



Emailing date: July 11, 2023

[REDACTED]
Fawn Care, LLC
282 Shawnderosa Drive
Tarentum, PA 15084

RE: Fawn Care
282 Shawnderosa Drive
Tarentum, PA 15084
License #: 454050

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on April 10, 2023 and June 15, 2023, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala". The signature is written in a cursive, flowing style.

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *FAWN CARE* License #: *45405* License Expiration: *06/14/2023*
 Address: *282 SHAWNDEROSA DRIVE, TARENTUM, PA 15084*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *FAWN CARE LLC*
 Address: *282 SHAWNDEROSA DRIVE, TARENTUM, PA, 15084*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *05/18/2022* Issued By: *Fawn Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *16* Waking Staff: *12*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Provisional* Exit Conference Date: *04/10/2023*

Inspection Dates and Department Representative

04/10/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *16* Residents Served: *14*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *12*
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

04/10/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/17/2023*

Inspections / Reviews (*continued*)

05/17/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 06/05/2023
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/23/2023

05/23/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 06/05/2023
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 06/05/2023

07/06/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 06/05/2023
Reviewer: [REDACTED] Follow-Up Type: Exception

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

At approximately 1:00 pm, numerous resident records, to include the records of residents #1, #2, #3, and #4, were unlocked, unattended and accessible in the home's office.

Plan of Correction

Directed (████) - 05/23/2023)

We purchased 2 locking wall cabinets for in the office. This secures patient information at all times separate from the office door. Vere Inc is installing these by 5/26/2023. There will be a checklist on the cabinet which will be signed off at the beginning of each shift. The staff will initial verifying the cabinets are secure and in good condition. We will have staff education regarding record confidentiality and documentation sheet of the training. (DIRECTED: The daily checklist shall be implemented on 5/26/23. █████ 5/23/23).

Directed Completion Date: 05/26/2023

Implemented (████) - 07/06/2023)

25c3 - Annual Assessment

2. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

3. An explanation of the annual assessment, medical evaluation and support plan requirements and procedures, which shall be followed if either the assessment or the medical evaluation indicates the need of another and more appropriate level of care.

Description of Violation

Resident #2's resident-home contract, dated 7/24/22, does not include an explanation of the annual assessment, medical evaluation and support plan requirements and procedures.

Plan of Correction

Accept (████) - 05/23/2023)

There were 5 pages missing from the contract in the resident binder. The full contract copy had been given to the resident and a backup copy was in the accounting files. The missing pages were copied from the backup copy and placed in the resident binder on 5/17. To avoid this issue in the future, contracts after 5/17 are being printed with a footer including the resident name and a page number/page count to easily verify that all pages are present. It cannot be added to existing contracts because that would be modifying an already signed document.

The original missing pages were located in the other residents binder on 5/22. All resident records had been checked Mar 29th. The only persons who had pages removed from the binders between 3/29 and the inspection were the DHS inspectors during the inspection. The inspectors had the documents in a pile on the table as they were reviewing them. This contract was approved by BHSL in Dec 2022 and had all the required items. They were also present on a previous inspection.

The administrator verified that the missing item was on the backup copy and on the pages that were found when they were found on May 22.

All resident contracts were reviewed to assure all pages present on 5/23.

25c3 - Annual Assessment (continued)

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented (█) - 07/06/2023)

25c5 Telephone Calls

3. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

5. The method for payment of charges for long distance telephone calls.

Description of Violation

Resident #2's resident-home contract, dated 7/24/22, does not include the method for payment of charges for long distance telephone calls.

Plan of Correction

Accept (█) 05/23/2023)

There were 5 pages missing from the contract in the resident binder. The full contract copy had been given to the resident and a backup copy was in the accounting files. The missing pages were copied from the backup copy and placed in the resident binder on 5/17. To avoid this issue in the future, contracts after 5/17 are being printed with a footer including the resident name and a page number/page count to easily verify that all pages are present.

