CERTIFIED MAIL – RETURN RECEIPT
REQUESTED MAILING DATE: JUNE 23, 2023

West Haven Manor LP
153 Goodview Drive
Apollo, Pennsylvania 15613

RE: Quality Life Services Apollo
153 Goodview Drive
Apollo, Pennsylvania 15613
License/COC #: 442381

Dear :

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on October 18, 2022, October 19, 2022, November 1, 2022, November 2, 2022, November 3, 2022, January 24, 2023, January 25, 2023, and March 7, 2023, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), failure to submit an acceptable plan to correct noncompliance items, failure to comply with the acceptable plan to correct noncompliance items, and mistreatment or abuse of residents being cared for in the facility, the Department hereby REVOKES your certificate of compliance (license number 442380) dated May 19, 2023 – February 27, 2024, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1); (5) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from June 23, 2023 to December 23, 2023.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

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

55 Pa. Code Chapter 2600 Section:	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
15(b)	II	30	$5	$150	5 calendar days from mailing date of this letter
25(b)	II	30	$5	$150	5 calendar days from mailing date of this letter
42(b)	II	30	$5	$150	5 calendar days from mailing date of this letter
60(a)	II	30	$5	$150	5 calendar days from mailing date of this letter
132(c)	II	30	$5	$150	5 calendar days from mailing date of this letter
132(d)	II	30	$5	$150	5 calendar days from mailing date of this letter
184(a)	II	30	$5	$150	5 calendar days from mailing date of this letter
191	II	30	$5	$150	5 calendar days from mailing date of this letter
224(a)	II	30	$5	$150	5 calendar days from mailing date of this letter
225(a)	II	30	$5	$150	5 calendar days from mailing date of this letter
225(c)	II	30	$5	$150	5 calendar days from mailing date of this letter
227(d)	II	30	$5	$150	5 calendar days from mailing date of this letter

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

achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

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

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-214-1304

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

Sincerely,

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

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

Facility Information

Name: *QUALITY LIFE SERVICES - APOLLO* **License #**: *44238* **License Expiration**: *02/27/2023*

Address: *153 GOODVIEW DRIVE, APOLLO, PA 15613*

County: *WESTMORELAND* **Region**: *WESTERN*

Administrator

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

Legal Entity

Name: *WEST HAVEN MANOR LP*

Address: *153 GOODVIEW DRIVE, ATTN SANDRA MOTCHAR, APOLLO, PA, 15613*

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

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *08/13/2001* **Issued By**: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *51* **Waking Staff**: *38*

Inspection Information

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

Reason: *Complaint, Monitoring* **Exit Conference Date**: *03/07/2023*

Inspection Dates and Department Representative

03/07/2023 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* **Residents Served**: *30*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *SDCU* **Capacity**: *36* **Residents Served**: *0*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *30*

Diagnosed with Mental Illness: *2* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *21* **Have Physical Disability**: *0*

Inspections / Reviews

03/07/2023 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/24/2023*

Inspections / Reviews *(continued)*

03/30/2023 - POC Submission

Submitted By: [redacted]
Date Submitted: *03/25/2023*
Reviewer: [redacted]
Follow-Up Type: *POC Submission*
Follow-Up Date: *04/05/2023*

06/14/2023 - POC Submission

Submitted By: [redacted]
Date Submitted: *04/05/2023*
Reviewer: [redacted]
Follow-Up Type: *Enforcement*

25a - Written Contract and Review

1. Requirements

2600.
25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident #6 was admitted to the home on [redacted] however, there is no resident-home contract present for resident #6. The resident-home contract present in resident #6 record, dated 3/5/23, was completed for resident #6's designated person, who is not a current resident of the home.

