

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

September 22, 2023

[REDACTED]
LCS DOYLESTOWN LLC
[REDACTED]
[REDACTED]

RE: THE SOLANA DOYLESTOWN
1621 EASTON ROAD
WARRINGTON, PA, 18976
LICENSE/COC#: 14531

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/27/2023, 03/28/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

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

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *THE SOLANA DOYLESTOWN* License #: *14531* License Expiration: *09/11/2023*
 Address: *1621 EASTON ROAD, WARRINGTON, PA 18976*
 County: *BUCKS* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *LCS DOYLESTOWN LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *09/22/2014* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *87* Waking Staff: *65*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *03/28/2023*

Inspection Dates and Department Representative

03/27/2023 - On-Site: [REDACTED]
 03/28/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *129* Residents Served: *69*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Memory Care* Capacity: *34* Residents Served: *16*

Hospice
 Current Residents: *3*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *69*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *18* Have Physical Disability: *1*

Inspections / Reviews

03/27/2023 - Full
 Lead Inspector: [REDACTED]g Follow-Up Type: *POC Submission* Follow-Up Date: *04/20/2023*

04/24/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/31/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/29/2023*

Inspections / Reviews (*continued*)

05/11/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/31/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/31/2023

09/22/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/31/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 03/27/2023, a copy of this chapter was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept [REDACTED] - 05/11/2023)

Chapter was posted within same day, 3/27/23, by [REDACTED] ED, in a conspicuous and public place in the home.

Executive Director, [REDACTED], will audit monthly to make sure the chapter remains in places starting April 2023. Audit form to be placed in binder with state information for easy access. Audits to continue indefinitely.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented ([REDACTED] - 06/13/2023)

18 - Compliance With Laws

2. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

According to the Influenza Awareness Act (HB 1785), personal care and assisted living homes must post the required influenza information in a public place in the home year round. On 03/27/2023, there was no Influenza poster posted in an area accessible to residents.

Plan of Correction

Accept [REDACTED] - 05/09/2023)

Influenza information was posted same day, 3/27/2023, by [REDACTED], ED, in a public place in the home. Influenza information will remain posted in the home year round.

Executive Director, [REDACTED], will audit monthly to make sure it remains in place beginning April 2023. Audits will be kept in binder for easy access. [REDACTED] to update with new influenza information every season. Audits to be completed monthly indefinitely.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented [REDACTED] - 06/13/2023)

28f - Resident's Funds and 30-day Refund

3. Requirements

2600.

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

Description of Violation

Resident #1 was discharged on [REDACTED]/2022 and [REDACTED] belongings were cleared on [REDACTED]/2022. The resident was owed \$5504.20 but the home did not issue a check until [REDACTED]/2022.

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

Plan of Correction

Accept (█ - 05/09/2023)

Starting April 1, 2023 Once move out is processed, Business Office Manger, █, will submit refund form to corporate billing within five business days (of apartment being vacant) to give maximum time within 30 days for refund to be received.

█, Executive Director had a conversation completed with corporate billing about PA regulations 3/29/23

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented (█ - 06/13/2023)

54a - Direct Care Staff

4. Requirements

2600.

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

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A does not have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aid registry.

Repeated Violation: 9/14/21

Plan of Correction

Accept (█ - 05/09/2023)

Business Office Manager, █, completed audit of all employee files on 4/7/23. All staff in compliance with except for staff person A.

Staff person A in the process of submitting non US credentials to the world education services for review of compatibility of U.S education. Staff person A shall not perform any direct care duties until department grants waiver. █, Business Office Manager, received waiver and in process of completion for approval. Staff person A will perform duties such as resident activities, housekeeping, and laundry.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented (█ - 06/13/2023)

82c - Locking Poisonous Materials

5. 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

The kitchen in the Secured Dementia Care Unit (SDCU) was unlocked and the cabinet under the counter was unlocked, unattended, and accessible. The cabinet was full of cleaning products including Comet disinfecting-sanitizing bathroom cleaner, Comet Creme Deodorizing cleanser, liquid dishmachine detergent, Palmolive liquid dish detergent, and etc. with a manufacturer's label indicating "when ingested, get medical help or contact a Poison Control Center right away". Not all the residents of the home's SDCU have been assessed capable of recognizing and using poisons safely.