The original missing pages were located in the other residents binder on 5/22. All resident records had been checked Mar 29th. The only persons who had pages removed from the binders between 3/29 and the inspection were the DHS inspectors during the inspection. The inspectors had the documents in a pile on the table as they were reviewing them. This contract was approved by BHSL in Dec 2022 and had all the required items. They were also present on a previous inspection.

There were 5 pages missing from the contract in the resident binder. The full contract copy had been given to the resident and a backup copy was in the accounting files. The missing pages were copied from the backup copy and placed in the resident binder on 5/17. To avoid this issue in the future, contracts after 5/17 are being printed with a footer including the resident name and a page number/page count to easily verify that all pages are present. It cannot be added to existing contracts because that would be modifying an already signed document.

The original missing pages were located in the other residents binder on 5/22. All resident records had been checked Mar 29th. The only persons who had pages removed from the binders between 3/29 and the inspection were the DHS inspectors during the inspection. The inspectors had the documents in a pile on the table as they were reviewing them. This contract was approved by BHSL in Dec 2022 and had all the required items. They were also present on a previous inspection.

The administrator verified that the missing item was on the backup copy and on the pages that were found when they were found on May 22.

All resident contracts were reviewed to assure all pages present on 5/23.

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented (█) - 07/06/2023)

25c6 - Refunds

4. Requirements

2600.

25c6 - Refunds (continued)

25.c. At a minimum, the contract must specify the following:

6. The conditions under which refunds will be made, including the refund of admission fees and refunds upon a resident's death.

Description of Violation

Resident #2's resident-home contract, dated 7/24/22, does not include the conditions under which refunds will be made, including the refund of admissions fees and refunds upon the resident's death.

Plan of Correction

Accept [REDACTED] - 05/23/2023)

There were 5 pages missing from the contract in the resident binder. The full contract copy had been given to the resident and a backup copy was in the accounting files. The missing pages were copied from the backup copy and placed in the resident binder on 5/17. To avoid this issue in the future, contracts after 5/17 are being printed with a footer including the resident name and a page number/page count to easily verify that all pages are present. It cannot be added to existing contracts because that would be modifying an already signed document.

The original missing pages were located in the other residents binder on 5/22. All resident records had been checked Mar 29th. The only persons who had pages removed from the binders between 3/29 and the inspection were the DHS inspectors during the inspection. The inspectors had the documents in a pile on the table as they were reviewing them. This contract was approved by BHSL in Dec 2022 and had all the required items. They were also present on a previous inspection.

The administrator verified that the missing item was on the backup copy and on the pages that were found when they were found on May 22.

All resident contracts were reviewed to assure all pages present on 5/23.

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented [REDACTED] - 07/06/2023)

25c8 - Smoking**5. Requirements**

2600.

25.c. At a minimum, the contract must specify the following:

8. The home's rules related to home services, including whether the home permits smoking.

Description of Violation

Resident #2's resident-home contract, dated 7/24/22, does not include the home's rules related to home services, including whether the home permits smoking.

Plan of Correction

Accept [REDACTED] - 05/23/2023)

There were 5 pages missing from the contract in the resident binder. The full contract copy had been given to the resident and a backup copy was in the accounting files. The missing pages were copied from the backup copy and placed in the resident binder on 5/17. To avoid this issue in the future, contracts after 5/17 are being printed with a footer including the resident name and a page number/page count to easily verify that all pages are present. It cannot be added to existing contracts because that would be modifying an already signed document.

The original missing pages were located in the other residents binder on 5/22. All resident records had been checked Mar 29th. The only persons who had pages removed from the binders between 3/29 and the inspection were the DHS inspectors during the inspection. The inspectors had the documents in a pile on the table as they were reviewing them. This contract was approved by BHSL in Dec 2022 and had all the required items. They were also present on a previous inspection.

25c8 - Smoking (continued)

The administrator verified that the missing item was on the backup copy and on the pages that were found when they were found on May 22.

All resident contracts were reviewed to assure all pages present on 5/23.

