pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: AUGUST 4, 2023

[redacted]
Whitemarsh House, Inc.
31 West Mill Road
P.O. Box 301
Flourtown, Pennsylvania 19031

RE: Whitemarsh House
31 West Mill Road
Flourtown, Pennsylvania 19031
License #: 127861

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection January 11, 2023 and March 21, 28, and April 3, 4, 5, 6, and 11, 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), the Department hereby REVOKES your certificate of compliance 127860 dated September 13, 2022 to September 13, 2023 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. The license dated September 13, 2022 to September 13, 2023 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from August 4, 2023 to February 4, 2024.

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.

[redacted]

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	Fine Per Resident X Per day	Calculated Fine = Per Day	Mandated Correction Date (to avoid Fine)
16c	II	6	$5	$30	5 calendar days from mailing date of this letter
187a	II	6	$5	$30	5 calendar days from mailing date of this letter
187d	II	6	$5	$30	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 FIRST 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.

Mr. James O'Shea, Chairman

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[redacted], Workload Manager
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: [redacted]

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

Facility Information

Name: *WHITEMARSH HOUSE* **License #:** *12786* **License Expiration:** *09/13/2023*

Address: *31 WEST MILL ROAD, FLOURTOWN, PA 19031*

County: *MONTGOMERY* **Region:** *SOUTHEAST*

Administrator

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

Legal Entity

Name: *WHITEMARSH HOUSE INC.*

Address: *PO BOX 301, 31 WEST MILL ROAD, FLOURTOWN, PA, 19031*

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

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: **Total Daily Staff:** *9* **Waking Staff:** *7*

Inspection Information

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

Reason: *Complaint, Incident, Monitoring* **Exit Conference Date:** *04/06/2023*

Inspection Dates and Department Representative

03/21/2023 - On-Site: [redacted]
03/28/2023 - Off-Site: [redacted]
04/03/2023 - Off-Site: [redacted]
04/04/2023 - Off-Site: [redacted]
04/05/2023 - Off-Site: [redacted]
04/06/2023 - On-Site: [redacted]
04/11/2023 - Off-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *26* **Residents Served:** *6*

Secured Dementia Care Unit

In Home: *No* **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *5* **Are 60 Years of Age or Older:** *1*

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

Have Mobility Need: *3* **Have Physical Disability:** *0*

Inspections / Reviews

03/21/2023 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/30/2023*

05/03/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *06/14/2023*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/08/2023*

05/11/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *06/14/2023*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *06/09/2023*

06/**30**/2023 - **Document Submission**

Submitted By: [redacted] **Date Submitted**: *06/14/2023*

Reviewer: [redacted] **Follow-Up Type**: *Enforcement*

15a - Resident Abuse Report

1. Requirements

2600.
15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On or around [redacted]/22, resident #1 was found to be put in the sofa in a position that did not allow the resident to get up independently in the home. A seat cushion was removed from the sofa and the resident was made to sit on the sofa where the cushion had been removed in a position that did not allow the resident to get up independently. The resident was put in that position as a form of punishment for misbehavior. This incident was reported to staff person A on or around [redacted]/22. However, this allegation of abuse was not reported in accordance with the Older Adult Protective Services Act.

On[redacted]/23, resident #2 [redacted] resident #3 against resident #3's will. This was witnessed by staff person B. This incident was reported to staff person A on 2/10/23. However, this allegation of abuse was not reported in accordance with the Older Adult Protective Services Act.

Plan of Correction ***Accept [redacted] - 05/10/2023)***

The Executive Director or designated person will ensure that all reports of suspected abuse or neglect of a resident are immediately reported to the proper agencies in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27.

Executive Director held a staff training on 4/11/23, all staff verbally informed about mandatory reporting of suspected abuse or neglect. Staff also re-trained on Resident Rights.

Audits on staff reporting and documentation will be conducted monthly by the Case Manager or designated person beginning May 31, 2023 for quarterly meetings by the Executive Director. Quarterly Meetings will be held In July, October and December 2023.

Licensee's Proposed Overall Completion Date: *06/05/2023*

Not Implemented ([redacted] - 06/30/2023)

15d - Resident Abuse-Notification

2. Requirements

2600.
15.d. The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

Description of Violation

On or around [redacted]/22, the home received a report of suspected abuse involving resident #1. The home did not notify the resident and the resident's designated person.

Plan of Correction ***Accept [redacted] - 05/10/2023)***

The Executive Director or designated person will ensure that all reports of suspected abuse or neglect of a resident are immediately reported to the proper agencies in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27. All designated persons will also be notified immediately.

15d - Resident Abuse-Notification (continued)

Executive Director held a staff training on 4/11/23, all staff verbally informed about mandatory reporting of suspected abuse or neglect. Staff also re-trained on Resident Rights.
Audits on staff reporting and documentation will be conducted monthly by the Case Manager beginning May 31, 2023, for quarterly meetings by the Executive Director. Quarterly meetings will be held in October and December 2023.

