

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

March 27, 2023

[REDACTED]
CSW ARBOUR SQUARE III PLYMOUTH MEETING LP
[REDACTED]
[REDACTED]

RE: THE PINNACLE AT PLYMOUTH
MEETING
215 PLYMOUTH ROAD
PLYMOUTH MEETING, PA, 19462
LICENSE/COC#: 14720

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: *THE PINNACLE AT PLYMOUTH MEETING* License #: *14720* License Expiration: *10/08/2023*
 Address: *215 PLYMOUTH ROAD, PLYMOUTH MEETING, PA 19462*
 County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *CSW ARBOUR SQUARE III PLYMOUTH MEETING LP*
 Address: *1938 FAIRVIEW AVE E,SUITE 300, MERRILL GARDENS LLC, SEATTLE, WA, 98102*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *07/02/2020* Issued By: *Plymouth Township*
 Type: *I-2* Date: *07/02/2020* Issued By: *Plymouth Township*

Staffing Hours

Resident Support Staff: *144* Total Daily Staff: *217* Waking Staff: *163*

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:	<i>138</i>	Residents Served:	<i>55</i>
Secured Dementia Care Unit			
In Home:	<i>Yes</i>	Area:	<i>Garden House</i>
Capacity:	<i>19</i>	Residents Served:	<i>16</i>
Hospice			
Current Residents:	<i>3</i>		
Number of Residents Who:			
Receive Supplemental Security Income:	<i>0</i>	Are 60 Years of Age or Older:	<i>55</i>
Diagnosed with Mental Illness:	<i>1</i>	Diagnosed with Intellectual Disability:	<i>0</i>
Have Mobility Need:	<i>18</i>	Have Physical Disability:	<i>0</i>

Inspections / Reviews

02/06/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/24/2023*

Inspections / Reviews (*continued*)

02/24/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/24/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 02/28/2023

03/01/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/24/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/24/2023

03/27/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/24/2023

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 (MS - 02/24/2023)

Regarding resident home contracts for Residents #1, #2 and # 3, signed by the resident's power of attorney and not the resident, these records could not be corrected.

All resident files have been audited for resident signatures. effective 2/23/2023.

Verifying signatures for all required parties will be conducted by Business Office Director or designee after admission.

This will be added to the administrative file audit checklist that is reviewed by the General Manager after admission.

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

Implemented (MS - 03/27/2023)

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 #2's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Resident #3's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept (MS - 03/01/2023)

Regarding Resident #2 and #3's records not acknowledging receipt of a copy of the residents rights and complaint procedures, these documents were reviewed with the residents and signatures obtained on [REDACTED].

All resident have been audited for signatures for resident rights and complaint procedures on 2/23/2023.

Verifying signatures for all required parties will be conducted by the Business Office Director or designee upon admission. Verification of required resident signatures will be added to the resident file audit checklist which will be reviewed by General Manager for all admissions in Personal Care and Memory Care.

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

Implemented (MS - 03/27/2023)

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

On 2/7/23 at 1:05 pm, resident #4 was in the Garden House living room being evaluated by a third party nurse. There were 3 other residents present. The nurse discussed the resident's blood pressure with the resident. The nurse also discussed the resident's mental health and medications with staff person A. Medication was then administered to the resident by staff person B.

Staff person B stated when medication is not passed in a resident's room, it is passed in the living room.

Plan of Correction**Accept (MS - 03/01/2023)**

Regarding resident #4 being evaluated by a third party nurse, the evaluation had already been completed in the privacy of the resident's apartment.

Outside service providers will be educated regarding evaluations of resident only in private areas and communications regarding residents occurring in areas where confidentiality can be maintained.

Regarding Staff Person B presenting medications in the common area of the SCDU, staff has been educated as to where they can present medications to the residents and still maintain privacy and confidentiality on 2/23/23.

Resident Care Director or designee will do random spot checks during medication pass times weekly beginning 2/27/2023.

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

Implemented (MS - 03/27/2023)

51 - Criminal Background Check

4. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person C was hired on [REDACTED] and does not have a criminal background check.

Repeat Violation: 2/3/22 et al.

Plan of Correction**Accept (MS - 03/01/2023)**

Staff Person C was hired with a general criminal background check and not the PA patch test.

PA Patch test has since been obtained on 2/18/2023.

