if a waiver can be requested.

Please indicate the date that the audit of all DCS files was completed and the title of the person who completed that task. Audit was completed by Human Resources Director on 3/13/23 for all Direct Care staff to ensure that appropriate documentation was on file.

Please be specific. Starting when, how frequent, and for what duration will the Human Resources Director complete audits. What will the audit entail? What specific steps will be taken? Ongoing monthly audits will be completed by Director of Human resources starting 2/6/23 to ensure document accuracy. New hires paperwork will be reviewed to ensure all documentation is accurate when paperwork is being completed.

Licensee's Proposed Overall Completion Date: 03/24/2023

Implemented [redacted] - 09/08/2023)

65d - Initial Direct Care Training

5. Requirements

2600.

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

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on [redacted], began providing unsupervised ADL services in February 2022. However, the staff person did not complete the Department approved direct care training course and pass the competency test until 08/25/2022.

Repeated Violation: 9/28/21

Plan of Correction

Accept [redacted] - 03/27/2023)

On what date did Staff person A complete and pass the Department Approved course? Staff person A has completed all competencies required to provide unsupervised ADL services 8/25/23.

Please date that education was provided to the RCC. Education was provided by Administrator to RCC 3/2/23 on the importance in ensuring that all Direct Care staff receive required competencies prior to providing services unsupervised.

Please indicate the date that the audit for all DCS records was completed and the title of the person who completed the audit. Audit was completed for all Direct Care staff by RCC on 3/3/23 to ensure that required competencies have been completed prior to unsupervised services being provided.

Please be specific. Starting when, how frequent, and for what duration will the RCC audit the employee records to ensure competencies are completed and up to date? Ongoing Monthly audits will be completed by RCC starting 3/3/23 to ensure all competencies have been completed prior to providing unsupervised ADL Service.

Licensee's Proposed Overall Completion Date: 03/24/2023

Implemented [redacted] - 09/08/2023)

66a - Staff Training Plan

6. Requirements

2600.

66.a. A staff training plan shall be developed annually.

Description of Violation

The home does not have a staff training plan for 2022 or 2023.

Plan of Correction

Accept ([redacted] - 03/27/2023)

Please indicate the title of the person who created the staff training plan and the date that this was completed. Staff training plan has been created by RCC on 2/15/2023.

Please be specific: What specific steps will the RCC take to maintain and update the education log? Please indicate the start date, frequency, and duration of each step. RCC will maintain and update education log starting 2/15/23.

Please indicate the specific start date, frequency, and duration that audits will be completed by the RCC. Ongoing monthly audits will be completed by RCC to ensure all staff trainings have been completed according to education training plan. This will require RCC to ensure that all required competencies are completed timely.

Licensee's Proposed Overall Completion Date: 03/24/2023

Implemented ([redacted] - 09/08/2023)

85a - Sanitary Conditions

7. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

There are two tub rooms in the home's Secured Dementia Care Unit (SDCU), one of which is labeled as for women. On [redacted] at [redacted], several personal hygiene items including [redacted], and [redacted] cleanser and a white wash towel without any labels were found in the women's tub room. There was no paper towel or means of hand drying in the bathroom inside the women's tub room. The toilet bowl in the bathroom inside the other tub room was ringed with pink mold.

On 02/06/2023 at 11:00 AM, the floor of the shower in the bathroom of resident room #41 was stained with mildew.

Repeated Violation: 9/28/21 et al, 4/11/22, 6/16/22

Plan of Correction

Accept ([redacted] - 03/27/2023)

Please indicate the date that the shower was cleaned/refreshed with supplies and the title of the person who completed that task. Shower was cleaned/refreshed on 2/6/2023 by Director of Environmental Services.

Please indicate the date that education was provided, and include the targeted audience. HSK Director provided education to hsk department on 2/9/23 & RCC to Direct Care staff on 2/8/23

Please indicate the date that an audit was completed by the HSK Director. Audit was completed on 2/6/23.

Please be specific. Starting when, how frequent, and for what duration will the HSK Director complete "checks". What specific steps will be taken? Starting 2/6/23 ongoing daily checks will be completed in all shower rooms and random checks will be completed daily as well to ensure supplies have been refreshed. Daily monitoring will be done by Director of Hsk to ensure all areas are cleaned/sanitized and compliance is maintained.