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented [REDACTED] - 07/06/2023)

25c11 List of Rates**6. Requirements**

2600.

25.c. At a minimum, the contract must specify the following:

11. A list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.

Description of Violation

Resident #2's resident-home contract, dated 7/24/22, does not include a list of personal care services to be provided to resident #2 based on the outcome of the resident's support plan

Plan of Correction

Accept [REDACTED] 05/23/2023)

There were 5 pages missing from the contract in the resident binder. The full contract copy had been given to the resident and a backup copy was in the accounting files. The missing pages were copied from the backup copy and placed in the resident binder on 5/17. To avoid this issue in the future, contracts after 5/17 are being printed with a footer including the resident name and a page number/page count to easily verify that all pages are present. It cannot be added to existing contracts because that would be modifying an already signed document.

The original missing pages were located in the other residents binder on 5/22. All resident records had been checked Mar 29th. The only persons who had pages removed from the binders between 3/29 and the inspection were the DHS inspectors during the inspection. The inspectors had the documents in a pile on the table as they were reviewing them. This contract was approved by BHSL in Dec 2022 and had all the required items. They were also present on a previous inspection.

The administrator verified that the missing item was on the backup copy and on the pages that were found when they were found on May 22.

All resident contracts were reviewed to assure all pages present on 5/23.

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented [REDACTED] - 07/06/2023)

25c12 - Bed Hold**7. Requirements**

2600.

25.c. At a minimum, the contract must specify the following:

12. Charges to the resident for holding a bed during hospitalization or other extended absence from the home.

Description of Violation

Resident #2's resident-home contract, dated 7/24/22, does not include the charges for holding a bed during

25c12 - Bed Hold (continued)

hospitalization or an extended absence from the home.

Plan of Correction

Accept () - 05/23/2023)

There were 5 pages missing from the contract in the resident binder. The full contract copy had been given to the resident and a backup copy was in the accounting files. The missing pages were copied from the backup copy and placed in the resident binder on 5/17. To avoid this issue in the future, contracts after 5/17 are being printed with a footer including the resident name and a page number/page count to easily verify that all pages are present. It cannot be added to existing contracts because that would be modifying an already signed document.

The original missing pages were located in the other residents binder on 5/22. All resident records had been checked Mar 29th. The only persons who had pages removed from the binders between 3/29 and the inspection were the DHS inspectors during the inspection. The inspectors had the documents in a pile on the table as they were reviewing them. This contract was approved by BHSL in Dec 2022 and had all the required items. They were also present on a previous inspection.

The administrator verified that the missing item was on the backup copy and on the pages that were found when they were found on May 22.

All resident contracts were reviewed to assure all pages present on 5/23.

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented () - 07/06/2023)

25c13 - Complaint Procedure**8. Requirements**

2600.

25.c. At a minimum, the contract must specify the following:

13. Written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of rights and complaint procedures).

Description of Violation

Resident #2's resident-home contract, dated 7/24/22, does not include written information on the resident's rights and complaint procedures.

Plan of Correction

Accept () - 05/23/2023)

There were 5 pages missing from the contract in the resident binder. The full contract copy had been given to the resident and a backup copy was in the accounting files. The missing pages were copied from the backup copy and placed in the resident binder on 5/17. To avoid this issue in the future, contracts after 5/17 are being printed with a footer including the resident name and a page number/page count to easily verify that all pages are present. It cannot be added to existing contracts because that would be modifying an already signed document.

The original missing pages were located in the other residents binder on 5/22. All resident records had been checked Mar 29th. The only persons who had pages removed from the binders between 3/29 and the inspection were the DHS inspectors during the inspection. The inspectors had the documents in a pile on the table as they were reviewing them. This contract was approved by BHSL in Dec 2022 and had all the required items. They were also present on a previous inspection.

The administrator verified that the missing item was on the backup copy and on the pages that were found when they were found on May 22.

All resident contracts were reviewed to assure all pages present on 5/23.