All team member files were audited to verify compliance with 2600.51 by 2/24/2023.

All team member files are audited by Business Office Director or designee with an audit checklist after hire and then submitted to General Manager for final review of all needed documents and training. PA Patch test is included in this audit. These audits have been added as a standard after every new hire.

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

51 - Criminal Background Check (*continued*)*Implemented (MS - 03/27/2023)*

64a - Admin Training

5. Requirements

2600.

64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:

1. An orientation program approved and administered by the Department.

Description of Violation

Staff person C, [REDACTED], has not successfully completed an orientation program approved and administered by the Department.

Plan of Correction*Accept (MS - 02/24/2023)*

Regarding completion of a Department approved orientation, the administrator had completed one, however, documentation was misplaced. Documentation was provided by the Department to verify compliance in April 2021.

Licensee's Proposed Overall Completion Date: 02/23/2023

Implemented (MS - 03/27/2023)

65a - FS Orientation 1st Day

6. Requirements

2600.

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

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person D, whose first day of work was [REDACTED], did not receive orientation on the following topics:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

65a - FS Orientation 1st Day (continued)

Plan of Correction

Accept (MS - 03/01/2023)

Regarding Staff person D not receiving the fire safety orientation prior to or during the first day, this could not be corrected.

Staff Person D received the fire safety training orientation on [REDACTED].

All team members files have been audited to ensure that the Fire Safety Orientation outlined in 2600.65.a has been completed 2/24/23.

Upon hire, team member files are audited for compliance by the Business Office Director or designee and then additionally reviewed by the General Manager to assure compliance.

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

Implemented (MS - 03/27/2023)

65g - Annual Training Content

7. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
- 5. Falls and accident prevention.

Description of Violation

Staff person D did not receive training in fire safety and falls and accident prevention during training year 2022.

Plan of Correction

Accept (MS - 03/01/2023)

Regarding Staff Person D not receiving fire safety training and falls and accident prevention during the 2022 training year, this could not be corrected. Staff Person D did complete "What to do after a fall" on [REDACTED]. From [REDACTED] the course description for PAC-0-WTDATF: What to Do After the Fall reads as follows:

"The purpose of this course is to present basic information about how to prevent falls and what to do if a fall occurs. It also discusses how to determine whether to seek medical care for a person who has fallen.

The goal of this course is to educate direct care workers in the post-acute care setting about the prevention and treatment of falls."

Team member files have been audited for compliance of state required training on 2/24/23.

Upon hire, team member files are audited for compliance by the Business Office Director or designee and then additionally by the General Manager to assure compliance. Annual training checklists will be conducted in August and November annually to allow time for completing any outstanding required trainings.

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

Implemented (MS - 03/27/2023)

85d - Trash Receptacles

8. Requirements

2600.

85d - Trash Receptacles (continued)

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 2/6/23 at 10:45 am there was an uncovered, unattended trash can in the Garden House kitchenette.

On 2/6/23 there was a 1/2 full, uncovered, unattended trash can in the bathroom in room 419.

Repeat Violation: 10/13/21 et al.

Plan of Correction

Accept (MS - 03/01/2023)

Regarding uncovered trash can in Garden House kitchenette:

Cover was placed on the trash can while surveyor was on site.

Regarding uncovered trash can in bathroom of resident room 419:

Trash can was removed, and explanation provided to resident regarding the need for trash cans with lids in bathrooms and kitchens. A lidded trash can was already in place, but resident preferred the one without the lid. All Staff will be educated regarding regulation 2600.85.d and will be completed by March 3, 2023 by the General Manager or designee.

Care Staff will be responsible for ensuring kitchen and bathroom trashcans have lids in place daily.

Resident Care Director and Garden House supervisor will make spot checks in resident rooms and common areas of Personal Care to ensure all lids are in place on trash cans effective immediately and will continue at least weekly and ongoing.

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

Implemented (MS - 03/27/2023)

91 - Telephone Numbers

9. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in room 116.

Repeat Violation: 10/13/21 et al.

Plan of Correction

Accept (MS - 03/01/2023)

Regarding the absence of emergency telephone numbers on or by the telephone in 116:

A list of mandated numbers was posted by the phone in [redacted] while surveyor was on site.

All Staff will be educated regarding regulation 2600. 91, by March 3, 2023 by General Manager or designee.