Licensee's Proposed Overall Completion Date: *06/05/2023*

Not Implemented [redacted] - 06/30/2023)

16c - Written Incident Report

3. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On or around [redacted]/22, resident #1 was found to be put in the sofa in a position that did not allow the resident to get up independently in the home. A seat cushion was removed from the sofa and the resident was made to sit on the sofa without the cushions in a position that did not allow the resident to get up independently. The resident was put in that position as a form of punishment for misbehavior. This incident was reported to staff person A on or around [redacted]/22. The home did not report this incident to the department.

Repeat Violation: 8/24/21

Plan of Correction ***Accept [redacted] - 05/10/2023)***

The Executive Director or designated person will ensure that all reports of suspected abuse or neglect of a resident are immediately reported to the proper agencies in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27. All staff have been verbally re-educated on 4/11/23 about reporting suspected abuse or neglect immediately.

Executive Director held a staff training on 4/11/23, all staff verbally informed about mandatory reporting of suspected abuse or neglect. Staff also re-trained on documentation for reporting and Resident Rights

Executive Director also re-educated herself online with OAPSA website and is now educated on all reporting methods for OAPSA, both verbal and written documentation.

Audits on staff reporting and documentation will be conducted monthly by the Case Manager beginning 5/31/23, for reporting at quarterly meetings by the Executive Director. Meetings will be held July, October and December 2023 and will cover a review of audits and any documentation for done for suspected abuse.

Executive Director will also look for Written Incident reporting training from an outside source to present training for all staff in the area of Abuse/Neglect and Reporting. Training will be for June 30, 2023 Staff meeting.

16c - Written Incident Report (continued)

Licensee's Proposed Overall Completion Date: *06/30/2023*

Not Implemented ([redacted] - 06/30/23)

17 - Record Confidentiality

4. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 4/6/23, the assessment and support plans for all residents of the home were unlocked, unattended, and accessible on a shelf behind the nurses' station.

Plan of Correction ***Accept ([redacted] - 05/11/2023)***

The Executive Director or designated person will ensure that all resident Assessments and Support Plans are locked in a secured cabinet that is locked behind the Direct Care Staff work desk with the Key for the lock being locked inside a locked key box located on the first floor of the facility that is still accessible in emergencies, but not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Executive Director held a staff training on 4/11/23 to verbally educate all staff on the importance of confidentiality and to understand where and how to access the records when needed and understanding the importance of keeping the records secured at all times in the locked cabinet.

The Executive Director will also add the Record of Confidentiality to the monthly Administrative Environmental rounds sheet for monthly audits beginning in May 31, 2023. The Executive Director of Nurse will also conduct random checks beginning May 5, 2023.

The cabinet for records storage being locked at all times will be added to the Health and Safety check list and Staff will also be responsible for a daily check ensuring that the cabinet is locked at all times.

Licensee's Proposed Overall Completion Date: *05/31/2023*

Not Implemented ([redacted] - 06/30/2023)

20b1 - Financial Records

5. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

20b1 - Financial Records *(continued)*

1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home manages the finances for all residents in the home. However, the home does not keep a record of financial transactions for each resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Plan of Correction ***Accept [redacted] - 05/11/2023)***

The Executive Director will ensure that all financial information for each resident is recorded on the Adult Residential Licensing -Personal Care Homes Record of Financial Transaction form beginning May 3, 2023.

Monthly audits will be conducted by the Executive Director or designated person beginning June 1, 2023. Audits will consist of making sure all resident transactions add up to what each resident has spent. Monthly audits will be ongoing to ensure compliance.

Quarterly audits will be conducted by the Executive Director beginning with Quarter 2 in July 2023. Quarterly audits will consist of reviewing all documentation form the monthly audits and ensuring that all paperwork is accurate and will be added to the quarterly meeting agenda for review during the meetings in July, October and December 2023.

Licensee's Proposed Overall Completion Date: *06/05/2023*

Implemented ([redacted] - 06/30/2023)

20b3 - Written Receipts

6. Requirements

2600.
20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:
3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

The home disburses weekly allowances to all residents. However, the home did not obtain the residents' signatures for the receipt of the disbursements on 3/1/23, 3/8/23, 3/15/23, and 3/22/23.

Plan of Correction ***Accept ([redacted] - 05/11/2023)***

The Executive Director will ensure that all financial transactions made weekly for each resident is recorded on the Record of financial transactions form and each resident that receives weekly money will sign for it beginning May 3, 2023.

Monthly audits will be conducted by the Executive Director or a designated person, beginning June 1, 2023 and Quarterly reviews will be conducted by the end of July, October, and December by the Executive Director for the quarterly meeting which will consist of ensuring that all financial transactions for each resident are signed for, have receipts to match the date and amount of any purchase made for a resident, and that all monies for each resident amount to what the resident has spent.

20b3 - Written Receipts (continued)

Monthly audits will be ongoing to ensure compliance and Quarterly meeting will be held by the end of July, October and December 2023, for review and to maintain compliance.

