

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

June 14, 2023

[REDACTED], PRESIDENT & CEO  
ARTIS SENIOR LIVING OF BETHEL PARK LLC  
[REDACTED]  
[REDACTED]

RE: ARTIS SENIOR LIVING OF SOUTH  
HILLS  
1001 HIGBEE DRIVE  
BETHEL PARK, PA, 15102  
LICENSE/COC#: 44916

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/21/2023, 03/22/2023, 03/23/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

## Facility Information

**Name:** ARTIS SENIOR LIVING OF SOUTH HILLS      **License #:** 44916      **License Expiration:** 05/01/2024  
**Address:** 1001 HIGBEE DRIVE, BETHEL PARK, PA 15102  
**County:** ALLEGHENY      **Region:** WESTERN

## Administrator

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

## Legal Entity

**Name:** ARTIS SENIOR LIVING OF BETHEL PARK LLC  
**Address:** [REDACTED]  
**Phone:** [REDACTED]      **Email:** [REDACTED]

## Certificate(s) of Occupancy

**Type:** I-2      **Date:** 04/19/2018      **Issued By:** Municipality of Bethel Park

## Staffing Hours

**Resident Support Staff:** 0      **Total Daily Staff:** 128      **Waking Staff:** 96

## Inspection Information

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 03/23/2023

## Inspection Dates and Department Representative

03/21/2023 - On-Site: [REDACTED]  
03/22/2023 - On-Site: [REDACTED]  
03/23/2023 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 72      **Residents Served:** 64

## Secured Dementia Care Unit

**In Home:** Yes      **Area:** entire license      **Capacity:** 72      **Residents Served:** 64

## Hospice

**Current Residents:** 5

## Number of Residents Who:

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 64  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 64      **Have Physical Disability:** 0

## Inspections / Reviews

03/21/2023 Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 05/06/2023

Inspections / Reviews (*continued*)

## 05/09/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/17/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 05/16/2023

## 05/17/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/17/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/03/2023

## 06/14/2023 Document Submission

Submitted By: [REDACTED]s

Date Submitted: 05/17/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 17 - Record Confidentiality

### 1. 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 3/21/23 at 11:00 a.m., there was a list with resident names and special diets setting under the microwave in the kitchen of the Kennywood neighborhood which included mechanically altered diets for residents #1 and #2.*

#### Plan of Correction

**Accept (█ - 05/17/2023)**

*Resident diet sheets are now stored in a plastic sleeve labeled culinary list on the side of the culinary hot box. To protect confidentiality the diet sheet is located on the back of the sleeve which needs to be turned over. This change occurred on Tuesday, May 2, 2023. See attachment for photograph of culinary list on the hot box.*

*During the week of May 1-7 our Director of the Artis Way Experience will conduct on the spot trainings with the direct care givers letting them know where the diet sheets are going to be kept and remind them about record confidentiality. See attachment for training record.*

*A resident diet sheet for the entire community will be stored in a plastic sleeve on the inside of the cabinet door in the neighborhood kitchen area. This door is locked at all times. The diet sheet will be updated when changes occur.*

*Director of Health and Wellness / Designee will conduct weekly audits for 8 weeks starting the week of May 8th to ensure that resident diet sheets are secured in the clear plastic sleeves in the locked cabinets on each of the 4 neighborhoods. Director of Health and Wellness / Designee will round the entire community to ensure that records are stored confidentially. See attached audit sheet.*

*Executive Director / Designee will review Record Confidentiality at our All Associate Meeting on May 24, 2023.*

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

**Implemented (█ - 06/14/2023)**

## 81b - Resident Personal Equipment

### 2. 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

*The uncovered bed enabler attached to the bed in room #403 had an opening that measured approximately 17 inches long by 7 inches high from the mattress posing an entrapment risk.*

#### Plan of Correction

**Accept (█ - 05/09/2023)**

*The resident in room 403 moved out of the community on Friday April 28, 2023.*

*The Director of Health and Wellness / Designee will complete an audit by Friday, May 5th to ensure that any beds that have an enabler attached are properly covered and free of hazards. See attachment for audit sheet.*

**81b Resident Personal Equipment (continued)**

*For resident suites that have a bed enabler, Director of Health and Wellness will inspect those suites monthly for 4 months beginning in June to ensure that the bed enabler is properly covered and free of hazards. See attachment for audit sheet.*

*All new bed enablers need approval by the Director of Health and Executive Director to ensure that they are properly covered and free of hazards. The approval form will be stored in the resident's medical chart. See attachment for approval sheet.*