Plan of Correction ***Directed ([redacted] - 06/14/2023)***

On 3/8/2023, PCHA and Wellness Director conferred with Resident #6 to achieve successful completion of admissions documents and contract. As of 3/8/2023, this document has been completed with Resident #6 signature and placed in resident's file. As of 3/8/23, PCHA and Wellness Director have begun to audit thoroughly all resident contracts to include Preadmissions Screening, DME and RASP forms with an initial audit intended to occur over 60 days to ensure a resident-home contract is completed within 24 hours of admission, and occur monthly thereafter from the date of 5/8/2023 ongoing without end, and as of this same day, a form entitled "New Admission Checklist" has begun to drive the audit process for all existing and onboarding employees. (DIRECTED: By 5/8/23: The administrator shall review all current resident records to ensure each resident has a completed resident-home contract. Copies of resident-home contracts shall be kept in each resident's record. [redacted] 4/6/23). (DIRECTED: By 4/17/23: The administrator shall implement the new admission checklist to ensure a resident-home contract is completed within 24 hours for each newly-admitted resident. Copies of the completed checklists and completed resident-home contracts shall be kept in each resident's record. All staff persons involved in the admission process shall be educated on the new checklist by 4/17/23. Documentation of the education shall be kept. [redacted] 4/6/23). On 3/9/23, NHA provided education to PCHA and Wellness Director as to necessary points of compliance within regulation 2600.25a. Record of education for all current employees has been provided as of 3/9/23 to ensure requirements for hire are transparent and understood along side the PA 2600.25a regulation and will kept alongside monthly audits of resident contracts. Results of initial and ongoing monthly audits to be reviewed and recorded in the monthly QAPI meeting and will be kept for reference. (DIRECTED: By 5/1/23: The home shall conduct a quality management meeting. Documentation of the quality management meeting minutes shall be kept. [redacted] 4/6/23).

Directed Completion Date: *05/08/2023*

Not Implemented 6/14/23 [redacted]

54a - Direct Care Staff

2. Requirements

2600.
54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person B, hired on [redacted], does not have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

54a - Direct Care Staff (continued)

Plan of Correction ***Directed - 04/06/2023)***

On 3/7/2023, PCHA obtained Employee B's high school diploma was immediately placed in Employee B's file. As of 3/8/2023, PCHA and Wellness Director completed an audit of all current employee files to endure compliance. From the date of 3/8/2023, audits will be maintained on all employee files by PCHA, Wellness Director or appointed designee, as driven by form "New Hire Checklist" implemented on 3/8/2023. (DIRECTED: Copies of the completed new hire checklists, as well as copies of the qualifications specified in 2600.54a, shall be kept in each newly-hired direct care staff person's 4/6/23). On 3/8/2023, education was completed with PCHA and Wellness Director by NHA (both/all relevant parties responsible for hiring process in the home) on the importance of regulation 2600.54.a. Documentation of education will be maintained. As of 3/8/2023, PCHA, Wellness Director or appointed designee will complete an audit of all new hires for 60 days, and results of these audits will be reviewed and recorded in the monthly QAPI meeting and will be kept for reference. (DIRECTED: BY 5/1/23: The home shall conduct a quality management meeting. Documentation of the quality management meeting minutes shall be kept. LM 4/6/23).

Directed Completion Date: *05/01/2023* **Not Implemented 6/14/23**

65a - FS Orientation 1st Day

3. 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

Direct care staff person A, hired on , did not receive orientation on any of the topics specified in 2600.65a.

Direct care staff person B was hired on ; however, staff person B did not receive orientation on the topics specified in 2600.65a until 12/7/22.

Plan of Correction ***Directed - 04/06/2023)***

On 3/8/2023, PCHA conducted orientations for both Employees A and B inclusive of all relevant listed topics contained within 2600.65a. (DIRECTED: Documentation of the completed trainings specified in 2600.65a shall be kept in staff persons A and B's records. 4/6/23). As of 3/8/2023, all other current employee charts were audited by PCHA to ensure compliance, and to be completed for all new hires within 60 days of 3/8/2023. As of 3/8/23, a form titled "New Hire Checklist" was implemented to drive all current and future audits. (DIRECTED: Copies of the completed new hire checklists, as well as documentation of the completed trainings specified in 2600.65a, shall be kept in each newly-hired staff person's record. 4/6/23). Education to be provided (on 3/9/23) to PCHA and

65a - FS Orientation 1st Day (continued)

Wellness Director by NHA (all relevant parties responsible for hiring process within the home) on the importance of regulations 2600.65a. Documentation of all education will be kept. The PCHA or Wellness Director will audit all new hires for 60 days starting 3/8/2023 to ensure compliance and proper training on the areas outlined in 2600.65a. The results of these audits will be reviewed and recorded in upcoming QAPI monthly meetings and will be kept for reference. (DIRECTED: BY 5/1/23: The home shall conduct a quality management meeting. Documentation of the quality management meeting minutes shall be kept. L 4/6/23).

Directed Completion Date: *05/01/2023*

Not Implemented 6/14/23

65b - Rights/Abuse 40 Hours

4. Requirements

2600.

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

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Direct care staff person A, hired on , did not receive orientation on resident rights and the emergency medical plan.