25c13 - Complaint Procedure (*continued*)

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented [REDACTED] - 07/06/2023)

25b SOPa - Rent Rebate: Contract

9. Requirements

2600.

25b.a. The resident-home contract is to include whether the home collects a portion of a resident's rent rebate under § 2600.25(d) (relating to resident-home contract).

Description of Violation

Resident #2's resident-home contract, dated 7/24/22, does not include whether the home will collect a portion of resident #2's rent rebate.

Plan of Correction

Accepted [REDACTED] - 05/23/2023)

There were 5 pages missing from the contract in the resident binder. The full contract copy had been given to the resident and a backup copy was in the accounting files. The missing pages were copied from the backup copy and placed in the resident binder on 5/17. To avoid this issue in the future, contracts after 5/17 are being printed with a footer including the resident name and a page number/page count to easily verify that all pages are present. It cannot be added to existing contracts because that would be modifying an already signed document.

The original missing pages were located in the other residents binder on 5/22. All resident records had been checked Mar 29th. The only persons who had pages removed from the binders between 3/29 and the inspection were the DHS inspectors during the inspection. The inspectors had the documents in a pile on the table as they were reviewing them. This contract was approved by BHSL in Dec 2022 and had all the required items. They were also present on a previous inspection.

The administrator verified that the missing item was on the backup copy and on the pages that were found when they were found on May 22.

All resident contracts were reviewed to assure all pages present on 5/23.

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented [REDACTED] - 07/06/2023)

41e - Signed Statement

10. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

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

Plan of Correction

Accepted [REDACTED] - 05/23/2023)

This is an invalid violation. per RCG : Our resident rights and complaint procedure is included in the contract. "If it is included in the resident contract, the contract signature page will suffice for compliance with 2800.41e" Our

41e - Signed Statement (continued)

contract was approved by BHSL in December 2022, it includes resident rights and complaint procedures and has a contract signature page.

There were 5 pages missing from the contract in the resident binder. The full contract copy had been given to the resident and a backup copy was in the accounting files. The missing pages were copied from the backup copy and placed in the resident binder on 5/17. To avoid this issue in the future, contracts after 5/17 are being printed with a footer including the resident name and a page number/page count to easily verify that all pages are present. It cannot be added to existing contracts because that would be modifying an already signed document.

The original missing pages were located in the other residents binder on 5/22. All resident records had been checked Mar 29th. The only persons who had pages removed from the binders between 3/29 and the inspection were the DHS inspectors during the inspection. The inspectors had the documents in a pile on the table as they were reviewing them. This contract was approved by BHSL in Dec 2022 and had all the required items. They were also present on a previous inspection.

The administrator verified that the missing item was on the backup copy and on the pages that were found when they were found on May 22.

All resident contracts were reviewed to assure all pages present on 5/23.

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented (████) - 07/06/2023)

51 - Criminal Background Check**11. 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 A was hired on █████; however, the Pennsylvania criminal background check for staff person A was not completed until 4/10/23.

Plan of Correction

Directed (████) - 05/23/2023)

The administrator and one owner will independently verify all information on the employee checklist is in the employee file and that background checks are done on a timely basis.

There is an employee checklist which includes background checks and the checklist was in the employee file. It had that item missing. The administrator will re-educate the hiring staff to assure compliance and will document the training. (DIRECTED: The employee checklist shall be implemented on 5/26/23 to ensure a Pennsylvania criminal background check is completed for all newly-hired staff persons in accordance with the Older Adult Protective Services Act. Copies of the completed employee checklists, as well as the Pennsylvania background checks shall be kept in each staff person's record. All staff persons involved in the hiring process shall be educated on the employee checklist by 5/31/23. Documentation of the education shall be kept. █████ 5/23/23).

All other employee files were audited for compliance on 5/22 and found complete.