82c - Locking Poisonous Materials (continued)

Repeated Violation: 9/14/21

Plan of Correction

Accept (████) - 05/09/2023)

████ Plant Director, placed new locks on cabinets in memory care kitchen on 3/28/2023.

Starting April 1, 2023, Memory Care Director, █████ and medtechs to do audits on each shift to make sure all poisonous materials are always locked. Audits to continue daily indefinitely.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented (████) - 06/13/2023)

85d - Trash Receptacles

6. Requirements

2600.

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

Description of Violation

On 03/27/2023 at 03:10 PM, the trash cans in the kitchen had no lids.

Plan of Correction

Accept (████) - 05/09/2023)

Trash can lids were put on immediately on 3/27/2023 by █████, Culinary Director. Extra lids were ordered on 3/29/2023 as back up. In-service training conducted by █████ Culinary Director, about importance/regulation completed by 3/31/2023.

Cooks to be auditing each shift, starting 3/31/2023 to make sure lids are always on to be continued daily indefinitely.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented (████) - 06/13/2023)

89a - Water Pressure

7. Requirements

2600.

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

Description of Violation

On 03/27/2023 at 03:30 PM, the bathroom in resident room #107 did not have hot water. Only cold water came out when the faucet was turned all the way to hot.

Plan of Correction

Accept (████) - 05/09/2023)

On 3/31/2023 Total Tech Corporations came in and fixed mixing valves in water boiler. #107 temperature now reading 119.

Plant Director, █████, to do monthly audits on all water temperatures continuing April 2023.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented (████) - 06/13/2023)

89b - Hot Water Temperature

8. Requirements

2600.

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

Description of Violation

On 03/27/2023 at 03:30 PM, the hot water temperature at the bathroom sink in resident room #327 and #129 measured 123.4 degrees Fahrenheit and 124.1 degrees Fahrenheit, respectively.

Plan of Correction

Accept [REDACTED] - 05/09/2023)

On 3/31/2023 Total Tech Cooperation came in and fixed the mixing valves in water boiler. Plant Director, [REDACTED], turned the temperature down so that no water in any apartment can exceed 120.

Plant Director, [REDACTED], to do monthly audits on all water temperatures continuing April 2023 indefinitely.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented [REDACTED] - 06/13/2023)

91 - Telephone Numbers

9. Requirements

2600.

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

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in resident room #302 and #216.

Plan of Correction

Accept [REDACTED] - 05/09/2023)

Plant Director, [REDACTED], placed Emergency Telephone Numbers in apartments #302 and #216 3/28/2023.

Plant Director, [REDACTED], to do monthly audits starting April 2023, on all apartment landlines to make sure numbers are always posted. Audits to be completed monthly, indefinitely.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented [REDACTED] - 09/22/2023)

95 - Furniture and Equipment

10. Requirements

2600.

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

Description of Violation

Resident room #222 had a bed equipped with an enabler, which was about 1 foot wide and 3/4 foot high. The enabler was not covered.

Plan of Correction

Accept [REDACTED] - 05/09/2023)

[REDACTED], DOHS, made sure that the Enabler was covered immediately.

Ensure enablers are care planned correctly and care staff are checking when care is being completed per shift.

95 - Furniture and Equipment (continued)

██████████, DOHS, responsible that all caregivers are ensuring enablers are on. Weekly audit to be completed by ██████████. Audits to be completed indefinitely.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented (██████████) - 06/13/2023)

96a - First Aid Kit

11. Requirements

2600.

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

Description of Violation

The first aid kit in the nurse's station does not include adhesive bandages, adhesive tape, scissors, and eye coverings.

Plan of Correction

Accept (██████████) - 05/09/2023)

Six new first aid kits were ordered 3/31/2023 and delivered 4/3/2023. First aid kits were then placed by ██████████, DOHS, in the kitchen, front desk, Memory care Medication room, nursing office, Personal Care medication room, and the bus.