Plan of Correction ***Directed (- 04/06/2023)***

On 11/14/22, Staff Person A acknowledged both statements of understanding in Personal Care Home Resident's Rights, as well as the knowledge of a standing emergency medical plan. (DIRECTED: Documentation of the completed trainings specified in 2600.65b shall be kept in staff person A's record. 4/6/23). On 3/7/23, PCHA, per audit notes, these items remained outstanding in employee file. On 3/8/23, Staff Person A was oriented to all topics included under PA Regulation 2600.65b and as of 3/9/23 a form titled "New Hire Checklist" was implemented to drive all current and future hired employees. (DIRECTED: Copies of the completed new hire checklists, as well as documentation of the completed trainings specified in 2600.65b, shall be kept in each newly-hired staff person's record. 4/6/23). As of 1/9/23, PCHA conducted an initial audit of employee files to notice deficiencies and to locate needed items. Monthly audits occurred on 1/27/23 and 2/24/23 and will remain occurring on a monthly basis until files complete, then to transition to semiannual from date of completion for all current employees and to remain ongoing on a monthly basis with each new employee hired from the date of 1/27/2023. On 3/8/23, following DOH visit to facility, PCHA encountered both Staff Person A's Resident Rights and Emergency Medical Plan acknowledgements dated 11/14/22 and these items were placed immediately in Staff Person A's employee record. On 3/8/2023, QLS HR Director and NHA provided education to PCHA and Wellness Director as to requisite items for employee file completion. Documentation of education to be maintained with monthly audit records. Also, on 3/9/2023, all current staff were provided education as to hiring requirements to promote transparency and understanding. Monthly audits of employee records will be reviewed and recorded in the monthly QAPI meeting and will be kept for reference. (DIRECTED: BY 5/1/23: The home shall conduct a quality management meeting. Documentation of the quality management meeting minutes shall be kept. 4/6/23).

Directed Completion Date: *05/08/2023*

Not Implemented 6/14/23

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:
1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
   - i. Safe management techniques.
   - ii. ADLs and IADLs
   - iii. Personal hygiene.
   - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
   - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
   - vi. Implementation of the initial assessment, annual assessment and support plan.
   - vii. Nutrition, food handling and sanitation.
   - viii. Recreation, socialization, community resources, social services and activities in the community.
   - ix. Gerontology.
   - x. Staff person supervision, if applicable.
   - xi. Care and needs of residents with special emphasis on the residents being served in the home.
   - xii. Safety management and hazard prevention.
   - xiii. Universal precautions.
   - xiv. The requirements of this chapter.
   - xv. Infection control.
   - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person A, hired on [redacted], did not receive training on any of the topics specified in 2600.65d, including the successful completion and passing of the Department-approved direct care training course and passing of the competency test.

Direct care staff person C, hired on [redacted], did not receive training on any of the topics specified in 2600.65d, including the successful completion and passing of the Department-approved direct care training course and passing of the competency test.

Plan of Correction ***Directed [redacted] - 04/06/2023)***

On 1/9/23, PCHA conducted a full audit of PCH employee files, with monthly audits occurring on 1/27/23 and 2/24/23 yielding further refinement and completion of employee files. On 3/8/23, PCHA, following survey visit continued to gather more documents, and outline items needed for employee files and sent an email to QLS HR Directors to apprise them of outstanding needs to include Direct Care Certifications for Staff Persons A and C. On 3/9/23, PCHA personally handed Staff Persons A and C outlined instructions to complete this certification in all haste. As of 3/8/23, PCHA and QLS HR Directors have been in contact to remedy all deficient employee files to include Staff Persons A and C. As of this same date 3/8/23, monthly employee file audits remain occurring on a monthly basis with transition to semiannual auditing once all employee files are complete. (DIRECTED: By 5/1/23: The administrator shall audit all current direct care staff person records to ensure each direct care staff person has successfully completed all trainings specified in 2600.65d, including the successful completion and passing of the

65d - Initial Direct Care Training (continued)

Department-approved direct care competency course. Documentation of the education shall be kept in each staff person's record. 4/6/23). And on 3/9/23, NHA provided PCHA and Wellness Director education (all parties responsible for hiring and onboarding employees) as to the importance of Pa regulation 2600.65d. On 3/23/2023, Both Staff Persons A and C have completed the requisite Department approved direct care training course and passing of the competency test and were immediately placed in respective employee files. As of 3/8/2023, PCHA, Wellness Director or appointed designee will complete an audit of all new hires for 60 days, and results of these audits will be reviewed and recorded in the monthly QAPI meeting and will be kept for reference. (DIRECTED: BY 5/1/23: The home shall conduct a quality management meeting. Documentation of the quality management meeting minutes shall be kept. 4/6/23).