Directed Completion Date: 05/31/2023

Implemented (████) - 07/06/2023)

54a - Direct Care Staff

12. 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, hired on [REDACTED] does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

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

Plan of Correction

Directed ([REDACTED] - 05/23/2023)

Both staff members have high school diplomas and this was verified by phone on the date of hire. Requests were made to their school for duplicate diplomas which were not received. The administrator will assure diplomas are in the files for all direct care staff.

There is an employee checklist which includes diplomas and the checklist was in the employee file. It had that item missing. The administrator will re-educate the hiring staff to assure compliance and will document the training.

DIRECTED: The employee checklist shall be implemented on 5/26/23 to ensure copies of qualifications specified in 2600.54a are obtained at the time of hire for all newly-hired direct care staff persons. Copies of the completed employee checklists, as well as the qualifications specified in 2600.54a shall be kept in each staff person's record. All staff persons involved in the hiring process shall be educated on the employee checklist by 5/31/23. Documentation of the education shall be kept. [REDACTED] 5/23/23).

All other employee files were audited for compliance on 5/22 and found complete.

This violation was discussed with the inspectors during the inspection and the diplomas were obtained from the employees prior to their next shift, so it was not necessary to move them to ancillary positions. (DIRECTED: By 5/25/23: The administrator shall ensure copies of direct care staff person A and B's qualifications specified in 2600.54a are kept in each staff person's record. [REDACTED] 5/23/23).

Directed Completion Date: 05/31/2023

Implemented [REDACTED] - 07/06/2023)

85a - Sanitary Conditions

13. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 9:50 am, there were 2 unlabeled, used razors and 2 unlabeled hairbrushes, each containing hair, present in the

85a - Sanitary Conditions (continued)

"communal" toiletry basket on the top shelf of the stand in the common bathroom next to the dining room.

Plan of Correction

Directed (redacted) - 05/23/2023)

Additional training was provided to the staff to remove all personal items during bathroom cleaning and when helping patients use the bathroom.

The cited items were removed immediately after the inspectors pointed them out. Staff education will occur by 5/31 and documentation will be kept.

We are adding bathroom inspection sheets so staff will check the bathroom and signoff during each shift.

DIRECTED: The bathroom inspection sheet shall be implemented by 5/26/23. (redacted) 5/23/23).

Directed Completion Date: 05/31/2023

Implemented (redacted) - 07/06/2023)

88a - Surfaces

14. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

There is an approximate 1" x 2.5" hole in the closet door next to the dining room.

Plan of Correction

Directed (redacted) - 05/23/2023)

ere Inc is repairing the hole and touching up paint and drywall. A metal kickplate is being installed on the door to prevent damage from the door handle that contacts the damaged area. repairs will be completed by 5/26.

ere inc is contracted for home maintenance and they walk through the home and check for maintenance issues weekly. The staff contacts them for immediate concerns and gives them a list during their walk throughs of minor tems. They schedule maintenance at that time. (DIRECTED: The weekly walk throughs shall begin on 5/26/23. (redacted) 5/23/23).

The administrator walked through the home and found no immediate concerns and scheduled maintenance for paint touchup in a few areas to be done int he next month.

Directed Completion Date: 05/26/2023

Implemented (redacted) - 07/06/2023)

92 - Windows

15. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

92 - Windows (continued)

Description of Violation

Approximately 10 tears, ranging from 1" to 4" in length, were present on the screen in the window to the right of the home's front door.

Plan of Correction

Directed (████) - 05/23/2023)

2 window screens were repaired by Bellone's glass and installed by Vere Inc on 5/17.

ere inc is contracted for home maintenance and they walk through the home and check for maintenance issues weekly. The staff contacts them for immediate concerns and gives them a list during their walk throughs of minor tems. They schedule maintenance at that time. Screens will specifically be called out on their list. (DIRECTED: The weekly walk throughs shall begin on 5/26/23. █████ 5/23/23).

The administrator walked through the home on 5/22 and found no immediate concerns and scheduled maintenance for paint touchup in a few areas to be done in the next month.