Verifying compliance weekly will be added to the housekeeping checklist effective immediately and will become a permanent part of the weekly housekeeping duties

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

91 - Telephone Numbers *(continued)**Implemented (MS - 03/27/2023)*

101j7 - Lighting/Operable Lamp

10. 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 #5 does not have access to a source of light that can be turned on/off at bedside.***Plan of Correction*****Accept (MS - 03/01/2023)****Regarding the absence of an operable lamp:**An operable lamp was placed at the bedside in apartment [REDACTED] while the surveyor was on site.**All Staff will be educated regarding regulation 2600. 101.j.7, by March 3, 2023 by General Manager or designee.**Verifying compliance weekly will be added to the housekeeping checklist which will be submitted to the Guest Services Director or General Manager for final review. Housekeeping checklist was implemented 2/23/23.***Licensee's Proposed Overall Completion Date: 02/28/2023*****Implemented (MS - 03/27/2023)***

103c - Food Protected

11. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation*On 2/6/23 at 10:57 am there was a large bag of macaroni, a bag of almonds, and a box of parboiled rice in the dry storage area that were opened and unsealed.***Plan of Correction*****Accept (MS - 03/01/2023)****Regarding the unprotected food found in the dry storage area, this was discarded while the surveyor was on site.**All Staff will be educated regarding regulation 2600.103.c by March 3, 2023 by General Manager or designee.**Verifying compliance weekly will be the responsibility of the Executive Chef or designee by means of a weekly checklist which will be submitted to the General Manager for final review. Implementation of the weekly checklist to start 2/27/2023.***Licensee's Proposed Overall Completion Date: 02/28/2023*****Implemented (MS - 03/27/2023)***

103f - Refrigerator/Freezer Temps

12. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

103f - Refrigerator/Freezer Temps (continued)**Description of Violation**

There was no thermometer in the refrigerator and freezer in the 2nd floor activity bistro.

Plan of Correction**Accept (MS - 03/01/2023)**

Regarding the absence of thermometers in the refrigerator and freezer in the 2nd floor activity bistro, they were placed in the respective areas while the surveyor was on site.

All Staff will be educated regarding regulation 2600.103.f by March 3, 2023 by General Manager or designee.

Verifying compliance weekly will be the responsibility of the Executive Chef or designee by means of a weekly checklist which will be submitted to the General Manager for final review. Implementation of the weekly checklist to begin 2/27/2023.

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

Implemented (MS - 03/27/2023)**103g - Storing Food****13. Requirements**

2600.

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

Description of Violation

On 2/6/23 there was a large bag of macaroni, a bag of almonds, and a box of parboiled rice in the dry storage area that were opened and unsealed.

Repeat Violation: 10/13/21 et al.

Plan of Correction**Accept (MS - 03/01/2023)**

Regarding the unprotected food found in the dry storage area, this was discarded while the surveyor was on site.

All Staff will be educated regarding regulation 2600.103.g by March 3, 2023 by General Manager or designee.

Verifying compliance weekly will be the responsibility of the Executive Chef or designee by means of a weekly checklist which will be submitted to the General Manager for final review. Implementation of the weekly checklist to begin 2/27/2023.

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

Implemented (MS - 03/27/2023)**103i - Outdated Food****14. Requirements**

2600.

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

Description of Violation

On 2/6/23, there were an unlabeled, undated bags of spaghetti, muffin mix, rotini, farro, macaroni, polenta, tube pasta, and thin spaghetti in the dry storage area.

103i - Outdated Food (continued)

On 2/6/23, there were 2 unlabeled, undated, trays of ice cream sundaes in the walk-in freezer.

On 2/6/23, there was an unlabeled, undated, cup with a frozen milkshake in the freezer in the 2nd floor activity bistro.

Repeat Violation: 10/13/21 et al.

Plan of Correction**Accept (MS - 03/01/2023)**

Regarding the unlabeled, undated bags of spaghetti and various pastas, ice cream sundaes and the frozen milkshake, all were discarded while the surveyor was on site.

All Staff will be educated regarding regulation 2600.103.g by March 3, 2023 by General Manager or designee.

Verifying compliance weekly will be the responsibility of the Executive Chef or designee by means of a weekly checklist which will be submitted to the General Manager for final review. Implementation of the weekly checklist will begin 2/27/2023.