DIRECTED: By 4/17/23: The administrator shall implement the new hire checklist to ensure all newly-hired direct care staff persons receive training on all topics specified in 2600.65d, including the successful completion and passing of the Department-approved direct care competency course, before providing unsupervised ADL services to residents. Copies of the completed checklists and documentation of the trainings shall be kept in each newly-hire direct care staff person's record. All staff persons involved in the admission process shall be educated on the new checklist by 4/17/23. Documentation of the education shall be kept. 4/6/23

Directed Completion Date: *05/01/2023*

Not Implemented 6/14/23

81b - Resident Personal Equipment

6. Requirements

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #1's bed enabler, which was attached to resident #1's bed, was uncovered and had an approximate 11.5 inch x 5 inch opening in the enabler, posing an entrapment risk.

Plan of Correction *Directed (- 04/06/2023)*

On 3/7/23, it was brought to attention of PCHA that Resident #1's family had installed a bed rail without asking PCH for approval. On 3/8/23, PCHA conferred verbally with Central Supply to order a bed rail cover for the mentioned uncovered bed rail to prevent entrapment and Central Supply confirmed the bed rail cover would be ordered to satisfy the regulation. On 3/9/23, all current direct care staff in the PCH have received education on maintenance, cleanliness, and appropriate function of wheelchairs, walkers, prosthetic devices (if applicable), and other present apparatus used by residents within the home. All records of education will be kept for reference and recording. On 3/8/23, PCHA spoke to Resident #1 and Resident #1's family to alert them as to having to have items such as this inspected prior to installation, and to the need for cover. As of 3/8/23, Resident #1, Resident #1's family and PCHA are in agreement that the bed rail would not be in use until a cover was procured and applied. As of 3/20/23, per Central Supply, this bed rail cover is still on order. Additionally, PCHA has conducted monthly audits for bed rails have been occurring as of 1/2/23 and has been notated accordingly for the current month. As of 1/2/23, PCHA will maintain these ongoing bed rail audits as ongoing without end. Additionally, respective items to include any equipment relevant to residents (wheelchairs, walkers, enabler bars, etc.) are to be included

81b - Resident Personal Equipment (continued)

and reported in monthly QAPI meetings and documentation will be kept for reference and review. *(DIRECTED: BY 5/1/23: The home shall conduct a quality management meeting. Documentation of the quality management meeting minutes shall be kept. ██ 4/6/23).*

Directed Completion Date: *05/01/2023*

Not Implemented 6/14/23 ██

132c - Fire Drill Records

7. 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 fire drill conducted in December, 2022 only indicates "12" as the date, and does not include the date the fire drill was held. Also, the fire drill record does not include the number of residents present in the home at the time of the fire drill.

The fire drill record for the fire drill conducted in January, 2023 only indicates "1" as the date, and does not include the date the fire drill was held. Also, the fire drill record does not include the number of residents present in the home at the time of the fire drill.

The fire drill record for the fire drill conducted on 2/26/23 at 10:57 does not indicate if the fire drill was conducted in the AM or PM. Also, the fire drill record does not indicate the number of residents present in the home at the time of the fire drill, and indicates the evacuation time as "11102:10510sec."

REPEAT VIOLATION: 6/10/2022

Plan of Correction ***Directed ██ - 04/06/2023)***

On 3/8/23, Wellness Director, Maintenance Director, PCHA and NHA held conference to complete appropriately all fire drills as internally recorded from the months of December 2022 to March 2023 with Maintenance Director providing missing and to transcribe these fire drills onto the current version of the state form "Personal Care Home Fire Drill Record- 55 Pa.Code 2600.132c".
Further, on 3/8/2023, Wellness Director, Maintenance Director and PCHA were provided education as to proper process and procedure of fire drills, importance of complete documentation of monthly fire drills, provided outlined copies of regulation 2600.132c for reference and record. (DIRECTED: Documentation of the education shall be kept. ██ 4/6/23). On this same day, it was determined that PCHA, Wellness Director and Maintenance Director would complete fire drills collaboratively for the next 90 days (three months), to ensure accurate completion with review and signature from NHA. Per directive, PCHA will ultimately maintain responsibility and accountability for all monthly fire drills kept within the home. Additionally, at the direction of the NHA, monthly fire drills as of 3/8/2023 are to be completed on state form "Personal Care Home Fire Drill Record-55 Pa.Code 2600.132c." rather than company provided forms as prior. 90 days from 3/8/2023, upon successful completion of fire drills as intended to refine process under initial audit, Maintenance Director with alternating collaboration from Wellness Director and PCHA will complete monthly fire drills and NHA will confirm accurate completion of forms on an ongoing monthly basis. (DIRECTED: The monthly reviews of the home's fire drill records conducted by the NHA shall begin within 72