Licensee's Proposed Overall Completion Date: *06/05/2023*

Implemented ([redacted] - 06/30/2023)

20b4 - Use of Funds

7. Requirements

2600.
20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:
4. Resident funds and property shall only be used for the resident's benefit.

Description of Violation

Funds for the home's residents are kept in one bank account. Resident funds were used to make debit purchases on [redacted]/23 at Wawa in the amount of $58.99 and on [redacted]/23 at Wawa in the amount of $50.57. There are no receipts for these purchases or any indication of which resident the purchases were for. Staff person A could not explain the purchases.

Plan of Correction ***Accept ([redacted] 05/11/2023)***

The Executive Director has been verbally educated during the state visit on 4/6/23, and will ensure that all purchases made for each resident are recorded on the Record of financial transactions form and have receipts attached for each transaction made. All paperwork will be maintained in a more organized manner.

The Executive Director will ensure that all financial transactions made weekly for each resident is recorded on the Record of financial transactions form and each resident that receives weekly money will sign for it beginning May 3, 2023.

Monthly audits will be conducted by the Executive Director or a designated person, beginning June 1, 2023 and Quarterly reviews of the audits will be conducted by the end of July, October, and December by the Executive Director and administrative staff.

Quarterly audits will consist of ensuring that all financial transactions for each resident are signed for, have receipts to match the date and amount of any purchase made for a resident, and that all monies for each resident amount to what the resident has spent.

Monthly audits will be ongoing to ensure compliance and Quarterly meeting will be held by the end of July, October and December 2023, for review and to maintain compliance.

Licensee's Proposed Overall Completion Date: *06/05/2023*

Implemented ([redacted] - 06/30/2023)

20b5 - No Commingling

8. Requirements

2600.
20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:
5. Commingling of resident funds and home funds is prohibited.

Description of Violation

Money for all residents of the home is held in a business savings account that belongs to the home.

Plan of Correction ***Accept (- 05/11/2023)***

The Executive Director has been verbally educated during the state visit on 4/6/23, and will ensure that all resident monies are kept in an account that has recorded transactions for each deposit and withdrawal for each resident. The record of financial transactions will be used to ensure that each resident's fund matches the financial record. The Finances will begin on the ARL-Transaction form beginning 5/3/23.

The Executive Director will ensure that all financial transactions made weekly for each resident is recorded on the Record of financial transactions form and each resident that receives weekly money will sign for it beginning May 3, 2023.

Monthly audits will be conducted by the Executive Director or a designated person, beginning June 1, 2023 and Quarterly reviews of the audits will be conducted by the end of July, October, and December by the Executive Director and administrative staff for the quarterly meetings.

Quarterly review of the monthly audits will consist of ensuring that all financial transactions for each resident are signed for, have receipts to match the date and amount of any purchase made for a resident, and that all monies for each resident amount to what the resident has spent.

The Quarterly meetings with the Executive staff will consist of all the monthly reviews and will be discussed during the Quarterly meetings in July, October and December to ensure and maintain compliance.

Licensee's Proposed Overall Completion Date: *06/05/2023*

Implemented - 06/30/2023)

20b8 - Quarterly Account

9. Requirements

2600.
20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

20b8 - Quarterly Account *(continued)*

8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

Residents of the home do not receive a quarterly account of financial transactions.

Plan of Correction ***Accept (05/11/2023)***

The Executive has been verbally educated during the state visit on 4/6/23, and will ensure that all purchases made for each resident are recorded on the Record of financial transactions form and have receipts attached for each transaction made, and each resident and the resident's designated person, will get an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

The Executive Director will ensure that all financial transactions made weekly for each resident is recorded on the Record of financial transactions form and each resident that receives weekly money will sign for it beginning May 3, 2023.

Monthly audits will be conducted by the Executive Director or a designated person, beginning June 1, 2023 and Quarterly reviews of the audits will be conducted by the end of July, October, and December by the Executive Director and administrative staff for the quarterly meetings.

Quarterly review of the monthly audits will consist of ensuring that all financial transactions for each resident are signed for, have receipts to match the date and amount of any purchase made for a resident, and that all monies for each resident amount to what the resident has spent.

The Quarterly meetings with the Executive staff will consist of all the monthly reviews and will be discussed during the Quarterly meetings in July, October and December to ensure and maintain compliance.

20b8 - Quarterly Account (continued)

Licensee's Proposed Overall Completion Date: *06/05/2023*

Implemented ([redacted] - 06/30/2023)

20b9 - Record Keeping

10. Requirements

2600.
20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:
9. A copy of the itemized account shall be kept in the resident's record.

Description of Violation

There is no copy of the quarterly account of financial transactions for any residents of the home.

Plan of Correction ***Accept [redacted] - 05/11/2023)***

The Executive Director has been verbally educated during the state visit on 4/6/23 and will ensure that a copy of the quarterly account of the residents itemized account shall be kept in the resident's record. All paperwork will be managed in a more organized manner.

The Record of financial transactions form will be used for each resident that receives weekly money to sign for it beginning May 3, 2023.

