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

June 16, 2023

[redacted]
PREMIER QUALITY ENTERPRISE INC
1703 WARREN ROAD
INDIANA, PA, 15701

RE: INDIANA SQUARE PERSONAL CARE HOME
1703 WARREN ROAD
INDIANA, PA, 15701
LICENSE/COC#: 44744

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/13/2023, 04/14/2023 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: *INDIANA SQUARE PERSONAL CARE HOME* **Licen e #**: *44744* **Licen e Expiration**: *06/20/2023*

Address: *1703 WARREN ROAD, INDIANA, PA 15701*

County: *INDIANA* **Region**: *WESTERN*

Administrator

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

Legal Entity

Name: *PREMIER QUALITY ENTERPRISE INC*

Address: *1703 WARREN ROAD, INDIANA, PA, 15701*

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

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *12/17/1993* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *35* **Waking Staff**: *26*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *04/14/2023*

Inspection Dates and Department Representative

04/13/2023 - On-Site: [redacted]

04/14/2023 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

Licen e Capacity: *50* **Re ident Served**: *22*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Downstairs* **Capacity**: *16* **Re ident Served**: *12*

Hospice

Current Re ident : *2*

Number of Residents Who:

Receive Supplemental Security Income: *1*

Are 60 Years of Age or Older: *21*

Diagnosed with Mental Illness: *1*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *13*

Have Physical Disability: *0*

Inspections / Reviews

04/13/2023 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/01/2023*

Inspections / Reviews *(continued)*

05/05/2023 - **POC Submission**

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

Reviewer [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/09/2023*

05/17/2023 - **POC Submission**

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

Reviewer [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *05/31/2023*

06/16/2023 - **Document Submission**

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

Reviewer: [redacted] **Follow-Up Type**: *Not Required*

65g - Annual Training Content

1. Requirements

2600.
65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.

Description of Violation

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

Plan of Correction ***Accept ([redacted] - 05/04/2023)***

Administrator will educate all current staff members on 2600.65.(g) regulation and what and how we failed to be in compliance with that regulation by 04/29/2023. Administrator will educate all current staff members. 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.

Administrator has been trained by a fire safety expert to be a train the trainer please see attached. All current staff annual content will be completed by 06/01/2023. A check list for educations will be made, maintained, and kept in each staff members file to be in compliance with this regulation. This checklist will be audited monthly until 10/31/2023.
All new staff members will have this training content on start date (day one) with their orientation.

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

Implemented ([redacted] - 06/16/2023)

82a - Poisonous Materials

2. Requirements

2600.
82.a. Poisonous materials shall be stored in their original, labeled containers.

82a - Poisonous Materials *(continued)*

Description of Violation

On 4/13/23, there was a clear spray bottle on the housekeeping cart in the maintenance room that was full with 23 ounces of yellow liquid with [redacted] written in black marker that did not have the original label.

Plan of Correction ***Accept ([redacted] - 05/15/2023)***

Administrator will educate all staff members on 82 (a) regulation and what and how we failed to be in compliance with that regulation by 04/29/2023. On 4/13/23, there was a clear spray bottle on the housekeeping cart in the maintenance room that was full of 23 ounces of yellow liquid with [redacted] written in black marker that did not have the original label. CORERECTED IMMEDIATLEY on 4/13/2023 by housekeeping staff and shown to surveyor. Poisonous materials will be monitored, and an audit sheet will be completed weekly for 05/2023 & 06/2023 starting n 05/2023. Then monthly for 07,08, 09,10/2023. by the housekeeping director, to ensure compliance with this regulation.

Licensee's Proposed Overall Completion Date: *10/02/2023*

Implemented ([redacted] - 06/16/2023)

89b Hot Water Temperature

3. Requirements

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

Description of Violation

On 4/13/23, at 11:30 a.m., the hot water temperature at the bathroom sink in resident room [redacted] measured 122.5 degrees Fahrenheit.

Plan of Correction ***Accept ([redacted] - 05/15/2023)***

Administrator will educate all staff members on 89(b) regulation and what and how we failed to be in compliance with this regulation by 04/29/2023. On 4/13/23, at 11:30 a.m., the hot water temperature at the bathroom sink in resident room [redacted] measured 122.5 degrees Fahrenheit. CORRECTED IMMEDIATLY 04/13/2023 by maintenance staff. Hot water temperature in areas accessible to the resident will be monitored and verified monthly that temperatures do not exceed 120°F. This will be audited monthly by Maintenance Director starting in 05/2023 until 10/01/2023.