132c - Fire Drill Records (continued)

hours of receipt of the plan of correction and continue monthly thereafter, to ensure all items specified in 2600.132c are present on the monthly fire drill records. 4/6/23). As of 3/8/23 with new understanding, audits will be maintained and to occur ongoing without end. Results of these audits will be reviewed and recorded in monthly QAPI meetings and will be kept for reference. (DIRECTED: BY 5/1/23: The home shall conduct a quality management meeting. Documentation of the quality management meeting minutes shall be kept. 4/6/23).

Directed Completion Date: *05/01/2023*

Not Implemented 6/14/23

132g - Fire Drills Days/Times

8. 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 schedules 2 staff persons in the home from approximately 11:00pm through 7:30am, to include on 2/18/23 and 2/19/23; however, the home has not conducted a fire drill with only 2 staff persons within the last year.

Plan of Correction ***Directed - 04/06/2023)***

On 3/8/23, Wellness Director, Maintenance Director, PCHA and NHA held conference to complete appropriately all fire drills as internally recorded from the months of December 2022 to March 2023 with Maintenance Director providing missing information and to transcribe these fire drills onto the current version of the state form "Personal Care Home Fire Drill Record- 55 Pa.Code 2600.132c". This same date accommodated education from NHA to PCHA, Wellness Director, and Maintenance Director as to proper completion of fire drill and education pertinent to regulation 2600.132g. (DIRECTED: Documentation of the education shall be kept. 4/6/23). PCHA and Maintenance Director under the guidance of the NHA, completed a monthly calendar for fire drills for the remainder of 2023, ensuring that all shifts are covered, to include those shifts where minimal (2-3) staff members may be present. Document of education pertinent to fire drills in the personal care home setting to be kept alongside the monthly fire drill documentation, as well as a copy of QLS Personal Care Fire Drill internal policy and PA Regulatory Compliance Guide Fire Safety components. A fire drill will be conducted on Wednesday March 12, 2023 with 2 staff members on a shift. (DIRECTED: Documentation of the fire drill conducted on 3/12/23 shall be kept in accordance with 2600.132c. /6/23). Per directive, PCHA will ultimately maintain responsibility and accountability for all monthly fire drills kept within the home. Audits will start April 1, 2023. All personal care employees as of 3/8/2023 have been provided and educated as to the process and procedure of fire drills to occur within the home with accompanying signatures of acknowledgement. All records of education are to be kept. Results of monthly audited fire drills for 90 days from the date of 3/8/2023 with oversight and signature from NHA to ensure proper completion to be reviewed and recorded at monthly QAPI meeting and will be kept for reference. (DIRECTED: BY 5/1/23: The home shall conduct a quality management meeting. Documentation of the quality management meeting minutes shall be kept. 4/6/23).

Directed Completion Date: *05/01/2023*

Not Implemented 6/14/23

141a - Medical Evaluation

9. 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.

Description of Violation

Resident #5's medical evaluation, which was completed and signed by the medical professional on 2/20/23, indicates "see attached" under the medical diagnoses section; however, the attachment is dated 2/27/23, which was after the medical evaluation was completed. Also, the medication addendum section of resident #5's medical evaluation is blank. The attachment to resident #5's medical evaluation includes a list of medications; however, the attachment is dated 2/27/23, which is after the medical evaluation was completed.

Resident #6's medical evaluation indicates the in-person evaluation occurred on 1/23/23 and that the medical evaluation was completed and signed by the medical professional on 2/23/23. Resident #6's medical evaluation indicates "see attached" under the medical diagnoses section; however, the attachment is dated 2/27/23, which was after the medical evaluation was completed. Also, the medication addendum section of resident #6's medical evaluation is blank. The attachment to resident #6's medical evaluation includes a list of medications; however, the attachment is dated 2/27/23, which is after the medical evaluation was completed.