Monthly audits will be conducted by the Executive Director or a designated person, beginning June 1, 2023 and Quarterly reviews of the audits will be conducted by the end of July, October, and December by the Executive Director and administrative staff for the quarterly meetings.

Quarterly review of the monthly audits will consist of ensuring that all financial transactions for each resident are signed for, have receipts to match the date and amount of any purchase made for a resident, and that all monies for each resident amount to what the resident has spent.

The Quarterly meetings with the Executive staff will consist of all the monthly reviews and will be discussed during the Quarterly meetings in July, October and December to ensure and maintain compliance.

20b9 - Record Keeping (continued)

Licensee's Proposed Overall Completion Date: *06/05/2023*

Implemented [redacted] - 06/30/2023)

42b - Abuse

11. Requirements

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

Description of Violation

Staff at the home put resident #1 "in the hole" as a form of discipline on more than one occasion including sometime on or around [redacted]/22. "The hole" is a low sitting sofa with the seat cushions removed to restrict the resident from being able to get up. Staff also take resident #1's sneakers and glasses away to punish the resident. The glasses resident #1 wears are only frames, but staff person A explained that when resident #1 does not have the glasses, the resident becomes very upset and begins to exhibit "behaviors" such as "cursing and acting up".

On [redacted]/23, resident #2 [redacted] resident #3 against resident #3's will. This was witnessed by staff person B. Resident #3 has a 1:1 who was not present at the time. Resident #2 has a history of sexually inappropriate behavior and did not have a 1:1 in place. After the residents were separated, resident #2 expressed repeatedly that [redacted] would do this again. Resident #2 was then allowed to move freely around the home without any supervision to protect the other residents of the home.

The home has a business savings account where money for all residents is kept. The money is sent to the home by residents' families. There are purchases on the March 2023 bank statement that were not for the benefit of the residents. The bank statement shows the account was used to make debit purchases on [redacted]/23 at Wawa in the amount of $58.99, and on [redacted]/23 at Wawa in the amount of $50.57. Staff person A could not explain the purchases and there were no receipts.

Plan of Correction ***Accept [redacted] - 05/11/2023)***

The Executive Director or designated person will ensure that all reports of suspected abuse or neglect of a resident are immediately reported to the proper agencies in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27.

42b - Abuse (continued)

All staff have been verbally re-educated on 4/11/23 by the Executive Director during a Staff Training about reporting suspected abuse or neglect immediately and the use of re-direction.

Audits on staff reporting and documentation will be conducted monthly by the Case Manager for reporting and documentation beginning May 31, 2023.

The Executive Director will report and document all audit reviews at quarterly meetings held in July, October and December 2023.

Executive Director will also look for Abuse reporting training from an outside source to present training.

Licensee's Proposed Overall Completion Date: *06/05/2023*

Not Implemented (- 06/30/2023)

42p - Restraints

12. Requirements

2600.
42.p. A resident shall be free from restraints.

Description of Violation

Staff at the home put resident #1 "in the hole" as a form of discipline for misbehavior on more than one occasion including sometime on or around /22. "The hole" is a low sitting sofa with the seat cushions removed to restrict the resident from being able to get up independently.

According to staff person C, the home routinely uses "pro re nata" (PRN) medications to control residents' behaviors.

Plan of Correction ***Accept - 05/11/2023)***

The Executive Director held a staff training on 4/11/23, to retrain staff on Abuse and Neglect, Reporting, proper documentation and redirection of residents exhibiting behaviors to ensure that all resident's are in an environment where they are safe and not neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

A resident meeting was conducted on 4/24/23 with all residents with the Executive Director and the Nurse to verbally remind and inform all residents about their rights and reporting any type of behavior that feels like abuse or neglect.
All residents were also informed by the Executive Director that a memory board of all employees with their picture and name will be posted on a display board so that they can remember who each staff person is by name. The memory board will be completed by the end of May 2023.

42p - Restraints (continued)

A new Case Manager has been hired and will begin employment on 5/8/23. The Case Manager will conduct monthly 1:1 meetings with each resident to discuss how the resident is feeling and if there are any concerns to address. Outside of the monthly meeting, all residents have been verbally informed that they are able to meet with the Case Manager, Nurse, or Executive Director at any time if there is a concern that they need to address in private.

During the course of each monthly staff training, Abuse training will continue to be included on the training agenda.

Audits on staff reporting and documentation will be conducted monthly by the Case Manager for reporting and documentation beginning May 31, 2023.

The Executive Director will report and document all reviews of monthly audits at quarterly meetings held in July, October and December 2023.

Executive Director will also look for Abuse reporting training from an outside source to present training.

Licensee's Proposed Overall Completion Date: *06/05/2023*

Not Implemented [redacted] - 06/30/2023)

43b - Resident Rights Rewarded

13. Requirements

2600.
43.b. A resident's rights may not be used as a reward or sanction.

Description of Violation

Staff at the home take resident #1's sneakers to punish the resident. The resident has a right to footwear regardless of [redacted] compliance with the home's behavioral request.