Licensee's Proposed Overall Completion Date: 03/24/2023

Implemented ([redacted] - 09/08/2023)

88a - Surfaces

8. 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 02/06/2023 at 10:35 AM, the drop ceiling tiles above the entrance door of the library used by the residents were stained.

On 02/07/2023 at 10:10 AM, the carpet near the bed in resident room #8 was stained dark.

Plan of Correction

Accept [REDACTED] - 03/27/2023)

Please indicate the date that ceiling tiles were replaced and the title of the person who completed that task. Ceiling tiles were replaced by Director of Maintenance on 2/6/23.

Please indicate the date that RCC educated staff. Education was provided to RCC staff on 2/8/23.

Please indicate the title of the person who ordered new carpet, the anticipated date of installation, and the title of the person responsible for that process. The carpet was ordered by the Admissions Director and has since then been replaced 2/23/23.

Please indicate the date that an audit was completed by the Maintenance Director, and what, specifically, was included in the audit. The audit was completed on 2/7/2023 and it consisted of checking all carpets for current residents to identify carpets that need to be replaced. All carpets identified have service request in for replacement. Please be specific. Starting when, how frequent, and for what duration will the Maintenance Department ensure that compliance is maintained. What specific steps will be taken? Please indicate the title of the person responsible for each step. Ongoing monthly checks will be completed by the Director of Maintenance or Designee to identify carpets that have stains that require the carpet to be replaced. If carpet needs to be replaced a service request will be submitted by either the Maintenance Department or Admissions Department.

Licensee's Proposed Overall Completion Date: 03/24/2023

Implemented [REDACTED] - 09/08/2023)

89a - Water Pressure

9. Requirements

2600.

89.a. The home must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

On 02/06/2023 around 10:50 AM, the bathroom sink in the bathroom used by the resident in room #71 had no running water. The valve under the sink was turned off.

Plan of Correction

Accept [REDACTED] - 03/27/2023)

Please indicate the date that the sink was replaced and the title of the person who completed that task. Sink did not require replacing. Repair to sink was made on 2/6/23 by the Maintenance Department.

Please indicate the title of the person who educated staff and the date this was completed. Education was provided by RCC to Direct Care Staff on 2/9/23. Education was provided by HSK Director to HSK staff on 2/9/23.

Please indicate the date that an audit was completed by the Director of Maintenance. Audit was completed by Director of Maintenance on 2/6/23.

Please be specific. Starting when, how frequent, and for what duration will the Maintenance Department complete audits. Please be specific in the title of the person in the Maintenance Department who will be responsible. What

89a - Water Pressure (continued)

specific steps will be taken? Starting 2/6/23 weekly audits will be completed by Maintenance Department to ensure all sinks are operable any sinks that are identified at time of audit will be repaired by Maintenance Department.

Licensee's Proposed Overall Completion Date: 03/24/2023

Implemented () - 09/08/2023

95 - Furniture and Equipment

10. Requirements

2600.

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

Description of Violation

The landline phones in each hallway (3 hallways) were not working.

Resident room #22 has a bed equipped with an enabler about a foot in width and 1/2 foot in height, which exceeds FDA recommended openings and is not covered.

Plan of Correction

Accept () - 03/27/2023

Please indicate the date that the phones were removed and the title of the person who completed that task. Phones were removed on 2/17/23 by Maintenance Director.

Please indicate the date that education was provided, and identify the targeted staff that received the education.

Education was provided on 2/9/23 to Maintenance Department by the Director of Maintenance.

Please indicate the date that the enabler was removed and the title of the person who completed that task. If the enabler was removed, was it replaced? How and why would a mesh cover be installed on a device that was removed? The enabler was removed on 2/6/23 by Maintenance Department. The enabler was replaced and the mesh cover was installed on the same day enable was replaced 2/10/23.

Please indicate the date that education was provided by the Administrator to the RCC. Education was provided to RCC by Administrator on 2/9/23.

Please indicate the date that the audit was completed by the RCC. Audit was completed by RCC on 2/7/23.