Licensee's Proposed Overall Completion Date: *10/01/2023*

Implemented ([redacted] - 06/16/2023)

101j5 Bedside Table/Shelf

4. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
5. A bedside table or a shelf.

Description of Violation

There is no bedside table or shelf beside resident #1's bed in bedroom [redacted]

Plan of Correction ***Accept ([redacted] 05/17/2023)***

Administrator will educate all staff members on 101. (j) (and all other requirements of this regulation) regulation and what and how we failed to be in compliance with this regulation by 04/29/2023. There is no bedside table or shelf beside resident #1's bed in bedroom [redacted] CORRECTED IMMEDIATLY on 04/13/2023 by housekeeping staff. This

101j5 - Bedside Table/Shelf (continued)

will be monitored and verified weekly with audit for 05, 06/2023 starting in 05/2023 then monthly for 07,08,09,10/2023 by housekeeping staff.

Licensee's Proposed Overall Completion Date: *10/01/2023*

Implemented (- 06/16/2023)

102h - Toilet Paper

5. Requirements

2600.
102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On 4/13/23, at approximately 11:00 a.m., there was no toilet paper for the toilet in the bathroom of resident #1 room

Plan of Correction ***Accept (- 05/17/2023)***

Administrator will educate all staff members on 102. (h.) (the complete 102. regulation) regulation and what and how we failed to be in compliance with this regulation by 04/29/2023. On 4/13/23, at approximately 11:00 a.m., there was no toilet paper for the toilet in the bathroom of resident #1 room CORRECTED IMMEDIATELY on 04/13/2023 by housekeeping staff. This will be monitored and verified through and audit weekly for the month of 05, 06/2023 starting in 05/2023 then monthly for 07,08,09,10/2023 by housekeeping staff to ensure compliance of this regulation.

Licensee's Proposed Overall Completion Date: *10/01/2023*

Implemented (- 06/16/2023)

102i - Soap Dispenser

6. Requirements

2600.
102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

On 4/13/23, at approximately 11:00 a.m., there was no soap in the bathroom of resident #1 room

Plan of Correction ***Accept (- 05/17/2023)***

Administrator will educate all staff members on 101. (i.) regulation and what and how we failed to be in compliance with this regulation by 04/29/2023. On 4/13/23, at approximately 11:00 a.m., there was no soap in the bathroom of resident #1 room CORRECTED IMMEDIATLY on 04/13/2023 by housekeeping staff. This will be monitored and erified through and audit weekly for the month of 05, 06/2023 starting 05/2023 then monthly for 07,08,09,10/2023 by housekeeping staff to ensure compliance of this regulation.

Licensee's Proposed Overall Completion Date: *10/01/2023*

Implemented (- 06/16/2023)

103f - Refrigerator/Freezer Temps

7. Requirements

2600.

103f - Refrigerator/Freezer Temps *(continued)*

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 4/13/23, at 10:22 a.m., the temperature in the small white chest freezer was 10 degrees Fahrenheit.

On 4/13/23, at 10:23 a.m., the temperature in the stainless-steel refrigerator was 50 degrees Fahrenheit and on 4/14/23 at 2:41 p.m., the temperature was 56 degrees Fahrenheit.

Plan of Correction ***Accept (- 05/17/2023)***

Administrator will educate all staff members on 103. (f.) regulation and what and how we failed to be in compliance with this regulation by 04/29/2023.Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.
Description of Violation. On 4/13/23, at 10:22 a.m., the temperature in the small white chest freezer was 10 degrees Fahrenheit. CORRECTED IMMEDIATLY on 04/13/2023 by maintenance staff. On 4/13/23, at 10:23 a.m., the temperature in the stainless-steel refrigerator was 50 degrees Fahrenheit and on 4/14/23 at 2:41 p.m., the temperature was 56 degrees Fahrenheit. On 04/24/2023 Freon was added to the units to be at a lower degree and on 04/26/2023 maintenance installed an air conditioning unit in the kitchen. to help bring down the temperature in the kitchen to reduce hot air going to into the refrigerator and freezer when doors are being opened. Both the white chest freezer and the stainless-steel refrigerator will be monitored and documented twice daily for 05,06/2023 starting 05/2023 then once daily for 07,08,09,10/2023. By Dietary Staff to ensure compliance of this regulation.