Plan of Correction ***Accept [redacted] - 05/11/2023)***

The Executive Director held a staff training on 4/11/23, to retrain staff on Abuse and Neglect, Reporting, proper documentation and redirection of residents exhibiting behaviors to ensure that all resident's are in an environment where they are safe and not neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

A resident meeting was conducted on 4/24/23 with all residents with the Executive Director and the Nurse to verbally remind and inform all residents about their rights and reporting any type of behavior that feels like abuse or neglect.
All residents were also informed by the Executive Director that a memory board of all employees with their picture and name will be posted on a display board so that they can remember who each staff person is by name.

The memory board will be completed by the end of May 2023.

43b - Resident Rights Rewarded (continued)

A new Case Manager has been hired and will begin employment on [redacted]23. The Case Manager will conduct monthly 1:1 meetings with each resident to discuss how the resident is feeling and if there are any concerns to address. Outside of the monthly meeting, all residents have been verbally informed that they are able to meet with the Case Manager, Nurse, or Executive Director at any time if there is a concern that they need to address in private.

During the course of each monthly staff training, Abuse training will continue to be included in the training. Audits on staff reporting and documentation will be conducted monthly by the Case Manager for reporting and documentation beginning May 15, 2023.

The Executive Director will report and document all reviews of monthly audits at quarterly meetings held In July, October and December 2023.

Executive Director will also look for Abuse reporting training from an outside source to present training.

Licensee's Proposed Overall Completion Date: *06/05/2023*

Not Implemented [redacted] - 06/30/2023)

51 - Criminal Background Check

14. 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 B was hired on [redacted]/23. The criminal background check was not completed until [redacted]/23.

Staff person D was hired on [redacted]/23. The criminal background check was not completed until [redacted]/23.

Repeat Violation: 8/24/21

51 - Criminal Background Check *(continued)*

Plan of Correction ***Accept [redacted] - 05/11/2023)***

The Executive Director will ensure that the facility remains in compliance with 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). have a completed background check prior to beginning their first day of employment.

The Executive Director will hire an Administrative Assistant to be tasked with ensuring that all background checks are completed prior to the first day of employment for a new hire. The Administrative Assistant will be hired by [redacted] 2023.

The Administrative Assistant will be tasked with ensuring that all employee files are audited on a monthly basis, and that all information on the audit form is in each employees file, the Executive Director will assume these duties until the Administrative Assistant is hired and trained.

The Executive Director will conduct monthly reviews on the Audits that will begin 6/1/23 and Quarterly reviews of the audits will be conducted by the end of July, October, and December during the quarterly meetings with the Executive Staff to maintain compliance.

Licensee's Proposed Overall Completion Date: *06/30/2023*

Implemented ([redacted] - 06/30/2023)

62 - Contact List

15. Requirements

2600.
62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

Staff person A, the administrator, does not maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Plan of Correction ***Accept [redacted] - 05/11/2023)***

The Executive Director has completed a current employee list on 4/12/23, and will ensure that it is updated each time a employee is hired or is no longer employed.

Licensee's Proposed Overall Completion Date: *05/04/2023*

Implemented [redacted] - 06/30/2023)

65a - FS Orientation 1st Day

16. 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.

65a - FS Orientation 1st Day *(continued)*

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.

Description of Violation

Staff person B, whose first day of work was [redacted]/23, and staff person D, whose first day of work was [redacted]/23 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.

Plan of Correction ***Accept [redacted] - 05/11/2023)***

The executive or designated person will ensure that all new hires are trained 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.

The Executive Director will hire an administrative assistant to be tasked with ensuring that all new hires have all documentation completed prior to the first day of employment or on the first day of employment.

The Administrative Assistant will be hired by the end of [redacted] 2023.

The Administrative Assistant will be tasked with ensuring that all new employee files are audited prior to the first day of employment and that all information on the audit form is in each employees file.

The Executive Director will be responsible for all new hire documentation until and Administrative Assistant is hired and trained. A new hire checklist will be used to ensure that all new hires have completed an orientation in general fire safety and emergency preparedness.

65a - FS Orientation 1st Day (continued)

The Executive Director will conduct monthly checks on the Audits that will begin 6/1/23 and Quarterly reviews of the audits will be conducted by the end of June, September, and December at the quarterly meetings.

Licensee's Proposed Overall Completion Date: *06/05/2023*

Not Implemented [redacted] - 06/30/2023)

65b - Rights/Abuse 40 Hours

17. 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

Staff person B, whose first day of work was [redacted]/23, and staff person D, whose first day of work was [redacted]/23, did not complete training in the following topics:

(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.

Plan of Correction ***Accept [redacted] - 05/11/2023)***

The executive or designated person will ensure that all new hires 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.

The Executive Director will hire an administrative assistant to be tasked with ensuring that all new hires have all

65b - Rights/Abuse 40 Hours (continued)

documentation completed prior to the first day of employment or on the first day of employment.

The Administrative Assistant will be hired by [redacted] 2023.

The Administrative Assistant will be tasked with ensuring that all new employee files are audited prior to the first day of employment and that all information on the audit form is in each employees file.