**Licensee's Proposed Overall Completion Date:** 09/30/2023

**Implemented (█) - 06/14/2023)**

**82c - Locking Poisonous Materials****3. 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 3/21/23 at 10:50 a.m., there was a spray bottle of peroxide multi surface cleaner with manufacturer label indicating: If in eyes: hold eye open and rinse ... Call a poison control center or doctor for treatment advice in the lower cabinet to the right of the refrigerator in the Forbes neighborhood kitchen. Not all residents are assessed as able to safely use or avoid poisonous materials including resident #3, resident #4, and resident #5.*

*Repeat violation 9/14/22 et al, 3/9/22 et al, 1/31/22 et al*

**Plan of Correction**

**Accept (█) - 05/17/2023)**

*The spray bottle that contained peroxide multi surface cleaner was immediately removed from the lower cabinet in the Forbes neighborhood and was placed in the secured laundry room on 3/21/23.*

*On the spot training will be conducted by the Director of the Aris Way Experience during the week of May 17, 2023 with the direct care givers to ensure that they know that all chemicals needs to be locked at all times. See attachment for training record.*

*Daily the direct care givers will ensure that all cleaning chemicals are stored in the secured laundry room after they are used to clean after breakfast, lunch and dinner.*

*Beginning Friday, May 12th for 90 days an audit will be completed by an LPN / RN or Med Tech on each neighborhood to ensure that all chemicals are stored in the laundry room after breakfast, lunch and dinner. See attachment for audit sheet.*

*Beginning Friday, May 12th for 90 days an audit will be completed daily by the Executive Director / Designee to ensure that all poisonous materials are locked throughout the entire community. On the weekend the Manager on Duty will complete the audit. See attachment for audit sheet.*

*Re education of this requirement will occur for 6 months at our All Associate Meeting on Wednesday, May 24,*

**82c - Locking Poisonous Materials (continued)**

2023, Tuesday, June 27, 2023, Tuesday, July 25, 2023, Tuesday, August 29, 2023, Tuesday, September 26, 2023 and Tuesday, October 24, 2023 by our Director of Environmental Services / Designee.

Licensee's Proposed Overall Completion Date: 07/09/2023

Implemented [REDACTED] - 06/14/2023)

**85a - Sanitary Conditions****4. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

On [REDACTED] a.m., resident #6's glucometer was used to measure resident #7's blood glucose level.

On 3/21/23 at 11:00 a.m., the microwave in the kitchen of the Kennywood neighborhood had food splatter on the door interior and on all five interior walls including a ½" long red, string-like shred hanging from the top and on the back wall.

**Plan of Correction**

Accept [REDACTED] - 05/17/2023)

Glucometers

On March 22, 2023 the POA for both Resident 6 and Resident 7 were notified regarding the wrong glucometer being used. The new glucometer for Resident 6 was delivered by pharmacy on March 24, 2023. Accu-cheks were being performed on Resident 6 using the Free Style Libre sensor. Resident 7 accu-chek readings were discharged on March 14, 2023. The physicians for Resident 6 and Resident 7 were notified on March 23, 2023. No new orders were received.

All nurses and med techs will be re-educated by our Director of Health and Wellness by Friday, May 5, 2023 regarding the importance of using individual glucometers for all accu-chek readings.

On Monday, May 1, 2023 resident photographs were attached to the case of the glucometer. This will help ensure that the correct glucometer is used for the accu-chek readings. See attached photo for example.

On Wednesday, May 10, 2023 all glucometer's were labeled with the resident name.

Diabetic Training has been scheduled for June 2, 2023 at 10:30 AM and 2:30 PM with Susan Balog, RN who is a Diabetic Educator. This training will be required for all Med Techs and Nurses. We will record the training in the event someone is unable to attend.

Beginning the week of May 15, 2023 the Director of Health and Wellness / Designee will perform a weekly audit for 12 weeks to monitor glucose testing and ensure we are following the correct policy and procedures. See attachment for audit sheet.

Microwaves

The microwave on the Kennywood neighborhood was immediately cleaned on 3/21/2023 after being brought to our attention by [REDACTED].