The law says "must be in good repair and securely screened when doors or windows are open". The window was not open and is never opened because we have air conditioning. It does not say operable anywhere in the law. This is an over reach of the law.

Directed Completion Date: 05/26/2023

Implemented (████) - 07/06/2023)

101j6 - Mirror

16. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
6. A mirror.

Description of Violation

No mirror is present in resident #4's bedroom.

Plan of Correction

Accept (████) - 05/23/2023)

A mirror is being installed by Vere inc in the bedroom. It will be installed by 5/26.

All other rooms were inspected for mirrors by the administrator on 5/22.

We are adding a monthly room check sheet which will be implemented 6/1. This will be conducted by the administrator once during each calendar month.

Licensee's Proposed Overall Completion Date: 05/26/2023

Implemented (████) - 07/06/2023)

101j7 - Lighting/Operable Lamp

17. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #3's lamp was approximately 3 feet from the bed and could not be turned on/off from bedside.

Plan of Correction

Directed [REDACTED] - 05/23/2023)

A small battery powered lamp has been installed on the wall next to the resident's bed. completed 5/17 The administrator will check battery power lamps on his weekly walkthrough. (DIRECTED: The weekly walk throughs shall begin on 5/26/23. [REDACTED] 5/23/23).

All other rooms were inspected for lights within reach by the administrator on 5/22.

We are adding a monthly room check sheet which will be implemented 6/1. This will be conducted by the administrator once during each calendar month.

Directed Completion Date: 06/01/2023

Implemented [REDACTED] - 07/06/2023)

141a 1-10 Medical Evaluation Information

19. Requirements

2600.

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

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

Description of Violation

Resident #2's medical evaluation, dated [REDACTED], does not include resident #2's immunization history, special health or dietary needs, a mobility needs assessment, or ability to self-administer medications. These sections of the form are blank.

Plan of Correction

Directed [REDACTED] - 05/23/2023)

We will review DME's with the physician on Tuesday May 29 to assure the physician has filled in all required areas of the form. (DIRECTED: A copy of resident #2's updated medical evaluation shall be placed in resident #2's record by 5/30/23. [REDACTED] 5/26/23).

141a 1-10 Medical Evaluation Information (continued)

All DME's will be checked and updated. (DIRECTED: By 6/5/23: The administrator shall review all current resident records to ensure each resident has a medical evaluation, completed in its entirety, within 60 days prior to admission or within 30 days after admission. [REDACTED] 5/23/23). The records checklist and first record expiration date in the binder will be updated at that time.

The administrator will add a monthly check of the DME to the monthly records review now done. This will be implemented 6/1 and a check will be done during each calendar month and documented in the resident binder.

DIRECTED: By 6/1/23: The administrator shall develop and implement a new admission checklist to ensure a medical evaluation is completed in its entirety, within 60 days prior to admission or within 30 days after admission, for all newly-admitted residents. Copies of the new admission checklist shall be kept in each resident's record. All staff persons involved in the admission process shall be educated on the new checklist by 6/5/23. Documentation of the education shall be kept. [REDACTED] 5/23/23).

Directed Completion Date: 06/05/2023

Implemented [REDACTED] 07/06/2023)

141b1 - Annual Medical Evaluation**20. Requirements**

2600.

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

Description of Violation

Resident #4's most recent medical evaluation was completed on [REDACTED]; however, resident #4's previous medical evaluation was completed on 8/31/21.

Resident #4's most medical evaluation, dated [REDACTED] does not include resident #4's weight. This section of the form is blank.

Plan of Correction

Directed [REDACTED] - 05/23/2023)

All of binders now include a expiration date sheet for all recurrent forms and a printed label on the binder for the closest expiration date. This had been implemented in March 2023.

We will review DME's with the physician on Tuesday May 29 to assure the physician has filled in all required areas of the form. All DME's will be checked and updated. The records checklist and first record expiration date in the binder will be updated at that time.