The Executive Director will be responsible for all new hire documentation until and Administrative Assistant is hired and trained. A new hire checklist will be used to ensure that all new hires have completed an orientation that includes Residents Rights/Abuse and 40 hours training.

The Executive Director will conduct monthly checks on the Audits that will begin 6/1/23 and Quarterly reviews of the audits will be conducted by the end of July, October, and December at the quarterly meetings with the Executive staff.

Licensee's Proposed Overall Completion Date: *06/05/2023*

Not Implemented [redacted] - 06/30/2023)

65f - Training Topics

18. Requirements

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff persons C and E did not receive training in the following topics during training year 2022:
(1) Medication self-administration training.
(2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
(3) Care for residents with dementia and cognitive impairments.
(4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
(5) Personal care service needs of the resident.

65f - Training Topics (continued)

(6) Safe management techniques.
(7) Care for residents with mental illness

Plan of Correction ***Accept ([redacted] - 05/11/2023)***

The executive Director will ensure that all employees complete all training topics for the annual training for direct care staff persons to include the following:
1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

The Executive Director held a staff training on 4/11/23, all staff were verbally informed about mandatory annual training and that all employees must have training. If a training is missed it has to be made up immediately.

A annual training checklist will be completed for each employee.

All trainings will be kept in a file that the Executive Director will be responsible for maintaining an up to date list of who is missing a training or needs training to maintain compliance.

Monthly Audits will be conducted by the Executive Director beginning 5/31/23, until the Administrative Assistant is hired and trained. The quarterly review of the audits will be conducted by the end of July, October, and December for discussion and review at the quarterly meeting held by the Executive Director with the Executive staff.

Licensee's Proposed Overall Completion Date: *06/05/2023*

Not Implemented [redacted] - 06/30/2023)

65g - Annual Training Content

19. 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.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.

65g - Annual Training Content *(continued)*

Description of Violation

Staff persons C and E did not receive training in the following topics during training year 2022:
(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
(2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
(3) Resident rights.
(4) The Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102).
(5) Falls and accident prevention.

Plan of Correction ***Accept [redacted] - 05/11/2023)***

The executive Director will ensure that all employees complete all training topics for the annual training for direct care staff persons to include the following:
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.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.

The Executive Director held a staff training on 4/11/23, all staff were verbally informed about mandatory annual trainings and that all employees must have training. If a training is missed it has to be made up immediately.

A annual training checklist will be completed for each employee.

All trainings will be kept in a file that the Executive Director will be responsible for maintaining an up-to-date list of who is missing a training or needs training to maintain compliance.

Monthly Audits will be conducted by the Executive Director beginning 5/31/23, until the Administrative Assistant is hired and trained. The quarterly review of the audits will be conducted by the end of July, October, and December for discussion and review at the quarterly meeting held by the Executive Director with the Executive staff.

65g - Annual Training Content (continued)

Licensee's Proposed Overall Completion Date: *06/05/2023*

Not Implemented ([redacted] 06/30/2023)

82c - Locking Poisonous Materials

20. Requirements

2600.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 4/6/23, a can of Lysol Spray and a bottle of 70% alcohol, with a manufacture's label indicating "if swallowed get help of contact Poison Control Center right away", was unlocked, unattended, and accessible to residents on the nurses' station counter. Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

On 4/6/23, a bottle of 70% alcohol, with a manufacture's label indicating "if swallowed get help of contact Poison Control Center right away", was unlocked, unattended, and accessible to residents by the half kitchen door in the dining room. Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

Plan of Correction ***Accept ([redacted] - 05/11/2023)***

The Executive director verbally educated all staff again on 4/11/23, during the monthly staff meeting about Poisonous
materials being kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

All staff will make sure that all products with a manufacture's label indicating "if swallowed contact Poison Control immediately are properly locked away or stored away from residents.

The director of nursing will ensure all residents will be assessed by their PCP during their annual physicals if they are capable of recognizing and using poisons safely, beginning 5/1/23.

The executive director has implemented a checklist for Direct Care staff to conduct daily room and bathroom checks on each shift to make sure that all products are stored/locked away properly and staff was re-trained on 4/11/23 to begin use of the checklist again.

The executive director or designated person will conduct random spot checks at least once a week to ensure

82c - Locking Poisonous Materials (continued)

continued compliance that began on 5/1/23.

Monthly Audits of the checklist completed by direct care staff will begin May 1, 2023 and will be reviewed by the Executive Director during the Quality management meetings each quarter beginning with quarter in July, October and December.

Licensee's Proposed Overall Completion Date: *06/05/2023*

Not Implemented [redacted] - 06/30/2023)

89b - Hot Water Temperature

21. Requirements

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 3/21/23, the hot water temperature at the bathroom sink in the first floor bathroom measured 123.2 degrees Fahrenheit.

Plan of Correction ***Accept [redacted] - 05/11/2023)***

The Executive director provided another verbal education to the safety officer on 4/11/23, regarding hot water temperature in areas accessible to the residents not exceeding 120°F.