**85a - Sanitary Conditions (continued)**

*Following the microwave being used in the resident neighborhoods, the associate will ensure that the microwave is clean and free of any food particles.*

*A 30 day audit will be completed by our housekeeping department to ensure that our microwaves are in sanitary condition. This audit will begin on Monday, May 8, 2023.*

*Beginning the week of May 15, 2023 a weekly audit will be conducted for 12 weeks by the Director of Environmental Services / Designee to ensure sanitary condictions are maintained throughout the entire community. See attachment for audit sheet.*

*Re-education of this requirement will occur on Wednesday, May 24, 2023 at our All Associate Meeting by Executive Director / Designee.*

**Licensee's Proposed Overall Completion Date: 08/04/2023**

**Implemented [REDACTED] - 06/14/2023)**

**89b - Hot Water Temperature****5. 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 at 11:10 a.m., the water temperature in the shower in room #216 measured 122.5 degrees Fahrenheit.*

*On 3/21/23 at 11:20 a.m., the water temperature in the shower in room #213 measured 122.2 degrees Fahrenheit.*

*Repeat violation 9/14/22 et al, 3/22/21 et al*

**Plan of Correction**

**Accept [REDACTED] - 05/09/2023)**

*The shower temperatures in room 213 and 216 were corrected on 3/23/2023 by Shane Daly, Director of Environmental Services.*

*Initial audit of water temperatures of all resident showers will be completed by Director of Environmental Services / Designee. Any water temperatures above 120 degrees Fahrenheit will be immediately corrected. This audit was completed on May 4, 2023. See attachment for audit sheet.*

*Starting on Monday, May 15, 2023 the Director of Environmental Services / Designee will complete weekly audit checks on all 4 neighborhoods to ensure that resident shower water temperatures are below 120 degrees Fahrenheit. The water temperatures will be taken at different times of the day and in various resident suites in the 4 neighborhoods. Audits will be completed for 8 weeks. See attachment for audit sheet.*

*Re-education of this regulation will occur on Wednesday, May 24, 2023 at our All Associate Meeting by Director of Environmental Services / Designee. Associates will report any shower water temperatures being too hot immediately to our Director of Environmental Services.*

**89b - Hot Water Temperature (continued)**

Ongoing weekly shower water temperature audits will continue on all neighborhoods. Audits are recorded in the TELS system.

Licensee's Proposed Overall Completion Date: 07/07/2023

Implemented (█) - 06/14/2023)

**132a - Monthly Fire Drill****6. Requirements**

2600.

132.a. An unannounced fire drill shall be held at least once a month.

**Description of Violation**

The home does not have documentation that a fire drill was held in February 2022.

**Plan of Correction**

Accept (█) - 05/09/2023)

The fire drill log for Artis Senior Living went missing at the community during the month of June 2022. Attached you see an email from (█), Asset Manager for Artis Senior Living.

The fire drill log book is now being kept in the Executive Director's office where it is secured at all times. On December 9, 2022 Artis Senior Living of South Hills started utilizing the TELS system where all monthly fire drills are being documented and the paperwork is being uploaded onto the TELS platform. See attachment for TELS fire drill documentation.

Reminder to perform the monthly fire drill shows up under the monthly tasks in the TELS system. See attachment for reminder screenshot from TELS.

Executive Director will audit monthly to endure that the fire drill was conducted and that the information was uploaded in the TELS system.

Licensee's Proposed Overall Completion Date: 04/30/2023

Implemented (█) - 06/14/2023)

**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 documentation of fire drills conducted March 2022, April 2022, and May 2022 does not include the amount of time it took for evacuation, the exit route used, the number of residents in the home at 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.

## 132c - Fire Drill Records (continued)

**Plan of Correction**

Accept ( ) - 05/09/2023)

The fire drill log for Artis Senior Living went missing at the community during the month of June 2022. This contained the drill logs for March 2022, April 2022 and May 2022. Attached you see an email from ( ), Asset Manager for Artis Senior Living.

The fire drill log book is now being kept in the Executive Director's office where it is secured at all times. On December 9, 2022 Artis Senior Living of South Hills started utilizing the TELS system where all monthly fire drills are being documented and the paperwork is being uploaded onto the TELS platform. The monthly fire drill log is being uploaded in the TELS platform which includes the follow documented information:

- Date
- Time
- Amount of time to evacuate
- Exit routes used
- Number of residents in the home
- Number of residents evacuated
- Number of staff participating
- Was alarm active
- Was alarm operative
- Any problems

See attachment for log documentation that is uploaded in TELS each month.

Executive Director will audit monthly to ensure that fire drill log was completed and that it was uploaded into the TELS system.

Licensee's Proposed Overall Completion Date: 04/30/2023

Implemented ( ) - 06/14/2023)

## 141b1 - Annual Medical Evaluation

**8. Requirements**

2600.

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

**Description of Violation**

The initial medical evaluation (DME) for resident #3 was completed ( ). However, the resident's annual DME was not completed until ( ).

The initial DME for resident #5 was completed ( ). However, the resident's annual DME was not completed until ( ).

The initial DME for resident #8 was completed ( ). However, the resident's annual DME was not completed until ( ).