Licensee's Proposed Overall Completion Date: *10/01/2023*

Implemented (- 06/16/2023)

103g - Storing Food

8. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A 2.5 pound bag of Oreo Pieces, approximately 1/5 full, in the pantry of the kitchen was opened and unsealed.

A 5 pound bag of Pasta Noodle, approximately 1/2 full, in the pantry of the kitchen was opened and unsealed.

Plan of Correction ***Accept (- 05/17/2023)***

Administrator will educate all staff members on 103. (g.) regulation and what and how we failed to be in compliance with this regulation by 04/29/2023. Food shall be stored in closed or sealed containers. A 5 pound bag of Pasta Noodle, approximately 1/2 full, in the pantry of the kitchen was opened and unsealed. A 2.5 pound bag of Oreo Pieces, approximately 1/5 full, in the pantry of the kitchen was opened and unsealed. CORRECTED IMMEDIATELY on 04/13/2023 by Dietary staff. This regulation will be monitored and verified weekly through an audit for 05,06/2023 starting 05/2023 then monthly for 07,08,09,10/2023 by Dietary staff to ensure compliance with this regulation.

Licensee's Proposed Overall Completion Date: *10/01/2023*

Implemented (- 06/16/2023)

132e - Fire Drill Sleeping Hours

9. Requirements

132e - Fire Drill Sleeping Hours *(continued)*

2600.
132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home has not conducted a sleeping hours drill in the past 6 months. The last fire drill conducted during sleeping hours was on 4/29/22 at 1:00 a.m.

Plan of Correction ***Accept (- 05/17/2023)***

Administrator will educate all staff members on 132. (e.) regulation and what and how we failed to be in compliance with this regulation by 04/29/2023. A fire drill shall be held during sleeping hours once every 6 months. The home has not conducted a sleeping hours drill in the past 6 months. The last fire drill conducted during sleeping hours was on 4/29/22 at 1:00 a.m. Unannounced fire drill during sleeping hours will be conducted in 05/2023 by Administrator and Director of Maintenace and then again in 10/2023 by Administrator and Director of Maintenance, to be in compliance with this regulation. three fire drills were conducted so far this year during the day shift (6am-2pm) only two more will be conducted this year at different times during the day shift. One fire drill has been conducted this year during the evening shift (2-10PM) 4 more evening shift fire drills will be conducted this year to be in compliance with this regulation. This regulation will be monitored and audited monthly starting 05/2023 by Administrator until 12/31/2023.

Licensee's Proposed Overall Completion Date: *10/01/2023*

Implemented (- 06/16/2023)

132g - Fire Drills Days/Times

10. Requirements

2600.
132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely holds fire drills at 10:00 a.m. and 11:00 a.m., when there is more staff present in the home, as evidenced by the following drills:
On 2/23/23, 10/28/22, 8/30/22, and 6/14/22 the fire drills were conducted at 10:00 a.m.
On 9/30/22, 7/18/22, and 2/24/22 the fire drills were conducted at 11:00 a.m.

The staffing schedule indicates that the home routinely has approximately 3 staff persons working per shift. Fire drills are being conducted with 6 to 9 staff persons participating.

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

Administrator will educate all staff members on 132. (g.) regulation and what and how we failed to be in compliance with this regulation by 04/29/2023. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low. Unannounced fire drill during sleeping hours will be conducted in 05/2023 and then again in 10/2023. At different times, to be in compliance with this regulation. Three fire drills were conducted so far this year during the day shift (6am-2p). Only two more will be conducted this year at different times during the day shift. One fire drill has been conducted this year during the evening shift (2-10PM) 4 more evening shift fire drills will be conducted this year to be in compliance with this regulation. The staffing schedule indicates that the home

132g - Fire Drills Days/Times (continued)

routinely has approximately 3 staff persons working per shift. Fire drills are being conducted with 6 to 9 staff persons participating. The scheduling for care persons is normally 3 per shift with the exception of the overnight shift, (only 3 staff) the daylight and evening shift also has scheduled auxiliary staff members who participate in the fire drills, therefore 10 of the 12 fire drills conducted per year will have more than 3 staff members. This regulation will be monitored and audited monthly until 12/31/2023.

Licensee's Proposed Overall Completion Date: *10/01/2023*

Implemented (- 06/16/2023)

183e - Storing Medications

11. 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

Resident #2 is prescribed and being administered [redacted] which, according to the manufacturer's label, expired on 2/2023.