Please be specific. Starting when, how frequent, and for what duration will the RCC audit the enablers? There will be ongoing monitoring of residents with enablers to ensure that mesh covers remain in place. Any residents identified with enablers will have mesh cover installed and care plan updated.

Licensee's Proposed Overall Completion Date: 03/24/2023

Implemented () - 09/08/2023

96a - First Aid Kit

11. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the main kitchen does not include a thermometer.

The home does not have a separate first aid kit. Instead, the home uses a treatment cart in each nurse's station.

96a First Aid Kit (continued)

Plan of Correction

Accept [redacted] - 03/27/2023)

Please indicate the date that the first aid kits were provided and the title of the person who completed this task. First Aid kits were ordered by Administrator and provided on 2/23/23.

Please indicate the date that education was provided and the title of the person who provided the education.

Education was provided to RCC and Director of Dietary by Administrator on 2/9/23

Please be specific. Starting when, how frequent, and for what duration will the RCC and Director of Dietary complete "routine checks". What specific steps will be taken? Starting 2/23/23 ongoing daily monitoring to ensure that first aid kits are in proper location and that all regulatory items are present

Licensee's Proposed Overall Completion Date: 03/24/2023

Implemented ([redacted] - 09/08/2023)

102k - No Common Towel

12. Requirements

2600.

102.k. Use of a common towel is prohibited.

Description of Violation

Resident room #72 is shared by two residents with one bathroom. On 02/07/2023 at 10:30 AM, there was a used bath towel and a wash towel in the shared bathroom without any identifying labels.

Plan of Correction

Accept [redacted] - 03/28/2023)

The towel itself should be labeled as the towel bar does not necessarily mean that the correct towel would be placed in the correct location. Please include a date that remediation did or will occur.

Facility does not label towels due to linen not being specific to each resident.

Separate towel bars will be installed by maintenance department and labeled with each resident's name so personal linen can be placed in appropriate location and easily identifiable. Facility linen will be removed to soiled linen location after use to prevent confusion.

Please indicate the date that education was provided, and include the targeted staff who received the education.

Education was provided to RCC from Administrator on 2/22/23. RCC educated Direct Care staff on 2/22/23.

Please indicate the date audit was completed and the title of the person who completed that task. Audit was completed on 2/22/23.

Please be specific. Starting when, how frequent, and for what duration will the RCC and Director of Dietary (are you sure Dietary will be looking at towels?) complete "routine checks". Please provide specific steps that will be taken.

Starting 2/22/23 ongoing daily monitoring will be completed by RCC to ensure that facility linen is removed after use and placed in appropriate location for laundering. All personal linen will be labeled with resident's name by Laundry Department.

Licensee's Proposed Overall Completion Date: 03/24/2023

Implemented ([redacted] - 09/08/2023)

105g - Lint Removal and Duct Cleaning

13. Requirements

2600.

105g - Lint Removal and Duct Cleaning (continued)

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 02/07/2023 around 10:40 AM, the lint trap of the dryer in the home's SDCU was covered thick (about 1/3 inches) with lint. There were no clothes in the dryer at the time.

Repeated Violation: 9/28/21 et al.

Plan of Correction

Accept ([redacted]) - 03/28/2023

Please indicate the date and the title of the person who removed the lint. Lint was removed on 2/6/23 by Director of Environmental Services.

Please indicate the date education was provided, the title of the person who completed education, and the targeted staff who received the education. Education was provided to the Direct Care staff on 2/23/22 by RCC.

Please indicate the date signage was placed, the location of the signage, and the title of the person who completed this task. Signage was placed 2/8/23. Signage was placed at all location that are used for personal laundry services. Please be specific. Starting when, how frequent, and for what duration will the Director of Environmental Services complete "routine checks". What specific steps will be taken? Starting 2/7/23 ongoing monitoring will be completed by Director of Laundry to ensure that there is no lint on the trap. If lint is found RCC will be immediately notified, and an education will be provided to either the resident or staff person who utilized the dryer.

Licensee's Proposed Overall Completion Date: 03/24/2023

Implemented ([redacted]) - 09/08/2023

132b - Safety Inspection/Fire Drill

14. Requirements

2600.

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

Description of Violation

The home did not have a fire drill conducted by a fire safety expert in 2021 or 2022.