Plan of Correction ***Directed (04/06/2023)***

On 3/7/23, PCHA was made aware of changes necessary to DME forms for Residents #5 and #6 were improperly completed. On 3/8/23, PCHA contacted CRNP for amendment and signature to include diagnoses and medications as written on the DME forms, rather than as an attachment. On 3/8/23, PCHA received corrected DME forms for Residents #5 and #6 and these were appropriately filed as hard copies within their respective charts. Additionally, as of 1/9/23, monthly DME form audits were established in conjunction with associated admissions forms to track and forecast upcoming remediation. Additionally, as of 2/10/23, PCHA uses a working resident tracking document is updated with every admission to track DME forms to maintain accountability and compliance with regulation 2600.141a. Alternatingly, as of 3/8/23, PCHA and Wellness Director will be completing monthly DME audits to ensure details are not missed in review, as present remains minor differences, though differences are in process of being identified and remediated. On 3/9/23, PCHA and Wellness Director (all persons involved in the completion of resident DME) were provided education from NHA on process and importance of PA regulation 2600.141a. (DIRECTED: Documentation of the education shall be kept. 41/6/23). Results of DME audits and relevant issues will be reported to QAPI committee and results will be kept for reference and review. (DIRECTED: BY 5/1/23: The home shall conduct a quality management meeting. Documentation of the quality management meeting minutes shall be kept. 4/6/23).

Not Implemented 6/14/23

Directed Completion Date: *05/01/2023*

184a - Resident's Meds Labeled

10. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.

184a - Resident's Meds Labeled *(continued)*

5. The name and title of the prescriber.

Description of Violation

Resident #2 is prescribed Lidocaine 4% patch-Apply 1 patch to left hip once a day; however, the pharmacy label indicates Lidocaine 4% patch-Apply 1 patch to right rib for 14 days.

Resident #3 is prescribed Acetaminophen 500/25 mg-Take 2 tablets by mouth at bedtime; however, resident #3's pharmacy label does not include the prescribed dosage for this medication.

Resident #4 is prescribed Acetaminophen 500/25 mg-Take 2 tablets by mouth at bedtime; however, resident #4's pharmacy label does not include the prescribed dosage for this medication.

REPEAT VIOLATION: 6/30/2021, et. al.

Plan of Correction ***Directed (- 04/06/2023)***

On 3/8/23, PCHA received corrected DME forms for Residents #5 and #6 and these were appropriately filed as hard copies within their respective charts. Additionally, as of 1/9/23, monthly DME form audits were established in conjunction with associated admissions forms to track and forecast upcoming remediation. Additionally, as of 2/10/23, PCHA uses a working resident tracking document is updated with every admission to track DME forms to maintain accountability and compliance with regulation 2600.141a. Alternatingly, as of 3/8/23, PCHA and Wellness Director will be completing monthly DME audits to ensure details are not missed in review, as present remains minor differences, though differences are in process of being identified and remediated. On 3/9/23, PCHA and Wellness Director (all persons involved in the completion of resident DME) were provided education from NHA on process and importance of PA regulation 2600.141a. Results of DME audits and relevant issues will be reported to QAPI committee and results will be kept for reference and review.
184a:
*On 3/7/2023, Orders for Resident #2 were clarified to show "apply one patch to left topically one time a day for OSTEOARTHRITIS OF HIP and remove per schedule *REMOVE AFTER 8 HOURS*, so both pharmacy label and eMar display the same order.*
On 3/7/2023, Orders for Resident #3 were clarified to show "Tylenol PM Extra Strength Tablet 500-25 MG Give 2 tablets by mouth at bedtime for pain mild", so both pharmacy label and eMar display the same order.
On 3/7/2023, Orders for Resident #4 were clarified to show "ACETAMINOPHEN PM CAPLET Give 2 tablets (1000-50) by mouth at bedtime for bilateral hip pain", so both pharmacy label and eMar display the same order.
On 3/8/2023, PCHA and Wellness Director established more thorough Medication Cart and Pharmacy Label Audits to be conducted on a weekly basis for the next 60 days (from 3/8/2023) in collaboration with Quality Pharmacy Consultants. DON and NHA conducted education on 3/8/2023 to standardize pharmacy processes, provide education on best practices relative to Medication Cart maintenance and the importance of regulation 2600.184a as it applies to medication administration in personal care homes. Record of this education is to be kept for reference with ongoing oversight of audit process from DON and NHA for the prescribed 60 days ending 5/8/2023, and to occur biweekly thereafter on an ongoing basis without end. Results of cart audits will be reviewed and recorded in the monthly QAPI meeting and will be kept for reference. (DIRECTED: BY 5/1/23: The home shall conduct a quality management meeting. Documentation of the quality management meeting minutes shall be kept. 4/6/23).