The safety officer will be responsible for conducting checks twice each week to ensure that all hot water temperatures remain at the correct levels at all times for compliance. The maintenance environmental safety checklist will be used to maintain compliance.
The checklists will be reviewed during the Quality management meetings each quarter beginning with quarter 2 in July.

Licensee's Proposed Overall Completion Date: *06/05/2023*

Not Implemented [redacted] - 06/30/2023)

141a 1-10 Medical Evaluation Information

22. Requirements

2600.

141a 1-10 Medical Evaluation Information *(continued)*

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 did not include the type of evaluation, date, special health or dietary needs, and immunization history.

Resident #4's medical evaluation dated [redacted]/22 did not include immunization history and body positioning/movement.

Plan of Correction ***Accept [redacted] - 05/03/2023)***

The Executive Director provided verbal education to the nursing director on 1/16/23, regarding all residents having 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:
A general physical examination by a physician, physician's assistant or nurse practitioner.
Medical diagnosis including physical or mental disabilities of the resident, if any.
Medical information pertinent to diagnosis and treatment in case of an emergency.
Special health or dietary needs of the resident.
Allergies.
Immunization history.
Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
Body positioning and movement stimulation for residents, if appropriate.
Health status.
Mobility assessment updated annually or at the Department's request.
The nurse will ensure that all medical evaluations completed after 1/16/23 are in compliance.
The Nursing director has implemented a checklist that is completed for every new admission that began on 2/1/23.
The Clinical Director or the PCHA will conduct monthly checks that began on 2/28/23 to ensure that each resident file is
in compliance.
Audits will be reviewed during the Quality management meetings each quarter.

Licensee's Proposed Overall Completion Date: *04/27/2023*

141a 1-10 Medical Evaluation Information *(continued)*

Not Implemented [redacted] - 06/30/2023)

183e - Storing Medications

23. 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 3/21/23, Nicotine Gum in individual blister packs was scattered in the top drawer of the medication cart.

Plan of Correction ***Accept [redacted] - 05/11/2023)***

The Nurse verbally provided education to the medication administration certified staff on 1/13/23, and again on 4/11/23 regarding making sure the original container for prescription medications are labeled and stored according to the regulations.
Medication administration certification training was conducted on 2/2/23, and a complete re-training again on 4/15/23 for all certified medication administration staff by the Medication administration Trainer.

The trainer will cover proper medication administration, medication labeling, storage and documentation.

The Nurse will be responsible for making sure that all medication is properly labeled for each resident, a checklist will be completed weekly beginning 5/1/23, and will continue for 60 days and will be re-evaluated to see if further weekly checklists are needed or if the checklist can be implemented monthly on a random basis by the Nurse.

The PCHA or designated person will conduct random checks, to ensure the medications in the medication cart are in compliance beginning 5/5/23.

The monthly Audits of the checklists will be reviewed by the Executive Director and discussed during the Quality management meetings each quarter in July, October and December.

Licensee's Proposed Overall Completion Date: *06/05/2023*

Not Implemented [redacted] - 06/30/2023)

184a - Resident's Meds Labeled

24. Requirements

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

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

Description of Violation

On 3/23/23 Nicotine Gum in individual blister packs was scattered in the top drawer of the medication cart and were not labeled with any resident's name.

Plan of Correction ***Accept [redacted] - 05/11/2023)***

The Nurse verbally provided education to the medication administration certified staff on 1/13/23, and again on 4/11/23 regarding making sure the original container for prescription medications are labeled according to the regulations.

Medication administration certification training was conducted on 2/2/23, and a complete re-training again on 4/15/23 for all certified medication administration staff by the Medication administration Trainer.

The trainer covered proper medication administration, medication labeling, storage and documentation.

The Nurse will be responsible for making sure that all medication is properly labeled for each resident, a checklist will be completed monthly beginning 5/1/23.

The PCHA or designated person will conduct random checks, to ensure the medications in the medication cart are in compliance beginning 5/5/23.

Audits of the check list will be reviewed during the Quality management meetings each quarter beginning with quarter 2 in July.

Licensee's Proposed Overall Completion Date: *05/31/2023*

Not Implemented [redacted] - 06/30/2023)

185a - Implement Storage Procedures

25. 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

On 4/6/23 at approximately 9:15am, the narcotics drawer inside the home's medication cart was not locked.

Plan of Correction ***Accept [redacted] - 05/03/2023)***

The Direct care staff was verbally provided education by the Nursing Director on 4/11/23 in regard to proper storage of medication and making sure the narcotic box is locked at all times.
The nurse will add to the present check list for the medication cart to make sure that the narcotic box is always locked. The Nurse or designated person will conduct weekly checks beginning 4/11/23 to ensure that the narcotic box is locked and in compliance.
The Executive director or clinical director will conduct random checks for compliance beginning 4/12/23.
Audits will be reviewed during the Quality management meetings each quarter.