Plan of Correction

Accept ([redacted]) - 03/28/2023

By when will the fire safety drill and inspection be scheduled. What is the expected date by which the drill and inspection will be completed? Please indicate the title of the person responsible for this task.

Vendor has been called to schedule fire safety drill by Director of Maintenance. Pending a date

Please indicate the date that education will be provided. Education was provided on 3/2/23 to Maintenance Director and department by Administrator.

Who is responsible for scheduling fire drills/safety inspections? Maintenance Director is responsible for scheduling fire drills and safety inspections.

Please be specific. Starting when, how frequent, and for what duration will the Director of Maintenance complete "routine checks"? What specific steps will be taken? Starting 3/2/23 Maintenance Director will complete ongoing monthly audit to ensure that all drills and inspections are up to date. Log will be kept to maintain accuracy of drills.

Licensee's Proposed Overall Completion Date: 03/24/2023

132b Safety Inspection/Fire Drill (continued)

Implemented () - 09/08/2023

132c Fire Drill Records

15. 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 drill conducted on 10/31/2022 does not include the number of residents in the home at the time of the drill.

The fire drill record for the drill conducted on 12/31/22 does not include the number of residents in the home at the time of the drill and the number of residents evacuated.

The fire drill record for the drill conducted on 01/31/2023 lists 1 as the number of residents in the home at the time of the drill and 13 as the number of residents evacuated.

Plan of Correction

Accept () - 03/28/2023

Please indicate the date that education was provided. Education was provided on 3/2/23 to Maintenance Director and department by Administrator.

Please be specific. Starting when, how frequent, and for what duration will the Director of Maintenance complete audits? What specific steps will be taken? Starting 3/2/23 Maintenance Director will complete ongoing monthly audit to ensure that all drills are up to date. Log will be kept to maintain accuracy of drills.

Licensee's Proposed Overall Completion Date: 03/24/2023

Implemented () - 09/08/2023

132g Fire Drills Days/Times

16. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely holds fire drills on the last day of each month as evidenced by the following drills: 01/31/2023, 12/31/2022, 11/30/2022, 10/31/2022, 06/30/2022, 05/31/2022, 03/31/2022, 02/28/2022, and 12/31/2021.

Plan of Correction

Accept () - 03/28/2023

Please provide the date that education was provided. Education was provided on 3/2/23 to Maintenance Director and department by Administrator.

Please be specific. Starting when, how frequent, and for what duration will the Director of Maintenance complete audits? What specific steps will be taken? Starting 3/2/23 Maintenance Director will complete ongoing monthly audit to ensure that all drills and inspections are up to date. Log will be kept to maintain accuracy of drills.

Licensee's Proposed Overall Completion Date: 03/24/2023

132g Fire Drills Days/Times (continued)

Implemented () - 09/08/2023)

132h Designated Meeting Place

17. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire safe area during each fire drill.

Description of Violation

During the fire drill on 03/31/2022 at 03:36 PM, only 11 out of 51 residents evacuated to a designated meeting place away from the building or within the fire-safe area. During the fire drill on 02/28/22 at 02:00 PM, only 11 out of 55 residents in house evacuated to a designated meeting place away from the building or within the fire-safe area. During the fire drill on 12/31/2021 at 01:00 PM, only 10 out of 47 residents evacuated to a designated meeting place away from the building or within the fire-safe area.

Plan of Correction

Accept () - 03/28/2023)

Please provide the date that education was provided. Education was provided on 3/2/23 to Maintenance Director and Maintenance Department by Administrator.

Please be specific. Starting when, how frequent, and for what duration will the Director of Maintenance complete audits? What specific steps will be taken? Starting 3/2/23 Maintenance Director will complete ongoing monthly audit to ensure that all evacuation documentation is accurate.

Licensee's Proposed Overall Completion Date: 03/24/2023

Implemented () - 09/08/2023)

141a 1 10 Medical Evaluation Information

18. 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

The medical evaluation dated () for resident #2, an SDCU resident, was check marked none instead of Secured Dementia Care on (4) special health or dietary needs of the resident.

141a 1-10 Medical Evaluation Information (continued)

Repeated Violation: 9/28/21 et al.