The administrator will add a monthly check of the DME to the monthly records review now done. This will be implemented 6/1 and a check will be done during each calendar month and documented in the resident binder.

All records are being reviewed and that will be completed by 6/1

DIRECTED: By 6/1/23: The administrator shall have resident #4's medical evaluation updated by resident #4's physician to include resident #4's weight. A copy of resident #4's updated medical evaluation shall be placed in

141b1 - Annual Medical Evaluation (continued)

resident #4's record by 6/2/23. [REDACTED] 5/23/23).

Directed Completion Date: 06/02/2023

Implemented [REDACTED] - 07/06/2023)

187a Medication Record**21. Requirements**

2600.

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

6. Dose.

8. Frequency of administration.

Description of Violation

Resident #2 is prescribed Hydrocodone/APAP 5-325mg-Take 1 tablet by mouth every 8 hours as needed; however, resident's #2's April 2023 medication administration record indicates Hydrocodone/APAP 5-325mg-Take 1 or 2 tablets by mouth every 6 hours as needed.

Plan of Correction

Directed [REDACTED] 05/23/2023)

We have a new pharmacy that prints MAR's for us based on the prescription. Staff will review the prescription, the MAR and packaging when the medicine arrives to assure all three match.

The MARs were audited by the administrator and by a tech from the pharmacy who provides this service as part of our services from the pharmacy. The audit had been done in March.

Resident #2's mar was updated by staff person 1 after the discrepancy was pointed out by the inspectors.

All staff are required to verify the medication package against the MAR at each administration. Discrepancies go to the administrator for resolution.

DIRECTED: By 6/5/23: All staff persons qualified to administer medications shall be re-educated on medication administration procedures, which includes procedures for updating resident MAR's upon receipt of a new order from the prescriber. Documentation of the education shall be kept. [REDACTED] 5/23/23

DIRECTED: Beginning on 6/1/23, then monthly thereafter: The administrator shall review the MAR's of at least 50% of the resident population in the home to ensure accurate and complete MAR's are present in accordance with prescribers' orders. [REDACTED] 5/23/23).

Directed Completion Date: 06/05/2023

Implemented [REDACTED] - 07/06/2023)

191 - Resident Right to Refuse

22. Requirements

2600.

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

Description of Violation

No documentation is present indicating resident #2 has been educated on [REDACTED] right to question or refuse medication if resident #2 believes that there may be a medication error. Resident #2 was admitted to the home on [REDACTED]

Plan of Correction

Accept [REDACTED] 05/23/2023)

This document was on page 3 of the contract section A.3 with the exact wording as listed. This document was in the resident binder and was provided to the inspector. It was dated 7 24 2023 when the contract was signed. It is part of the contract as approved by BHSL in Dec 2022.

There were 5 pages missing from the contract in the resident binder. The full contract copy had been given to the resident and a backup copy was in the accounting files. The missing pages were copied from the backup copy and placed in the resident binder on 5/17. To avoid this issue in the future, contracts after 5/17 are being printed with a footer including the resident name and a page number/page count to easily verify that all pages are present. It cannot be added to existing contracts because that would be modifying an already signed document.

The original missing pages were located in the other residents binder on 5/22. All resident records had been checked Mar 29th. The only persons who had pages removed from the binders between 3/29 and the inspection were the DHS inspectors during the inspection. The inspectors had the documents in a pile on the table as they were reviewing them. This contract was approved by BHSL in Dec 2022 and had all the required items. They were also present on a previous inspection.

The administrator verified that the missing item was on the backup copy and on the pages that were found when they were found on May 22.

All resident contracts were reviewed to assure all pages present on 5/23.

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented [REDACTED] - 07/06/2023)

225a - Assessment 15 Days

23. Requirements

2600.

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

Description of Violation

Resident #2's assessment, dated [REDACTED], indicates resident #2 requires some physical assistance to transfer in/out of bed/chair; however, resident #2 requires full physical assistance to transfer in/out of bed/chair with use of a Hoyer lift or sit-to-stand lift.