All first aid kits have monthly sign off audits on them, to begin April 2023, to ensure all items remain in there and in date. ██████████ of Health Care Services to audit monthly indefinitely.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented (██████████) - 06/13/2023)

103g - Storing Food

12. Requirements

2600.

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

Description of Violation

There were five containers of ice cream in the ice cream freezer in the kitchen. Three of the five containers were opened and unsealed.

Plan of Correction

Accept (██████████) - 05/09/2023)

Ice cream lids were put on immediately on 3/27/2023 by ██████████, Culinary Director. Extra lids were ordered as back up on 3/29/2023. In-service training was completed by Culinary Director, ██████████ on 3/31/2023, about importance and regulation.

Cooks to be auditing each shift to make sure lids are always on starting 3/31/2023 indefinitely.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented (██████████) - 06/13/2023)

107d - Procedure Emergency Management Agency Submission

13. Requirements

2600.

107d - Procedure Emergency Management Agency Submission (continued)

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been submitted to the local emergency management agency since 2020.

Plan of Correction

Accept [REDACTED] - 05/09/2023)

Emergency Procedures will be submitted by Business Office Manger, [REDACTED], to the local emergency management agency for 2023 by May 10th.

Moving forward proof of submission will be kept in the actual emergency manual in addition to a state binder [REDACTED], ED, [REDACTED], DOHS, and [REDACTED] BOM are completing.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented [REDACTED] - 09/22/2023)

121a - Unobstructed Egress

14. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 03/27/2023 at 10:10 AM, the exit door from the dining room was unhinged at the top, keeping the door from being fully opened making the doorway impassable.

Plan of Correction

Accept [REDACTED] - 05/09/2023)

[REDACTED] General Contracting came in on 4/14/2023 and repaired exit door.

Plant Director, [REDACTED], to continue to do monthly audits April 2023, indefinitely, to make sure all egress routes remain in good repair.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented [REDACTED] - 06/13/2023)

141a 1-10 Medical Evaluation Information

15. 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 #2's medical evaluation dated [REDACTED]/2022 is not answered on (7) the ability to self-administer medications.
 Resident #3's medical evaluation dated [REDACTED] 2022 is checked None on (4) special health or dietary needs when the resident resides in the SDCU.
 Resident #4's medical evaluation dated [REDACTED]/2022 is checked None on (7) medications when the resident takes one medication and not answered on the ability to self-administer medications and on (9) cognitive functioning.
 Resident #5's medical evaluation dated [REDACTED]/2022 is not answered on (9) health status and cognitive functioning.

Repeated Violation: 9/6/22 et al

Plan of Correction

Accept [REDACTED] - 05/09/2023)

[REDACTED], DOHS, completed audit of all other residents DME to ensure all required information is present on DME on by 4/7/2023

Updated DME for Resident #,4, #5. Awaiting return DME from PCP for resident #2, #3 - [REDACTED] DOHS responsible for follow up with PCP to ensure new DME are received, anticipated by 4/28/2023.

Audits to be completed monthly by [REDACTED], DOHS, indefinitely. [REDACTED], will thoroughly examine all DME's to make sure all categories are complete. Including, 7,4,9 on the DME page.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented [REDACTED] - 06/13/2023)

141b1 - Annual Medical Evaluation

16. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #3's most recent medical evaluation was completed on [REDACTED] 2022. The resident's previous medical evaluation was completed on [REDACTED]/2021.
 Resident #6's most recent medical evaluation was completed on [REDACTED]/2021.

Repeated Violation: 9/6/22 et al, 3/11/22

141b1 - Annual Medical Evaluation (continued)

Plan of Correction

Accept () - 05/09/2023)

Completed resident #3 medical evaluation during audit to find it hadn't been completed in time. April 2023 DME currently with PCP to complete.

Resident #6 DME is currently with PCP to complete.

(), DOHS, responsible for ensuring DME are completed by PCP by 4/28/2023.

Triggers set in () by DOHS with due date of new DME to be completed. To appear on () dashboard a month prior to due date to allow time to complete. DOHS, (), to also do a monthly audit on all DME for completion dates.

Start date April 2023 monthly audits, to continue indefinitely.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented () - 09/22/2023)

162c - Menu Posted

17. Requirements

2600.