Licensee's Proposed Overall Completion Date: *05/01/2023*

185a - Implement Storage Procedures *(continued)*

Not Implemented (- 06/30/2023)

26. 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 #5 is prescribed [redacted] On 3/21/23 these medications were not available in the home.

Plan of Correction ***Accept - 05/11/2023)***

The Direct care staff was verbally provided education by the Nursing Director on 1/13/23, and again on 4/11/23 in regards to implementing a checklist to be completed when OTC medication is running low and needs to be refilled.

The nurse will implement a check list beginning 5/5/23 for the medication cart to make sure that when medications are down to a 7
day supply, the pharmacy will be notified for refills to be ordered so that medication does not completely run out. Medication administration certified staff will complete the checklist on a weekly basis and submit them to the Nurse for review.

The Nurse or designated person will conduct monthly checks beginning 5/1/23 to ensure that each medication is available and in compliance.

The Executive director will conduct random checks for compliance beginning 5/5/23.

Audits of the check lists will be reviewed during the Quality management meetings each quarter beginning with quarter 2 in July.

Licensee's Proposed Overall Completion Date: *06/05/2023*

Not Implemented - 06/30/2023)

187d - Follow Prescriber's Orders

27. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #5 is prescribed [redacted]. However on 3/21/23, this medication was not available in the home. Repeat Violation: 8/24/21

Plan of Correction ***Accept (- 05/11/2023)***

The Nurse was verbally informed by the Executive Director on 4/10/23 in regards to medication not being completely out and refills getting completed before medication has run out.

Medication administration certification training was completely re-conducted on 4/11/23 for all certified

187d - Follow Prescriber's Orders (continued)

medication administration staff by the Medication administration Trainer. The trainer will cover all areas of medication administration training to include, proper medication administration, and medication documentation on the MAR for all medications, including PRN's, making sure all medications are available, procedures for re-fills before medication runs out.

The Nurse or designated person will conduct weekly checks beginning 4/11/23 to ensure that each medication has been properly documented and the MAR is in compliance, and medication is not running low.

The Executive director or clinical director will conduct random checks for compliance beginning 5/5/23. Audits will be reviewed during the Quality management meetings each quarter.

Licensee's Proposed Overall Completion Date: *05/31/2023*

Not Implemented [redacted] - 06/30/2023)

202 - Prohibitions

28. Requirements

2600.
202. The following procedures are prohibited:
4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.

Description of Violation

Staff at the home put resident #1 "in the hole" as a form of discipline on more than one occasion including sometime on or around [redacted]/22. "The hole" is a low sitting sofa with the seat cushions removed to restrict the resident from being able to get up independently.

According to staff person C, the home routinely uses PRN medications to control residents' behaviors.

Plan of Correction ***Accept [redacted] - 05/11/2023)***

The Executive Director held a staff training on 4/11/23, to retrain staff on Abuse and Neglect, Reporting, proper documentation and redirection of residents exhibiting behaviors to ensure that all resident's are in an environment where they are safe and not neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Resident #1 has a medication that is prescribed by [redacted] Doctor specifically for when [redacted] is experiencing agitation as a behavior and in accordance with 2600. 202 A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.

During the staff training for May 26, 2023 the Executive Director will provide role play scenarios of different types behaviors for staff to de-escalate using various forms of redirection.

The Nurse and Executive will seek outside training to help employees learn and understand proper re-direction of residents who exhibit behaviors. This training will take place in June, a date will be determined after finding the outside training.

202 - Prohibitions (continued)

Licensee's Proposed Overall Completion Date: *06/30/2023*

Not Implemented [redacted] - 06/30/2023)

227g -Support Plan Signatures

29. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The support plan for resident #1 dated [redacted]/23, was not signed by the assessor.

The support plan for resident #3 dated [redacted]/22, was not signed by the assessor.

Resident #5 participated in the development of [redacted] support plan on [redacted]/23. However, the resident did not sign the support plan.

Plan of Correction ***Accept ([redacted] - 05/11/2023)***

An updated resident checklist starting 5/5/23 will be implemented to ensure that all residents requiring personal care services have a written support plan developed and implemented within 30 days of admission to the facility. The support plan will be documented on the Department's support plan form.

The checklist will be completed by the Case Manager or designated person for every new admission beginning on 5/1/23.

The Executive Director or designated person will conduct monthly reviews of the audits beginning on 6/1/23, to ensure that each resident's file is in compliance.

Licensee's Proposed Overall Completion Date: *06/01/2023*

Implemented [redacted] - 06/30/2023)

252 - Record Content

30. Requirements

2600.
252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

Resident #3's record does not include a copy of the incident report dated [redacted]/23.

Resident #5's record does not include a photograph of the resident that is no more than 2 years old.

252 - Record Content *(continued)*

Plan of Correction ***Accept [redacted] - 05/03/2023)***

The Executive Director will ensure that all incident reports are placed in the residents file.
Monthly Audits will begin 5/15/23 and Quarterly audits will be conducted by the end of June, September, and December.

Licensee's Proposed Overall Completion Date: *05/30/2023*

Not Implemented [redacted] - 06/30/2023)