Plan of Correction ***Accept (- 05/17/2023)***

Administrator will educate all staff members on 183. (e.) and what and how we failed to be in compliance with this regulation by 04/29/2023. Resident #2 is prescribed and being administered [redacted] which, according to the manufacturer's label, expired on 2/2023. On 04/14/2023 this expired [redacted] pen, was destroyed and documented correctly by medication technician. This regulation will be monitored and verified weekly on 05,06/2023 and then bi-weekly 07,08,09,10/2023 by the assigned rotating shifts of medication technicians so all medication technicians are in practice of this regulation. A medication technician class for new medication technicians was given on 4/27/ 2023 this class will be observed and to take final Medication Administration by 6/30/2023. Current medication technicians will be re-educated (with initial training education, to ensure they were trained properly) and observed for their annual medication technician certificat on by 07/31/2023.

Licensee's Proposed Overall Completion Date: *10/01/2023*

Implemented (- 06/16/2023)

185a - Implement Storage Procedures

12. 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 prescribed [redacted] Inhale 2 puffs orally every 4 hours as needed. However, this medication is not available in the home.

Plan of Correction ***Accept (- 05/17/2023)***

Administrator will educate all staff members on 185. (a.) and what and how we failed to be in compliance with this regulation by 04/29/2023. Resident #3 is prescribed [redacted] Inhale 2 puffs orally every 4 hours as needed. However, this medication is not available in the home. Community received this medication on

185a - Implement Storage Procedures (continued)

3/19/2023 from the pharmacy by medication technician. Corrected Immediately on 04/14/2023 this medication was ordered and delivered by the pharmacy. Medication technician obtained on 04/14/2023 Any of these medications that are not in the medication cart drawer medication technician will seek an order from the Dr. stating that medication can be at bedside for those residents who can self-administer. Resident and staff will be educated on bedside medication regulations. Medication technician will audit orders and what needs to be in cart. This regulation will be monitored and verified weekly on 05,06/2023 starting 05/2023 and then bi-weekly 07,08,09,10/2023 by the assigned rotating shifts of medication technicians so all medication technicians are in practice of this regulation. A medication technician class for new medication technicians was given on 4/27/ 2023 this class will be observed and to take final Medication Administration by 6/30/2023. Current medication technicians will be re-educated (with initial training education, to ensure they were trained properly) and observed for their annual medication technician certification by 07/31/2023.

Licensee's Proposed Overall Completion Date: *10/01/2023*

Implemented ([redacted] - 06/16/2023)

187b Date/Time of Medication Admin.

13. 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 #3 is prescribed [redacted] inject subcutaneously once monthly on the 23rd. Resident #3's March 2023 medication administration record (MAR) was initialed as administered on 3/23/23 by staff person B; however, this was not administered to the resident.

Repeat Violation: 2/23/22

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

Administrator will educate all staff members on 187. (b.) and what and how we failed to be in compliance with this regulation by 04/29/2023. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered. Resident #3 is prescribed [redacted] inject subcutaneously once monthly on the 23rd. Resident #3's March 2023 medication administration record (MAR) was initialed as administered on 3/23/23 by staff person B; however, this was not administered to the resident. Orders will be revised by Dr. that if a prescription isn't available for delivery to have prescription changed to another suitable medication and or to have orders written when available to benefit the resident and so that we can be in compliance with this regulation and the Physicians orders. Administrator educated medication technicians on procedures and policy for proper medication documentation.
This regulation will be monitored and verified weekly on 05,06/2023 and then bi-weekly 07,08,09,10/2023 by the assigned rotating shifts of medication technicians so all medication technicians are in practice of this regulation. A medication technician class for new medication technicians was given on 4/27/ 2023 this class will be observed and to take final Medication Administration by 6/30/2023. Current medication technicians will be re-educated (with nitial training education, to ensure they were trained properly) and observed for their annual medication technician certification by 07/31/2023.

Licensee's Proposed Overall Completion Date: *10/01/2023*

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

Implemented (- 06/16/2023)

187d - Follow Prescriber's Orders

14. Requirements

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

Description of Violation

Resident #3 is prescribed , inject subcutaneously once monthly on the 23rd. However, this medication was not administered to resident #3 on 3/23/23 because the medication was not available in the home.

In addition, resident #3 is prescribed take 1 daily. However, this medication was not administered to resident #3 from /23 to /23, and on 23, /23, 23, /23, /23, /23 because the medication was not available in the home.