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

Implemented (MS - 03/27/2023)**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

None of the fire drill logs include the exit route used.

The fire drill record for the drill conducted on 12/28/22 does not include the number of staff participating.

The fire drill record for the drill conducted on 1/31/23 does not include the correct date. The log states 1/30/23 but the sign in sheet for staff is dated 1/31/23. According to staff person E, the drill occurred on 1/31/23. The log is also missing 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, and the number of residents evacuated.

Plan of Correction**Accept (MS - 03/01/2023)**

Regarding the missing documentation for previous fire drills, no correction could be made.

Maintenance Director and Maintenance Assistant were educated regarding 2600.132.c. on 2/23/23 by General Manager.

Fire Drill logs will now be presented to the General Manager or designee, after each completed drill, to verify compliance with this regulation.

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

132c - Fire Drill Records (continued)

Implemented (MS - 03/27/2023)

132h - Designated Meeting Place

16. 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

Staff person C, the administrator stated the home does not have a designated meeting place away from the building or within the fire-safe area.

Plan of Correction

Accept (MS - 03/01/2023)

Regarding no designated meeting place away from the building, a sign will be obtained to place in the rear of the building to identify that as a designated meeting place.

Signs will be placed in common areas, with doors that can be closed on each floor so that alternate designated meeting places can be identified during drills or in the event of a fire emergency.

All staff will be educated on regulation 2600.132h. by March 3, 2023 by General Manager or designee.

Signs are expected to be available by mid to late March 2023 and will be installed upon receipt.

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

Implemented (MS - 03/27/2023)

141a 1-10 Medical Evaluation Information

17. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's medical evaluation dated [redacted] not include immunization history.

Resident #2's medical evaluation dated [redacted] did not include immunization history and body positioning/movement.

Resident #6's medical evaluation dated [redacted] did not include body positioning/movement.

141a 1-10 Medical Evaluation Information (continued)

Resident #7's medical evaluation dated [REDACTED] did not include allergies.

Repeat Violation: 10/13/21 et al.

Plan of Correction

Accept (MS - 03/01/2023)

Regarding medical evaluations with missing data of immunization history, body positioning and allergies, no correction can be made.

Resident Care Director was re-educated on the requirements for 2600.141.a. on March 23, 2023 by General Manager. Wellness Nurse was educated on the requirement for 2600.141.a on March 23, 2023.

Moving forward, DME's obtained will be evaluated by both the Resident Care Director as the first check, and Wellness Nurse as the second check to verify compliance.

Licensee's Proposed Overall Completion Date: 02/27/2023

Implemented (MS - 03/27/2023)

162c - Menus Posted

18. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 2/6/23, in the Garden House dining room, the menu posted is for the current week however, the following week menu is not posted in advance.

Repeat Violation: 10/13/21 et al.

Plan of Correction

Accept (MS - 03/01/2023)

Regarding the subsequent week's menu not posted in Garden House, this was amended while the surveyor was on site.

All staff will be educated on 2600.162.c by March 3, 2023 by General Manager or designee.

Verifying compliance weekly will be the responsibility of the Executive Chef or designee by means of a weekly checklist which will be submitted to the General Manager for final review. Implementation of weekly checklist to begin 2/27/2023.

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

Implemented (MS - 03/27/2023)

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.

183d - Prescription Current (continued)**Description of Violation**

On 2/7/23, Miconazole Nitrate Cream 2% and Calprotect Ointment prescribed for resident #1, was in the home's medication cart; however, the medication was discontinued and is not a current medication for resident #1.

Plan of Correction**Accept (MS - 03/01/2023)**

Regarding the discontinued creams for Resident #1 found in the Medication Cart, these were discarded.

Resident Care Director, Wellness Nurse and Medication Technicians will be educated by March 3, 2023, regarding regulation 2600.183.d by General Manager or designee.

In addition to the weekly Medication Cart Audits conducted by the Medication Technicians, a new checklist will be added to ensure thoroughness and compliance. Resident Care Director and/or Wellness Nurse will sign off on weekly checklist after audit is completed. Additionally, Resident Care Director or Wellness Nurse will complete a monthly audit, independent of Medication Technician audit beginning March 6.

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

Implemented (MS - 03/27/2023)**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 2/7/23 Calprotect Ointment with expiration date 1/1/23 on the medication cart.