REPEAT VIOLATION: 9/24/2022, et. al.; 8/4/2022

225a - Assessment 15 Days (continued)

Plan of Correction

Directed [REDACTED] 05/23/2023)

The administrator is addressing this issue with the staff supervisor and is reviewing all residents for care changes and assuring the RASP is appropriately updated.

This resident's RASP was updated on 4/15 and further updated on 5/17. It is being updated again as this resident is declining. We are meeting with Hospice next week to discuss care plans and it will be completed by 6/1. (DIRECTED: By 5/26/23: A copy of resident #2's updated assessment shall be placed in resident #2's record. [REDACTED] 5/23/23).

staff are being educated that all changes in care needs are to go to the administrator for delegation to the appropriate staff person and then for review of the completed RASP. (DIRECTED: The staff education shall be completed by 6/5/23. Documentation of the education shall be kept [REDACTED] 5/23/23).

We are meeting with the hospice nurse to update the care plan and make sure their care plan and the RASP are uniform. This will be done by 6/1.

DIRECTED: By 6/1/23, then monthly thereafter: The administrator shall review the assessments and support plans of at least 50% of the resident population in the home to ensure each resident has an accurate and complete assessment present in their record. [REDACTED] 5/23/23

Directed Completion Date: 06/05/2023

Implemented [REDACTED] - 07/06/2023)

227d - Support Plan Medical/Dental

24. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1's assessment, dated [REDACTED] indicates resident #1 cannot self-administer medications; however, resident #1's support plan, dated [REDACTED] does not indicate the description of medication needs, a plan to meet medication needs or the party responsible for meeting medication needs. These sections of resident #1's support plan indicate "N/A".

Resident #2's assessment, dated [REDACTED] indicates resident #2 cannot self-administer medications; however, resident #2's support plan, dated [REDACTED], does not indicate the description of medication needs, a plan to meet medication needs or the party responsible for meeting medication needs. These sections of resident #2's support plan indicate "N/A".

Resident #2 requires the use of a sit-to-stand or Hoyer lift to transfer in/out of bed/chair; however, these assistive devices are not indicated on resident #2's support plan, dated [REDACTED]

227d - Support Plan Medical/Dental (continued)

Resident #2 began receiving Hospice services on 3/18/23, which includes assistance with showering and personal hygiene; however, the services resident #2 is receiving from Hospice or the frequency of the services is not indicated on resident #2's support plan, dated [REDACTED]

Resident #3 is currently receiving Hospice services approximately 3 times a week; however, the services resident #3 is receiving from Hospice or the frequency of services is not indicated on resident #3's support plan, dated [REDACTED].

Plan of Correction

Directed [REDACTED] 05/23/2023)

The administrator is addressing this issue with the staff supervisor and is reviewing all residents for care changes and assuring the RASP is appropriately updated.

This resident's RASP was updated on 4/15 and further updated on 5/17. It is being updated again as this resident is declining. We are meeting with Hospice next week to discuss care plans and it will be completed by 6/1.

(DIRECTED: By 6/1/23: The administrator shall ensure the support plans for residents #1, #2 and #3 are updated to accurately reflect their care needs. Copies of the updated support plans shall be placed in each resident's record by 6/1/23. [REDACTED] 5/23/23).

Staff are being educated that all changes in care needs are to go to the administrator for delegation to the appropriate staff person and then for review of the completed RASP. (DIRECTED: The staff education shall be completed by 6/5/23. Documentation of the education shall be kept. [REDACTED] 5/23/23).

We are meeting with the hospice nurse to update the care plan and make sure their care plan and the RASP are uniform. This will be done by 6/1.

DIRECTED: By 6/1/23, then monthly thereafter: The administrator shall review the assessments and support plans of at least 50% of the resident population in the home to ensure each resident has an accurate and complete support plan present in their record. [REDACTED] 5/23/23

Directed Completion Date: 06/05/2023

Implemented ([REDACTED] - 07/06/2023)