**Plan of Correction**

Accept ( ) - 05/09/2023)

The Director of Health and Wellness and the Assistant Director of Health and Wellness were re-educated on this regulation by the Executive Director on Tuesday, May 2, 2023. See attachment for documentation.

**141b1 Annual Medical Evaluation (continued)**

An audit will be completed by Friday, May 12, 2023 to ensure that all resident medical evaluations are current. This will be conducted by our Director of Health and Wellness / Designee. See attachment for audit sheet.

All resident medical annual evaluations will be entered into the Microsoft Outlook Calendar for the Director of Health and Wellness, Assistant Director of Health and Wellness and the Executive Director 1 month prior to being due as a reminder. This will be completed on going to ensure compliance for the regulation. This task will be completed by Wednesday, May 17, 2023.

Licensee's Proposed Overall Completion Date: 05/17/2023

Implemented [REDACTED] - 06/14/2023)

**141b2 - Medical Evaluation Changes****9. Requirements**

2600.

141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

**Description of Violation**

The significant change medical evaluation (DME) for resident #4 completed [REDACTED] 3 did not include the resident's weight, pulse rate and temperature. These sections were blank.

**Plan of Correction**

Accept [REDACTED] - 05/09/2023)

DME for Resident #4 was unable to be corrected since the resident is no longer a resident at the community.

The Director of Health and Wellness and the Assistant Director of Health and Wellness were re educated on this regulation by the Executive Director on Tuesday, May 2, 2023. See attachment for documentation.

An audit will be completed by Friday, May 12, 2023 to ensure that all sections of the DME are completed. This will be conducted by our Director of Health and Wellness / Designee. See attachment for audit sheet.

Starting on Monday, May 1, 2023 any significant change that results in a new DME being completed will be reviewed by the Director of Health and Wellness / Designee and the Executive Director / Designee. They will ensure that all boxes of the DME and completely filled out. This audit will be for 6 months and will end on October 31, 2023. See attachment for audit sheet.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented [REDACTED] - 06/14/2023)

**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:

4. The prescribed dosage and instructions for administration.

**Description of Violation**

Resident #8 is ordered [REDACTED] give one tablet by mouth every 12 hours as needed for pain.

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

However, the pharmacy label for this medication indicates [REDACTED] – take one tablet by mouth every 12 hours as needed pain.

**Plan of Correction**

Accept [REDACTED] - 05/09/2023)

The order for resident #8 was corrected on [REDACTED] our Director of Health and Wellness.

A cart audit will be completed by our Director of Health and Wellness / Designee on all four neighborhoods by Friday, May 12, 2023 to ensure that prescription labels match the order on the MAR.

A monthly cart audit (June, July, August) will be completed by Asti's Pharmacy or Director of Health and Wellness / Designee on all four neighborhoods to ensure that prescription labels match the order on the MAR.

Starting Friday, May 5, 2023, Nurses and Med Tech's will sign off that they have reviewed all new medications being received into the community against the order on the MAR. See attachment for audit sheet.

**Licensee's Proposed Overall Completion Date: 08/31/2023**

Implemented [REDACTED] - 06/14/2023)

**185a - Implement Storage Procedures****11. 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 #3 is ordered blood glucose checks before all meals. However, the incorrect blood glucose values were entered on the resident's March 2023 medication administration record (MAR) as follows:

[REDACTED]

**Plan of Correction**

Accept [REDACTED] - 05/09/2023)

To ensure that the blood glucose values are being entered correctly into the MAR we have implemented a 2 step verification process. See attachment for verification form. This verification form will start on May 5, 2023 at 7 AM and will end on August 31, 2023.

The Director of Health and Wellness / Designee will review verification logs weekly to ensure the correct information is documented on the logs.

The Director of Health and Wellness is currently re-educating all Nurses and Med Techs on this regulation. This will be completed by Thursday, May 4, 2023. See attachment for documentation.

**Licensee's Proposed Overall Completion Date: 08/31/2023**

Implemented [REDACTED] - 06/14/2023)

185a - Implement Storage Procedures (*continued*)

## 187d - Follow Prescriber's Orders

## 12. Requirements

2600.

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

**Description of Violation**

Resident #3 is ordered [REDACTED] units with meals plus sliding scale coverage: 0-200 no coverage; 201-250: 2 units; 251-300: 4 units; 301-350: 6 units; 351-400: 8 units; 401-450: 10 units; 451-500: 12 units; >500 Call MD. According to the resident's glucometer, on [REDACTED] p.m., resident #3's blood glucose measured [REDACTED] requiring 4 units of [REDACTED] to be administered. However, a blood glucose value of [REDACTED] was entered into the resident's medication administration record and no coverage insulin was administered.