Repeat Violation: 10/13/21 et al.

Plan of Correction**Accept (MS - 03/01/2023)**

Regarding the discontinued cream for Resident #1 found in the Medication Cart, these were discarded.

Resident Care Director, Wellness Nurse and Medication Technicians will be educated by March 3, 2023 regarding regulation 2600.183.e. by General Manager or designee.

In addition to the weekly Medication Cart Audits conducted by the Medication Technicians, a new checklist will be added to ensure thoroughness and compliance. Resident Care Director and/or Wellness Nurse will sign off on weekly checklist after audit is completed. Additionally, Resident Care Director or Wellness Nurse will complete a monthly audit, independent of Medication Technician audit beginning March 6.

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

Implemented (MS - 03/27/2023)**191 - Resident Right to Refuse****21. Requirements**

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

191 - Resident Right to Refuse (*continued*)**Description of Violation**

Resident #2, admitted [REDACTED], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #3, admitted [REDACTED] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction**Accept (MS - 03/01/2023)**

Regarding absence of resident's signature acknowledging receipt of a copy of the resident's rights, Residents #2 and #3 have been educated and acknowledged receipt of the residents' rights and this has been retained in their administrative file on 2/20/2023.

If resident is not present for the contract signing and unable to sign the resident's rights and complaint procedures at that time, the administrator, or a designee, will attempt to have the resident sign the resident's rights and complaint procedures upon physical possession of the apartment. If the resident is unable to sign the resident's rights or complaints procedures or refuses to sign, documentation will be noted and witnessed in the resident's record. All resident files have been audited for verification of resident's signatures acknowledging receipt of the resident's rights.

Verifying signatures of the resident acknowledging receipt of the resident's rights and complaints procedures will be added to the administrative file audit completed after resident's admission by the Business Office Director or a designee. Resident files were audited on 2/22/2023.

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

Implemented (MS - 03/27/2023)

225a - Assessment 15 Days

22. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #3 was admitted on [REDACTED]; however, the resident's assessment was not completed until [REDACTED]

Plan of Correction**Accept (MS - 03/01/2023)**

Regarding Resident #3 with a resident assessment completed after the 15 days' time frame, this could not be corrected.

Resident Care Director and Wellness Nurse were educated on regulations 2600.225.a. on February 23, 2023 by General Manager.

Moving forward, General Manager or designee will formally review the initial assessment documentation prior to 15 days after admission.

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

Implemented (MS - 03/27/2023)**23. Requirements**

225a - Assessment 15 Days *(continued)*

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #3's assessment, dated [REDACTED] does not include an assessment for eating.

Resident #7's assessments, dated [REDACTED] and [REDACTED] do not include an assessment for solitary activities, group activities, and the reason the resident does not participate in solitary or group activities.

Plan of Correction**Accept (MS - 03/01/2023)**

Regarding Resident #3 and Resident #7 assessments not including assessments for eating and activities, respectively, these records have been updated to reflect the residents' needs on [REDACTED]

Resident Care Director and Wellness Nurse were educated on regulations 2600.225.a. on February 23, 2023 by General Manager.

All resident records will be audited by March 20, 2023 to verify compliance with 2600.225.a.

Moving forward, General Manager or designee will formally review the initial assessment documentation prior to 15 days after admission, including verifying that all required fields are completed.

Licensee's Proposed Overall Completion Date: 03/20/2023

Implemented (MS - 03/27/2023)

227d - Support Plan Medical/Dental

24. 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

The assessment for resident #1, dated [REDACTED] indicates the resident has a need for managing healthcare, securing healthcare, doing laundry, and making and keeping appointments. The resident's support plan, dated [REDACTED] does not document how these needs will be met.

The assessments for resident #2, dated [REDACTED] and [REDACTED], indicate the resident has a need for managing healthcare and securing healthcare. The resident's support plans, dated [REDACTED] and [REDACTED] do not document how these needs will be met.

The assessment for resident #3, dated [REDACTED], indicates the resident has a need for managing healthcare, doing laundry, securing and using transportation, making and keeping appointments. The resident's support plan, dated [REDACTED] does not document how these needs will be met.

The assessment for resident #7, dated [REDACTED], indicates the resident has a need for bladder management, turning

227d - Support Plan Medical/Dental (continued)

and positioning in chair, securing and using transportation, caring for personal possessions, obtaining clean, seasonal clothing, and hallucinations. The resident's support plan, dated [REDACTED] does not document how these needs will be met.