184a - Resident's Meds Labeled (continued)

Directed Completion Date: *05/01/2023* **Not Implemented 6/14/23**

191 - Resident Right to Refuse

11. 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.

Description of Violation

There is no documentation present in resident #6's record indicating resident #6 has been educated on his right to question or refuse medication if the resident believes that there may be a medication error. Resident #6 was admitted to the home on

REPEAT VIOLATION: 6/30/2021, et. al.

Plan of Correction ***Directed - 04/06/2023)***

On 2/27/23, PCHA educated both Resident #6 and Resident #6's Family that resident has the right to refuse and/or question medications, and resident confirmed verbal understanding. On 3/5/23 Resident #6's Family returned admission packet with POA signing on resident's behalf. On 2/27/23, Resident #6's family specifically requested that Resident #6 not be overwhelmed by paperwork due to an emotionally fragile state having recently lost a spouse. On 3/7/23, PCHA found out that this is not acceptable, and remedied by providing Resident Education to outline the right to refuse and/or question any medications provided and acquired resident signature following education of resident right to refuse medication and was immediately placed in the resident's hard chart. On 3/8/23 a form titled "New Admission Checklist" was implemented for all current and oncoming residents to the home. (DIRECTED: Copies of the completed new admission checklists, as well as copies of the acknowledgements that residents have been educated on their right to refuse or question a medication if they believe it to be an error, shall be kept in each newly-admitted resident's record. 4/6/23).
Additionally, PCHA on 3/8/23, completed an audit of all "Right to Refuse" medication addenda contained within the admissions packets to ensure total completeness and appropriate signatures. As of 3/8/22, PCHA will maintain this as a monthly audit to be included with all new admissions as they occur, with monthly review and record in QAPI meetings and will be kept for reference. (DIRECTED: BY 5/1/23: The home shall conduct a quality management meeting. Documentation of the quality management meeting minutes shall be kept. 4/6/23).

Directed Completion Date: *05/01/2023* **Not Implemented 6/14/23**

224a - Preadmission Screen Form

12. 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.

224a - Preadmission Screen Form *(continued)*

Description of Violation

Resident #6 was admitted to the home on however, resident #6's preadmission screening was completed on 2/28/23.

Resident #7's preadmission screening, dated 2/15/23, indicates "see attached" under the medical, psychological, and behavioral section; however, nothing is attached. Also, resident #7's preadmission screening does not include an assessment of resident #7's ability to safely use and avoid poisonous materials. This section of the preadmission screening is blank.

REPEAT VIOLATION: 6/30/2021, et. al.

Plan of Correction ***Directed - 04/06/2023)***

On 3/8/23, PCHA reviewed Residents #6 and #7 for completeness. On 3/8/23, PCHA amended Resident #6's Prescreen to reflect an initial evaluation date of 2/20/23 when Resident #6 came to the PCH to evaluate rooms best suited and to meet staff. As of 3/20/23, there has been no notable change in condition with Resident #6, and PCHA has not changed anything from the initial prescreen documentation.
On 3/8/23, PCHA reviewed Resident #7's Prescreen. On 3/8/23, Resident #7's Prescreen was amended to reflect associated medical, physical and psychological diagnoses as were present at time of admission to PCH on 2/20/23, as well as the confirmation that Resident #7's ability to safely use and avoid poisonous materials.
On 3/8/23, PCHA conducted an initial Prescreen audit to ensure completeness of all necessary items contained within the form. Following this initial audit on 2/27/23, Prescreen completion is tracked alongside all other admissions documents, to include highlighting mobility and supervision. As of 2/27/23, PCHA will track month over month as admissions occur and will be reviewed on the last Friday of each month. Additionally, education and remediation was provided to PCHA and Wellness Director on the necessity and importance of regulation 2600.224a on 3/10/2023. On 3/8/23, a form "New Admission Checklist" was established to drive all current residents and future admissions as implemented by Wellness Director and PCHA. (DIRECTED: Copies of the completed new admission checklists, as well as copies of the completed preadmission screenings, shall be kept in each newly-admitted resident's record. 4/6/23). Documentation of all education will be kept. Results of the abovementioned audits will be reviewed and recorded at monthly QAPI meetings and will be kept for future reference. (DIRECTED: BY 5/1/23: The home shall conduct a quality management meeting. Documentation of the quality management meeting minutes shall be kept. 6/23).