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

Description of Violation

The home's weekly menus were posted inside the kitchen, not in a conspicuous and public place in the home.

Plan of Correction

Accept () - 05/09/2023)

Menus were immediately posted in a conspicuous and public place in the home by Culinary Director ().

(), Culinary Director, to update menus weekly. A board was made specifically for the weekly menus when walking into the dining room to ensure they are always in a conspicuous place. () to audit and update weekly to prevent reoccurrence of this violation.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented () - 06/13/2023)

181d - Storing Medication

18. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident #7 self-administers medications and stores medications in () room. The resident keeps the medications in an unlocked drawer in the kitchen and according to the resident, () does not lock the door when going out.

181d - Storing Medication (continued)

Repeated Violation: 9/14/21

Plan of Correction

Accept () - 05/09/2023)

Resident #7 was educated on the importance of locking the medication by () DOHS. Will lock apartment door.

() DOHS, to do checks and reminder to resident to keep her door locked effective immediately on 3/28/2023. DOHS (), and care staff to do daily checks to make sure resident door is always locked.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented () - 06/13/2023)

182c - Medication Administration**19. Requirements**

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

3. Remove the medication from the original container.

Description of Violation

Resident #8 is prescribed Oxycodone 5 mg every 6 hours as needed and resident #9 is prescribed the same med every 4 hours as needed. On ()/2023 at () PM, a nurse/MT took one pill from resident #8's Oxycodone 5 mg blister pack and administered it to the resident. However, the staff signed it out on resident #9's Oxycodone 5 mg controlled substance record.

Resident #10 is prescribed Alprazolam 0.25 mg two tabs nightly and one tab every 8 hours as needed beginning ()/2023. The resident's medication administration record (MAR) lists Alprazolam 0.5 mg 1 tab nightly as well, which was in effect before the 01/31/2023 order. No staff questioned these two orders and MTs/nurses have been entering their initials on Alprazolam 0.5 mg 1 tab nightly while two tabs of 0.25 mg have been administered.

Plan of Correction

Accept () - 05/09/2023)

In-service completed with Medication Technicians and nurses on a proper medication pass to ensure the 5 rights are being implemented by () DOHS on 3/29/2023.

() Pharmacy to do a monthly audit starting April 2023, and come to us with any findings, indefinitely. () DOHS, to ensure this task is completed.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented () - 09/22/2023)

183d - Prescription Current**20. Requirements**

2600.

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

Description of Violation

On ()/2023, Gentamicin 0.3 % eye ointment prescribed for resident #11 was in the home's medication cart; however, the medication was prescribed and dispensed on ()/2023 for 10 days.

183d - Prescription Current (continued)

Plan of Correction

Accept [redacted] - 05/09/2023)

Medication was immediately disposed of by [redacted], DOHS.

Weekly report to be completed by [redacted] DOHS, on discontinued medications effective 3/29/2023 to ensure all medications are currently prescribed, on cart. [redacted] to check all medication carts weekly.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented [redacted] - 09/22/2023)

183e - Storing Medications

21. 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

Gentamicin 0.3 % eye ointment prescribed for resident #11 was in the med cart without an open date.

There was an open Aspart Flexpen without an open/discard after date. According to the manufacturer's instructions, the pen should be discarded 28 days after being opened.

Plan of Correction

Accept [redacted] - 05/09/2023)

Medication was immediately disposed of and reordered from [redacted] Pharmacy by [redacted], DOHS.

Weekly report to be completed by [redacted] DOHS, on discontinued medications effective 3/29/2023 to ensure all medications are currently prescribed, on cart. [redacted] to check all medication carts weekly.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented [redacted] - 06/13/2023)

184a - Resident's Meds Labeled

22. 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 #10's Alprazolam 0.25 mg order was changed from 1 tab at noon to 2 tabs at night and every 8 hours as needed on [redacted] 2023. However, there was no direction change sticker on the blister card.

Plan of Correction

Accept [redacted] - 05/09/2023)

Sticker was immediately applied to blister pack By [redacted], DOHS.