Repeat Violation: 2/23/22

Plan of Correction ***Accept (- 05/17/2023)***

Administrator will educate all staff members on 187. (d.) and what and how we failed to be in compliance with this regulation by 04/29/2023. The home shall follow the directions of the prescriber. Resident #3 is prescribed , inject subcutaneously once monthly on the 23rd. However, this medication was not administered to resident #3 on 3/23/23 because the medication was not available in the home.
n addition, resident #3 is prescribed , take 1 daily. However, this medication was not administered to resident #3 from /23 to /23, and on /23, 23, 23, /23, /23, /23 because the medication was not available in the home. These Medications were ordered and obtained on 04/14/2023. No orders have been changed.
Orders will be revised by Dr. that if a prescription isn't available for delivery to have prescription changed to another suitable medication and or to have orders written when available to benefit the resident and so that we can be in compliance with this regulation and the Physicians orders. Administrator educated medication technicians on procedures and policy for proper medication documentation.
This regulation will be monitored and verified weekly on 05,06/2023 and then bi-weekly 07,08,09,10/2023 by the assigned rotating shifts of medication technicians so all medication technicians are in practice of this regulation. A medication technician class for new medication technicians was given on 4/27/ 2023 this class will be observed and to take final Medication Administration by 6/30/2023. Current medication technicians will be re-educated (with nitial training education, to ensure they were trained properly) and observed for their annual medication technician certification by 07/31/2023.

Licensee's Proposed Overall Completion Date: *10/01/2023*

Implemented (- 06/16/2023)

231b - Medical Evaluation

15. Requirements

231b - Medical Evaluation *(continued)*

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 #1 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]/22; however, the resident s medical evaluation, completed on [redacted]22 does not indicate need for SDCU.

Plan of Correction ***Accept ([redacted] - 05/17/2023)***

Administrator will educate all staff members on 231. (b.) and what and how we failed to be in compliance with this regulation by 04/29/2023. 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. Resident #1 was admitted to the Secure Dementia Care Unit SDCU) on 12/14/22; however, the resident's medical evaluation, completed on 12/13/22 does not indicate need for SDCU. Resident #1 medical evaluation will be corrected by physician the need for the resident to be served in a secured dementia care unit by 05/15/2023. All current residents who are served in our secure dementia unit files will be audited by 6/01/2023 by the Administrator to ensure they are in compliance with regulation and corrected if they are not. For new secure memory care residents moving-in a checklist will be created and noted not to have any blanks and for that box to be checked, and in the 72- hour compliance.

Licensee's Proposed Overall Completion Date: *10/01/2023*

Implemented ([redacted] 06/16/2023)

231c - Preadmission Screening

16. Requirements

2600.
231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the SDCU on [redacted]/22. However, the resident has not had a written cognitive preadmission screening completed.

Plan of Correction ***Accept ([redacted] - 05/17/2023)***

Administrator will educate all staff members on 231. (c.) and what and how we failed to be in compliance with this regulation by 04/29/2023. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit. Resident #1 was admitted to the SDCU on 12/14/22. However, the resident has not had a written cognitive preadmission screening completed.

Resident#1 written cognitive preadmission screening will be corrected and documented by physician, or a geriatric assessment team and documented on the Department's preadmission screening form properly by 05/15/2023. All current residents who are served in our secure dementia unit files will be audited by 6/01/2023 by Administrator to ensure they are in compliance with regulation and corrected properly if they are not. For new secure memory care

231c - Preadmission Screening (continued)

residents, a checklist will be created by the Administrator with a written cognitive preadmission screening completed n collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit to ensure compliance with this regulation. This will be used starting in 05/2023 for any new admissions.

Licensee's Proposed Overall Completion Date: *10/01/2023*

Implemented (- 06/16/2023)

234a - Admission Support Plan

17. Requirements

2600.
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 #1 was admitted to the SDCU on /22. However, the resident's initial support plan was completed on /22.

Plan of Correction ***Accept (- 05/17/2023)***

Administrator will educate all staff members on 234. (a.) and what and how we failed to be in compliance with this regulation by 04/29/2023. 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. Resident #1 was admitted to the SDCU on /22. However, the resident's initial support plan was completed on 22. Resident #1 will be corrected with staff knowledgeable and employed within the 72 hours resident 1 was admitted. an audit of all current memory care residents will be conducted and corrected by 05/30/2023 by the Administrator.

Licensee's Proposed Overall Completion Date: *10/01/2023*

Implemented (- 06/16/2023)