The assessment for resident #7, dated [REDACTED], indicates the resident has a need for bladder management, turning and positioning in chair, doing laundry, securing and using transportation, caring for personal possessions, obtaining clean, seasonal clothing, and hallucinations. The resident's support plan, dated [REDACTED] does not document how these needs will be met.

Plan of Correction

Accept (MS - 03/01/2023)

Regarding the omission of data in assessments for Residents #1, #2, due to the time frame of these assessments being completed, [REDACTED] and [REDACTED] these records were not completed as the 6 month evaluations are now due. For Residents #3 and #7, the records were updated to reflect the residents' needs for managing healthcare, doing laundry, securing transportation, caring for personal possessions, obtaining clean seasonal clothing, making and keeping appointments have been updated to reflect the residents' needs [REDACTED]

Resident Care Director and Wellness Nurse were educated on regulations 2600.227.d. on February 23, 2023 by General Manager.

Moving forward, General Manager or designee will formally review the support plan documentation prior to 30 days after admission, including verifying that all required fields are completed.

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

Implemented (MS - 03/27/2023)

227g -Support Plan Signatures

25. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #2 participated in the development of his/her support plan on [REDACTED]. However, the resident did not sign the support plan.

Resident #6 participated in the development of his/her support plans on [REDACTED] and [REDACTED]. However, the resident did not sign the support plans.

Plan of Correction

Accept (MS - 03/01/2023)

Regarding Resident #2 not signing the support plan in [REDACTED], this could not be corrected due to the length of time passed.

Regarding Resident #6 not signing the [REDACTED] and [REDACTED] support plans, signatures will be obtained from [REDACTED] POA.

All Personal Care and Memory Care resident records will be audited by March 3, 2023, to verify that resident signatures and signatures of those participating in the development of the support plan are verified.

Resident Care Director and Wellness Nurse were educated on regulations 2600.227.g. on February 23, 2023 by General Manager.

227g -Support Plan Signatures (continued)

Moving forward, General Manager or designee will formally review the support plan documentation prior to 30 days after admission for compliance, including verifying that all required fields are completed.

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

Implemented (MS - 03/27/2023)

233c - Key-Locking Devices

26. 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 that exits to the patio in the Secure Dementia Care Unit (SDCU).

Plan of Correction

Accept (MS - 03/01/2023)

Regarding the directions for operating the electronic device not conspicuously posted by the door that exits the patio in the Garden House, this was corrected while the surveyor was on site.

All Staff will be educated on regulation 2600.233.c by March 3, 2023 by General Manager or designee.

Garden House Supervisor or designee will be responsible for ensuring compliance for all doors with electronic locking devices in the SCDU weekly.

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

Implemented (MS - 03/27/2023)

234a - Admission Support Plan

27. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, the resident's initial support plan was completed on [redacted].

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, the resident's initial support plan was completed on [redacted].

Plan of Correction

Accept (MS - 03/01/2023)

Regarding Resident #1 and Resident #2 support plans not being completed within the stated time frame, this could not be corrected.

Resident Care Director, Garden House Supervisor and Wellness Nurse were educated on regulation 2600.234.a. on February 23, 2023 by General Manager.

Moving forward, General Manager or designee will formally review the support plan prior to 72 hours after admission to verify the development and implementation of the support plan documented in the respective

234a - Admission Support Plan (continued)

resident's record.

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

Implemented (MS - 03/27/2023)

252 - Record Content**28. Requirements**

2600.

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

Description of Violation

On 2/6/23 resident #1's record did not include a preadmission screening. On 2/7/23 the preadmission screening form was provided to the department and staff person B explained the reason the form was not with the record was because it had been thinned from the record.

Plan of Correction

Accept (MS - 03/01/2023)

Regarding Resident #1 record not include preadmission screening because it had been thinned from the record, this was corrected while the surveyor was on site.

Resident Care Director and Wellness nurse were educated by the General Manager regarding the entirety of 2600.252. on February 23, 2023 by General Manager.

A copy of the requirements under 2600.252 will be kept with each resident record for reference, to ensure all requirement documents remain with the resident record, effective March 3, 2023.

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

Implemented (MS - 03/27/2023)