Plan of Correction

Accept () - 03/28/2023)

Please indicate the date that resident #2's evaluation was updated and the title of the person who completed that task. Resident #2 evaluation was updated () by RCC.

Please indicate the date that education was provided. Education was provided by the Administrator to the RCC on 3/2/23.

Please indicate the date that the audit was completed by the RCC. Audit was completed by RCC on 3/9/23.

Please be specific. Starting when, how frequent, and for what duration will the RCC complete audits? What specific steps will be taken? Starting 3/9/23 ongoing monthly audit will be completed by RCC for all special needs residents to ensure that all appropriate documentation is completed on evaluation form.

Licensee's Proposed Overall Completion Date: 03/24/2023

Implemented () - 09/08/2023)

183d - Prescription Current

19. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 02/07/2023, () and () prescribed for resident #6 were in the home's med cart; however, the medications were not listed on the resident's current med order.

Plan of Correction

Accept () - 03/28/2023)

Please indicate the date that medications were removed from the cart and the title of the person who completed that task. Medication was removed from the cart on 2/7/23 by the RCC.

Please indicate the date that resident #6's orders were reviewed and the title of the person who completed that task. Resident #6 medication were reviewed on 2/7/23 by RCC.

Please indicate the date that the RCC completed the audit. Audit was completed on 3/9/23

Please be specific. Starting when, how frequent, and for what duration will the RCC complete audits? What specific steps will be taken? Starting 3/9/23 RCC will complete an ongoing weekly audit to ensure med cart accuracy of Med Technicians

Licensee's Proposed Overall Completion Date: 03/24/2023

Implemented () - 09/08/2023)

183e - Storing Medications

20. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 02/07/2023, there was an opened bottle of () eye drop without an open date. According to the

183e - Storing Medications (continued)

manufacturer's instructions, the eye drop should be discarded 28 days after opening.

Plan of Correction

Accept () - 03/28/2023

Please indicate the date that medications were removed/discarded and the title of the person who completed this task. Medication was removed on 2/7/23 by RCC.

Please indicate the date education was completed and the title of the person who completed this task. Education was completed on 2/23/23 by RCC.

Please indicate the date that the RCC completed the audit. Audit was completed by RCC on 3/9/23.

Please be specific. Starting when, how frequent, and for what duration will the RCC complete audits? What specific steps will be taken? Starting 3/9/23 RCC will complete an ongoing weekly audit to ensure that all medications are labeled appropriately

Licensee's Proposed Overall Completion Date: 03/24/2023

Implemented () - 09/08/2023

185a - Implement Storage Procedures

21. 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 () as needed. On 02/07/2023, this medication was not available in the home.

Plan of Correction

Accept () - 03/28/2023

Please indicate the date that the order for medication was placed, what date it was or is expected to be received, and the title of the person who completed that task. Medication was ordered on 2/7/23 and was received on 2/9/23

Please indicate the date that education was provided and the targeted staff that was included in the education.

Education was provided to staff responsible for medication distribution on 2/8/23 by RCC.

Please indicate the date that the RCC completed an audit. Audit was completed on 3/9/23.

Please be specific. Starting when, how frequent, and for what duration will the RCC complete audits? What specific steps will be taken? Starting 3/9/23 RCC will complete an ongoing weekly audit to ensure that all medications that are low have been reordered

Licensee's Proposed Overall Completion Date: 03/24/2023

Implemented () - 09/08/2023

22. 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's glucometer was not calibrated to correct date and time. On (), the glucometer displayed ().

185a Implement Storage Procedures (continued)

Resident #6 is prescribed [redacted] daily at bedtime. On [redacted], this medication was signed out twice and there was no note or remark why it was signed out twice. On [redacted], Resident #6's Medication Administration Record indicates that this medication was administered at bedtime. However, it was not signed out on the Controlled Substance Administration Log.

Plan of Correction

Accept ([redacted] - 03/28/2023)

Please indicate the specific date that the glucometer was calibrated and the title of the person who completed that task. Glucometer was calibrated on 2/7/23 by RCC.

Please indicate the date education was completed and the targeted staff who received the education. Education was provided on 2/8/23 by RCC to Med Technicians.