Weekly audits to be completed by [redacted], DOHS, for medication changes effective 3/29/2023 and to be completed indefinitely.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented [redacted] - 06/13/2023)

185a - Implement Storage Procedures

23. 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 #12 is prescribed accuchecks three times a day. The numbers on the resident's glucometer and the log do not match on [redacted]/2023 at [redacted] PM (129 vs. 119) and [redacted]/2023 at [redacted] AM (108 vs. 107).

Plan of Correction

Accept [redacted] - 05/09/2023)

New diabetic binders applied to medication carts 3/31/2023, to ensure correct blood sugar numbers are in the computer and logged in the book. Completed by DOHS, [redacted]. Purpose of the binders is to ensure we are writing down blood sugars from the glucometer for accuracy so when then logged onto computer, numbers are accurate from original check.

[redacted], DOHS, to audit weekly to ensure binders are being used in addition to glucometers are matching what are in the system, at all times. Effective 3/31/2023 to continue indefinite.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented [redacted] - 09/22/2023)

24. 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

The nurse/Medication Technician who administered resident #8 Oxycodone 5 mg on [redacted] 2023 at [redacted] PM signed on another resident's Oxycodone 5 mg controlled substance record, resulting in incorrect pill counts on both residents' Oxycodone 5 mg controlled substance records.

The Medication Technician who administered resident #13 Tramadol 50 mg on [redacted]/2023 at [redacted] AM did not sign the controlled substance record, resulting in a gap in the count.

Plan of Correction

Accept [redacted] - 05/09/2023)

Monthly narcotic audits to be completed by [redacted], DOHS, and/or LPN weekly effective 3/29/2023 to be completed duration of indefinitely.

Nursing and medication technicians in-serviced on the 5 rights and proper medication passes by [redacted] DOHS on 3/29/2023.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented [redacted] - 09/22/2023)

187a - Medication Record

25. Requirements

2600.

187a - Medication Record (*continued*)

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

6. Dose.

Description of Violation

Resident #14's Insulin Aspart Flexpen order reads '3 units subcutaneously three times daily before meals and may given 4 units for blood sugar greater than 250'. The resident's blood sugar was greater than 250 on multiple occasions including [REDACTED] 2023 at [REDACTED] AM (370), at [REDACTED] AM (317), and at [REDACTED] PM (354), requiring 4 units. However, the resident's March Medication Administration Record (MAR) does not indicate the units given.

Repeated Violation: 3/11/22

Plan of Correction

Accept [REDACTED] - 05/09/2023)

Our [REDACTED] system was not set up to input different units of insulin administered. We had the order for 4 units when greater than 250 however, when blood sugar was higher and 4 units were given we could only sign off completed, not adjust to 4 units.

[REDACTED] clinical coordinator was able to adjust so we can add units on 4/20/2023.

All medication technicians are now able to input units that are given depending on blood sugar levels. Can now distinguish between 3 or 4 units given according to the doctors order so there will no longer be discrepancies.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented ([REDACTED] - 06/13/2023)

187b - Date/Time of Medication Admin.

26. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #8 is prescribed Oxycodone 5 mg every 6 hours as needed. The resident's March Medication Administration Record (MAR) does not include the initials of the staff person who administered it on [REDACTED] 2023 at [REDACTED] PM and [REDACTED] 2023 at [REDACTED] PM.

Resident #10 is prescribed Alprazolam 0.25 mg 2 tabs nightly and 1 tab every 8 hours as needed. The resident was not given 2 tabs on [REDACTED]/2023 at [REDACTED] PM but there is staff initials present on the resident's March MAR.

Resident #13 is prescribed Tramadol 50 mg twice a day as needed. This medication was signed out at [REDACTED] PM on [REDACTED]/2023, [REDACTED] [REDACTED], [REDACTED]/2023 but there is no staff initials present on the resident's March MAR.

Repeated Violation: 3/11/22

Plan of Correction

Accept [REDACTED] - 05/09/2023)

Weekly audits to be done by DOHS, [REDACTED], on narcotics starting 3/29/2023 to ensure that staff initials are present on the MAR in addition to in the medication system. At all times to make sure that the sign outs always match.