Directed Completion Date: *05/01/2023* **Not Implemented 6/14/23**

226a - Mobility Assessment

13. Requirements

2600.
226.a. The resident shall be assessed for mobility needs as part of the resident's assessment.

Description of Violation

Resident #2's most recent assessment, dated 1 indicates the resident is independent with mobility; however, resident #2 requires oral assistance to evacuate in an emergency.

226a - Mobility Assessment *(continued)*

Plan of Correction ***Directed (- 04/06/2023)***

On 2/27/23, PCHA began to compile and complete an electronic tracking mechanism to compile mobility and supervision designations across all DME, Prescreen and RASP documents. On 3/20/23, PCHA, Wellness Director and CRNP in IDT meeting confirmed that resident would need verbal supervision in the event of an emergent situation. On 3/24/23, PCHA and Wellness Director conferred to amend Resident #2'a DME form to indicate "minimal" supervision is required and PCHA documented this change on a DME form. Additionally, on 3/20/23, upon completion of consolidation on an electronic tracking document, a monthly audit is intended to occur, coinciding with an original tracking mechanism implemented upon 1/9/23 by PCHA upon hire, to maintain more consistent accuracy and current understanding of resident status. PCHA will conduct these monthly mobility and supervision audits from the date of 3/20/23, and will confer with Wellness Director and Head Aide monthly to ensure accuracy in reporting. On 3/8/23, PCHA and Wellness Director were provided education by NHA to clarify and assist in maintaining compliance with regulation 2600.226a. Record of education to be kept with monthly audit instance. Results of audits will be reviewed and recorded in the monthly QAPI meeting. (DIRECTED: BY 5/1/23: The home shall conduct a quality management meeting. Documentation of the quality management meeting minutes shall be kept. 4/6/23).

DIRECTED: Within 72 hours of receipt of the plan of correction: The administrator shall update resident #2's assessment to accurately reflect resident #2's current mobility needs. A copy of the updated assessment shall be kept in resident #2's record. LM 4/6/23)

Directed Completion Date: *05/01/2023* **Not Implemented 6/14/23**

227d - Support Plan Medical/Dental

14. 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 uses a bed enabler for positioning and transferring; however, this is not indicated on resident #1's support plan, dated 2/17/23.

REPEAT VIOLATION: 6/30/2021, et. al.

Plan of Correction ***Directed (04/06/2023)***

On 3/8/2023, PCHA and Wellness Director conducted review and updated completion of Resident #1's use of bed enabler for positioning and transfer- to include explanation and education for Resident #1 of the dangers of entrapment present when bed enabler is uncovered. In this same meeting, Resident #1 confirmed verbal understanding of these risks, and complied with safety measures to include removal of bed enabler bar until an appropriate cover arrives to facility. On 3/8/23, the inclusion of use of bed enabler bar for positioning and transfer is included within Resident #1's RASP to more accurately reflect continued use. As of 3/9/23, all resident RASPs were documented on an electronic tracking mechanism (excel file) to highlight any and all needs and amendment

227d - Support Plan Medical/Dental (continued)

process was begun. From the date of 3/8/23, weekly visual surveys of use of bed enabler bars will be conducted by PCHA and Wellness Director. On 3/10/2023, NHA provided education to PCHA and Wellness Director as to the importance of proper use and record of bed enabler bars and the liability of use without covering. An audit of all rooms and bed enabler bars for 60 days from 3/8/23 is set to occur and will be recorded alongside education as provided per NHA. Following the initial 60-day audit, on 5/8/2023, the Wellness Director and PCHA will continue to conduct weekly audits on an ongoing basis without end. Results of these audits will be reviewed and recorded in the monthly QAPI meeting and will be kept for future reference. (DIRECTED: BY 5/1/23: The home shall conduct a quality management meeting. Documentation of the quality management meeting minutes shall be kept. LM 4/6/23).

DIRECTED: By 5/1/23: The home shall develop and implement policies and procedures for updating resident assessments and support plans as resident care needs change. All staff persons involved in the completion of resident assessments and support plans shall be educated on the new procedures by 5/1/23. Documentation of the education shall be kept. █ 4/6/23

Directed Completion Date: *05/01/2023*

Not Implemented 6/14/23 █