Please indicate the date that the RCC audited glucometers. RCC completed glucometer audit 3/7/23.

Please be specific. Starting when, how frequent, and for what duration will the RCC complete audits? What specific steps will be taken? Starting 3/7/23 RCC will complete an ongoing weekly audit to ensure that all glucometers are calibrated accurately.

Please indicate the date staff were educated by the RCC on proper documentation of narcotics, and the targeted staff that received this education. Education was provided on 2/8/23 by RCC to Med Technicians.

Please indicate the date by which the RCC will complete the audit of the narcotic book/documentation. RCC completed narcotic book audit on 3/9/23

Please be specific. Starting when, how frequent, and for what duration will the RCC complete audits? What specific steps will be taken? Starting 3/9/23 RCC will complete an ongoing weekly audit to ensure that all narcotics are being documented correctly.

Licensee's Proposed Overall Completion Date: 03/24/2023

Implemented ([redacted] - 09/08/2023)

187d - Follow Prescriber's Orders

23. Requirements

2600.

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

Description of Violation

Resident #6 is prescribed [redacted] daily in the morning. However, this medication was not administered to the resident on [redacted] because the medication was not available in the home.

Plan of Correction

Accept ([redacted] - 03/28/2023)

Please indicate the date that medication was placed and the title of the person who completed this task. The order was placed on 2/7/23 by RCC.

Please provide the date that education was provided and identify the targeted staff who received the education. Education was provided on 2/8/23 by RCC to Med Technicians.

Please indicate the date that the RCC conducted the audit of medication availability. Audit was completed by RCC on 3/9/23.

Please be specific. Starting when, how frequent, and for what duration will the RCC complete audits? What specific steps will be taken? Starting 3/9/23 RCC will complete an ongoing weekly audit to ensure that all medication orders are available in med cart.

Licensee's Proposed Overall Completion Date: 03/24/2023

187d Follow Prescriber's Orders (continued)

Implemented (redacted) - 09/08/2023)

24. Requirements

2600.

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

Description of Violation

Resident #6 is prescribed (redacted) daily. However, the blister pack in the med cart reads (redacted). Resident #7 was prescribed (redacted) one tab at bedtime. This order changed to (redacted) at bedtime on (redacted). However, the resident was given only one tab of (redacted) on (redacted).

Plan of Correction

Accept (redacted) - 03/28/2023)

Please indicate the date that medication was placed and the title of the person who completed this task. The order was placed on 2/7/23 by RCC.

Please provide the date that education was provided and identify the targeted staff who received the education.

Education was provided on 2/8/23 by RCC to Med Technicians.

Please indicate the date that the RCC conducted the audit of medications. Audit was completed by RCC on 3/9/23.

Please be specific. Starting when, how frequent, and for what duration will the RCC complete audits? What specific steps will be taken? Starting 3/9/23 RCC will complete an ongoing weekly audit to ensure that all medication orders are being administered as prescribed by Physician by reviewing Kardex and comparing it to the physician order.

Licensee's Proposed Overall Completion Date: 03/24/2023

Implemented (redacted) - 09/08/2023)

231b Medical Evaluation

25. Requirements

2600.

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

Description of Violation

Resident #2 was admitted to the SDCU on (redacted); however, the resident's medical evaluation was completed on (redacted).

Plan of Correction

Accept (redacted) - 03/28/2023)

Please provide the date that education was provided. Education was provided to RCC on 3/2/23 by Administrator.

Please be specific. Starting when, how frequent, and for what duration will the RCC complete audits? What specific steps will be taken? Starting 3/2/23 RCC will complete a weekly audit to ensure that all new admissions to SDCU have a completed DME on file.

Licensee's Proposed Overall Completion Date: 03/24/2023

Implemented (redacted) - 09/08/2023)

231c Preadmission Screening

26. Requirements

2600.

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

Description of Violation

Resident #2 was admitted to the SDCU on [REDACTED]. However, the resident's written cognitive preadmission screening dated [REDACTED] is missing the Title and Printed Name of Person Completing Screening.

Plan of Correction**Accept ([REDACTED] - 03/28/2023)**

Please indicate the date that resident #2's prescreen was updated and the title of the person who completed this task. Pre screening was updated on 2/8/23.