Nursing and medtechs were in-service on the 5 rights and proper medication pass 3/29/2023 by DOHS, [REDACTED]

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented ([REDACTED] - 09/22/2023)

187b - Date/Time of Medication Admin. (continued)

187d - Follow Prescriber's Orders

27. Requirements

2600.

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

Description of Violation

Resident #10 is prescribed Alprazolam 0.25 mg 2 tabs by mouth nightly and one tab every 8 hours as needed. However, this medication ran out on [REDACTED]/2023 at [REDACTED] PM and was not available on [REDACTED], and [REDACTED]/2023.

Plan of Correction

Accept [REDACTED] - 05/09/2023)

Weekly audits to be done by DOHS, [REDACTED] on narcotics effective 3/29/2023. To continue weekly by DOHS, [REDACTED] indefinitely to ensure that if medications are close running out that pharmacy or families are aware a refill needs to be done.

Nursing and medtechs were in-service on the 5 rights and proper medication pass on 3/29/2023 by [REDACTED] DOHS.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented [REDACTED] - 06/13/2023)

28. Requirements

2600.

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

Description of Violation

Resident #10 is prescribed Alprazolam 0.25 mg 2 tabs nightly and 1 tab every 8 hours as needed. The resident was not given 2 tabs on [REDACTED] 2023 at [REDACTED] PM and the resident was given only one tab of 0.25 mg on [REDACTED] and [REDACTED]/2023 at [REDACTED] PM.

Resident #14 is prescribe Levothyroxine 125 mcg once daily. However, the label on the pill bottle lists Synthroid 112 mcg.

Repeated Violation: 3/11/21

Plan of Correction

Accept [REDACTED] - 05/09/2023)

Weekly audits to be done by DOHS, [REDACTED], on narcotics effective 3/29/2023. To continue weekly by DOHS, [REDACTED] indefinitely. The purpose of the audit will be to check that we have the correct orders, correct labels, and administering correct medications. Auditing medications received (medtechs) by pharmacy to make sure labels and dosage of medication are correct with doctors order upon receiving refills or new medications.

Nursing and medtechs were in-service on the 5 rights and proper medication pass on 3/29/2023 by [REDACTED] DOHS.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented [REDACTED] - 06/13/2023)

224a - Preadmission Screen Form

29. Requirements

224a - Preadmission Screen Form (continued)

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #15's preadmission screening form, dated [redacted]/2022, does not include a determination that the needs of the resident can be met by the services provided by the home.

Repeated Violation: 9/6/22 et all

Plan of Correction

Accept ([redacted] - 05/09/2023)

All preadmission screen were audited by [redacted], DOHS by 4/7/2023 for completion.

[redacted], DOHS, to double check all admission paperwork prior to admission. Audit to be completed DOHS and admission checklist form started April 2023 prior to a new admission or transfer. Will audit all preadmission screenings in the entirety to make sure that everything is completed including that the needs of the resident can be met by the services provided by the home.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented ([redacted] 06/13/2023)

225c - Additional Assessment

30. Requirements

2600.

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

- 1. Annually.

Description of Violation

Resident #2's most recent assessment was completed on [redacted]/2021.

Resident #4's most recent assessment was completed on [redacted]/2021.

Resident #6's most recent assessment was completed on [redacted]/2021.

Repeated Violation: 3/11/22

Plan of Correction

Directed ([redacted] - 05/09/2023)

Unsure how to correct violation when all assessments were in compliance. State inspector had access to our [redacted] records and assessments were all in [redacted] Please see below for additional dates in which assessments were completed past what state inspector has listed.

Resident #2 says [redacted]/2021 however assessment completed [redacted]/22, [redacted]/22, and [redacted]/2022.

Resident #4 says last assessment was [redacted]/2021 however assessment completed [redacted]/22 and [redacted]/2023.

Resident #6 says last assessment was [redacted]/2021 however assessment completed [redacted]/22, [redacted]/22, [redacted]/22.

Directed Completion Date: 04/26/2023

Implemented ([redacted] - 06/13/2023)

231b - Medical Evaluation

31. Requirements

2600.