Repeat violation 1/31/22 et al

**Plan of Correction**

Accept [REDACTED] - 05/09/2023)

To ensure that residents are receiving the correct dosage of insulin we have implemented a 2 step verification process. See attachment for verification form. This verification form will start on May 5, 2023 at 7 AM and will end on August 31, 2023.

The Director of Health and Wellness / Designee will review verification logs weekly to ensure the correct information is documented on the logs.

The Director of Health and Wellness is currently re-educating all Nurses and Med Techs on this regulation. This will be completed by Thursday, May 4, 2023. See attachment for documentation.

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented [REDACTED] - 06/14/2023)

## 190a - Completion Medication Course

## 13. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**Description of Violation**

Staff person A's initial medication administration training was completed [REDACTED]. An annual practicum has not been completed. However, staff person A has administered medications to residents including resident #8 on [REDACTED], [REDACTED].

**Plan of Correction**

Accept [REDACTED] - 05/09/2023)

Staff person A was immediately pulled from passing medications on March 22, 2023.

Executive Director will audit all current Med Tech's to ensure that they are in compliance with this regulation. This

**190a - Completion Medication Course (continued)**

audit was completed on 5/2/2023. See attachment for audit sheet.

Elizabeth King our Director of Health and Wellness completed the Medication Administration Train the Trainer course on April 6, 2023. See attachment for documentation.

This will ensure that all MAR reviews and observations are in compliance with state regulations.

All Med Tech MAR Reviews and Observations will be entered into the Microsoft Outlook Calendar for the Director of Health and Wellness and the Executive Director 1 month prior to being due as a reminder. This will be completed on going to ensure compliance for the regulation. This task will be completed by Wednesday, May 17, 2023.

**Licensee's Proposed Overall Completion Date: 05/17/2023**

**Implemented [REDACTED] - 06/14/2023)**

**225c - Additional Assessment****14. Requirements**

2600.

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

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

**Description of Violation**

The most recent assessment for resident #8 was completed [REDACTED]. However, the resident's previous assessment was completed [REDACTED]

The initial assessment for resident #3 was completed [REDACTED]. However, the resident's annual assessment was not completed until [REDACTED]

The significant change assessment for resident #4 completed [REDACTED] does not indicate what the significant change was. Also, resident #4 is receiving services from hospice but there was no hospice contact information included in the assessment.

Repeat violation 1/31/22 et al

**Plan of Correction**

**Accept [REDACTED] - 05/09/2023)**

The assessment (RASP) was unable to be corrected for resident #4 since they are no longer a resident at the community.

The Director of Health and Wellness and the Assistant Director of Health and Wellness were re-educated on this regulation by the Executive Director on Tuesday, May 2, 2023. See attachment for documentation.

An audit will be completed by Friday, May 12, 2023 to ensure that all assessments (RASP) are current and any assessments (RASP) completed for a significant change indicates the significant change. This will be conducted by our Director of Health and Wellness / Designee. See attachment for audit sheet.

All resident assessments will be entered into the Microsoft Outlook Calendar for the Director of Health and Wellness, Assistant Director of Health and Wellness and the Executive Director 1 month prior to being due as a reminder.

**225c - Additional Assessment (continued)**

*This will be completed on going to ensure compliance for the regulation. This task will be completed by Wednesday, May 17, 2023.*

**Licensee's Proposed Overall Completion Date: 05/17/2023**

**Implemented (█ - 06/14/2023)**

**231b - Medical Evaluation****15. Requirements**

2600.

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

**Description of Violation**

*The annual medical evaluation completed █ for resident #5 does not include the resident's need for a secure dementia care unit (SDCU).*

**Plan of Correction**

**Accept █ - 05/09/2023)**

*The DME for resident #5 was corrected on 3/21/2023. See attachment for correction to the DME.*

*An audit will be completed by Friday, May 12, 2023 to ensure that all resident DME's include a diagnosis of Alzheimer's disease or other █ diagnosis and the need for the resident to be served in a secured dementia care unit. This will be conducted by our Director of Health and Wellness / Designee. See attachment for audit sheet.*

*Starting May 1, 2023 all DME's will be reviewed by the Director of Health and Wellness / Designee and the Executive Director / Designee to ensure that the DME includes a diagnosis of █ disease or other █ diagnosis and the need for the resident to be served in a secured dementia care unit. The audit will be for 6 months and will conclude October 31, 2023. See attachment for audit sheet.*

**Licensee's Proposed Overall Completion Date: 10/31/2023**

**Implemented (█ - 06/14/2023)**