Please provide the date that education was provided. Education was provided 3/2/23 to RCC by Administrator.

Please indicate the date by which pre-screen audit will be completed and the title of the person who is responsible for ensuring this task is completed. Pre-screening audit was completed by RCC on 3/8/23.

Please be specific. Starting when, how frequent, and for what duration will the RCC complete audits? What specific steps will be taken? Starting 3/8/23 RCC will complete an ongoing weekly audit to ensure that all new admissions pre-screenings are completed thoroughly.

Licensee's Proposed Overall Completion Date: 03/24/2023

Implemented ([REDACTED] - 09/08/2023)**233c - Key-Locking Devices****27. Requirements**

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the door in the Secured Dementia Care Unit (SDCU).

Repeated Violation: 9/28/21 et al.

Plan of Correction**Accept ([REDACTED] - 03/28/2023)**

Please indicate the date that the sign was placed and the title of the person who completed this task. Sign was placed on 2/6/23 by the Maintenance Director.

Please provide the date that education was provided. Education was provided to RCC by Administrator on 3/2/23.

Please be specific. Starting when, how frequent, and for what duration will the RCC complete audits? What specific steps will be taken? Starting 2/6/23 daily monitoring has been completed by RCC or Designee to ensure that key locking device is posted near the door.

Licensee's Proposed Overall Completion Date: 03/24/2023

Implemented ([REDACTED] - 09/08/2023)**234b - Support Plan Needs Elements****28. Requirements**

234b - Support Plan Needs Elements (continued)

2600.

234.b. The support plan must identify the resident’s physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan, dated [redacted], for resident #1 indicates that the resident's need for supervision and mobility is minimal when the resident resides in the home's SDCU.

Plan of Correction

Accept [redacted] - 03/28/2023)

Please indicate the date that resident #1's support plan was updated and the title of the person who completed this task. Support Plan was updated on [redacted] by RCC.

Please provide the date that education was provided. Education to RCC was provided on [redacted] by RCC.

Please indicate the date that the RCC conducted the audit of current support plans. RCC conducted audit on [redacted].

Please be specific. Starting when, how frequent, and for what duration will the RCC complete audits? What specific steps will be taken? Starting 3/10/23 RCC will complete ongoing monthly audits to ensure that all support plans have updates if needed.

Licensee's Proposed Overall Completion Date: 03/24/2023

Implemented ([redacted] - 09/08/2023)

251b - Record Entries Legible

29. Requirements

2600.

251.b. The entries in a resident’s record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

On Resident #6's Controlled Substance Record for [redacted] the entry for [redacted] was crossed off and written over.

Plan of Correction

Accept ([redacted] - 03/28/2023)

Please indicate the date that medication was placed and the title of the person who completed this task. There was no order required to be placed.

Please provide the date that education was provided and identify the targeted staff who received the education. The education was provided on 2/8/23 by RCC.

Please indicate the date by which the RCC will conduct an audit of narcotic book errors. Audit was conducted by RCC on 3/9/23.

Please be specific. Starting when, how frequent, and for what duration will the RCC complete audits? What specific steps will be taken? Starting 3/9/23 RCC will complete ongoing weekly audits to ensure that errors are documented correctly in narcotic book and that there are no medication errors.

Licensee's Proposed Overall Completion Date: 03/24/2023

Implemented ([redacted] - 09/08/2023)

252 - Record Content

30. Requirements

2600.

252 Record Content (continued)

252. Content of Resident Records - Each resident's record must include the following information:

- 13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.

Description of Violation

Resident #3's record does not include the preadmission screening.

Repeated Violation: 9/28/21 et al.

Plan of Correction

Accept ([redacted] - 03/28/2023)

Please provide the date that education was provided and identify the targeted staff who received the education.

Education was provided to RCC on 3/2/23 by Administrator.

Please be specific. Starting when, how frequent, and for what duration will the RCC complete audits? What specific steps will be taken? Starting 3/2/23 RCC will compete a review of the new admission documentation prior to admission to ensure that pre screening is on file.

Licensee's Proposed Overall Completion Date: 03/24/2023

Implemented ([redacted] 09/08/2023)