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

Description of Violation

Resident #2 was transferred to and admitted to the Secured Dementia Care Unit (SDCU) on [redacted]/2022; however, the resident’s medical evaluation was not completed for the transfer.

Plan of Correction

Accept [redacted] - 05/09/2023)

Effectively immediately 3/29/2023, If a resident is moved internally they will be placed on the new admission list to ensure the resident medical evaluation is complete prior to the transfer. [redacted] DOHS to be responsible for implementation.

[redacted] DOHS, to do the audits for every internal transfer or move in, prior to moving to the memory care neighborhood. Audits to be completed monthly by [redacted] DOHS. Auditing to begin April 2023 and last duration of indefinitely.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented [redacted] - 06/13/2023)

231f - Assessed Annually

32. Requirements

2600.

231.f. In addition to the requirements in § 2600.225 (relating to initial and annual assessment), the resident shall also be assessed annually for the continuing need for the secured dementia care unit.

Description of Violation

Resident #2 was assessed for the need for Secured Dementia Care Unit (SDCU) on [redacted]/2021 and has not been not assessed since then.

Plan of Correction

Accept [redacted] - 05/09/2023)

Resident #2 was assessed after [redacted]/2021. Resident was assessed [redacted]/22, [redacted]/22, [redacted]/22. [redacted]/2022 DME. -No corrections were needed as state requires annually but we require semi-annually to be assessed. Resident #2 was assessed multiple times after our citations claims we had not completed an assessment. State inspector had full access to our [redacted] system to pull this data. Unsure how to correct violation when all assessments were in compliance.

triggers set up in [redacted] system to automatically assign us semi-annual assessments. Reminders come up in the system a month prior to being due. [redacted] DOHS, to complete.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented [redacted] - 06/13/2023)

234a - Admission Support Plan

33. Requirements

2600.

234a - Admission Support Plan (continued)

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

Description of Violation

Resident #16 was admitted to the Secured Dementia Care Unit (SDCU) on [REDACTED]/2022. However, the resident’s initial support plan was completed on [REDACTED] 2022.

Plan of Correction

Accept [REDACTED] - 05/09/2023)

All other resident records were audited by 4/7/2023 to ensure correct completion/timeframe.

Moving forward, all new move ins or transfers will be added to the new admission check list to ensure support plans are completed within 72 hours. [REDACTED] DOHS, will be responsible for implementation to audit all new move ins within 72 hours to ensure all is completed. To be completed with every move in to SDU, to last indefinitely.

Triggers set up in [REDACTED]

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented [REDACTED] 09/22/2023)

234d - Support Plan Revision

34. Requirements

2600.

234.d. The support plan shall be revised at least annually and as the resident’s condition changes.

Description of Violation

A support plan for resident #2 was completed on [REDACTED] 2021; however, the support plan has not been revised annually.

Plan of Correction

Accept [REDACTED] - 05/09/2023)

Says Resident #2 support plan has not been completed since [REDACTED]/21 however was completed [REDACTED]/22 in addition to [REDACTED]/22. Support plan was in resident record under care plans - State inspector had access to our [REDACTED] system.

Trigger set up in [REDACTED], meaning that reminders will be set up to appear in the [REDACTED] screen about new support plans due. [REDACTED], DOHS, to complete.

Licensee's Proposed Overall Completion Date: 04/26/2023

Implemented [REDACTED] - 06/13/2023)

252 - Record Content

35. Requirements

2600.

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

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

Description of Violation

The records for resident #4 and #6 do not include a preadmission screening form.

Plan of Correction

Directed [REDACTED] - 05/11/2023)

Moving forward, all residents will be added to the admission audit form to ensure all steps are being completed including the preadmission screenings. Start immediately effective 3/29/2023 ongoing indefinitely for every new

252 - Record Content (continued)

admission or relocation. DOHS, [REDACTED], responsible for implementation and to be completing audit form per every new admission or relocation.

All resident files were audited by 4/7/2023 for completeness.

[REDACTED], DOHS, to audit every new admission for completeness such as DME completed entirely in addition to the prescreen filled to its entirety within 72 hours.

Directed Completion Date: 04/26/2023

Implemented [REDACTED] - 06/13/2023)