pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **BENSALEM PCH LLC**
LEGAL ENTITY

To operate **ALLEGRIA AT THE OAKS**
NAME OF FACILITY OR AGENCY

Located at **6400 HULMEVILLE ROAD, BENSALEM, PA 19020**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **95**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 48**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **December 19,** **2023** until **June 19,** **2024**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **143671**

ISSUING OFFICER

ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628P – 04/23

pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: DECEMBER 19, 2023

[redacted]
Executive Director
Bensalem PCH, LLC
6400 Hulmeville Road
Bensalem, Pennsylvania 19020

RE: Allegria at the Oaks
License #: 143671

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection May 2, 2023 and August 17, 2023 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance 143670 dated May 29, 2023 to May 29, 2024 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated May 29, 2023 to May 29, 2024 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from December 19, 2023 to June 19, 2024..

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

[redacted]

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600 Section:	Class of Violation	Census at Inspection	Fine Per Resident X Per day	Calculated Fine = Per Day	Mandated Correction Date (to avoid Fine)
103i	2	77	$3	$231	15 calendar days from mailing date of this letter
141a1	2	77	$5	$385	5 calendar days from mailing date of this letter
183e	2	77	$5	$385	5 calendar days from mailing date of this letter
185a	2	77	$5	$385	5 calendar days from mailing date of this letter
187d	2	77	$5	$385	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

[redacted]

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

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

[redacted], Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [redacted]

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

Facility Information

Name: *ALLEGRIA AT THE OAKS* **License #:** *14367* **License Expiration:** *05/29/2024*

Address: *6400 HULMEVILLE ROAD, BENSALEM, PA 19020*

County: *BUCKS* **Region:** *SOUTHEAST*

Administrator

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

Legal Entity

Name: *BENSALEM PCH LLC*

Address: *6400 HULMEVILLE ROAD, BENSALEM, PA, 19020*

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

Certificate(s) of Occupancy

Type: *I-1* **Date:** *10/18/2018* **Issued By:** *Bensalem Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *125* **Waking Staff:** *94*

Inspection Information

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

Reason: *Renewal, Complaint* **Exit Conference Date:** *05/03/2023*

Inspection Dates and Department Representative

05/02/2023 - On-Site: [redacted]

05/03/2023 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *95* **Residents Served:** *76*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *Memory Care* **Capacity:** *36* **Residents Served:** *34*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *1*

Are 60 Years of Age or Older: *72*

Diagnosed with Mental Illness: *10*

Diagnosed with Intellectual Disability: *1*

Have Mobility Need: *49*

Have Physical Disability: *0*

Inspections / Reviews

05/02/2023 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *06/02/2023*

06/14/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *07/20/2023*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *06/20/2023*

06/22/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *07/20/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *07/22/2023*

10/12/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *07/20/2023*

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

15a - Resident Abuse Report

1. Requirements

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

Description of Violation

On 2/26/23, at 9:20 pm, resident 1 was found [redacted] smacking resident 2 and pulling resident 2's hair. This incident was observed by staff person A. This incident was reported to staff person B on 2/26/23. However, this allegation of abuse was not reported in accordance with the Older Adult Protective Services Act.

On 3/19/23, resident 1 was observed pulling resident 3's hair. This incident was observed by staff person C. This incident was reported to staff person D on 3/19/23. However, this allegation of abuse was not reported in accordance with the Older Adult Protective Services Act.

On 4/2/23, resident 1 was observed slapping resident 4. This incident was observed by staff person C. This incident was reported to staff person D on 4/2/23. However, this allegation of abuse was not reported in accordance with the Older Adult Protective Services Act.

On 4/21/23, resident 1 punched resident 5. This incident was observed by staff person E. This incident was reported to staff person D on 4/21/23. However, this allegation of abuse was not reported in accordance with the Older Adult Protective Services Act.

Plan of Correction ***Accept [redacted] 06/22/2023)***

All nursing staff received in-service training regarding resident-on-resident abuse and how to manage an agitated resident. The in-service took place the week of June 5-9, 2023, and was given by the Director of Resident Services (DRS), the Assistant Director of Resident Services (ADRS), and the Personal Care Coordinator (PCC) on all shifts. Staff were educated on the need to notify the Executive director (ED), the DRS and the ADRS of any incidents immediately. If any incidents were to occur, the DRS/designee will ensure that the incident is reported as a reportable within 24 hours of its occurrence, that the local Area Agency on Aging is called, and that the Act 13 form is completed and sent within 48 hours. If the abuse results in serious injury, the police will be called, and an oral report will be provided to the Department of Aging.
The DRS/designee will evaluate the shift-to-shift report daily to ensure that the incident reports are completed accurately and reported correctly. The daily evaluation of the shift-to-shift report begins 6/19/2023 and is on-going.

Licensee's Proposed Overall Completion Date: *06/20/2023*

Implemented [redacted] - 10/12/2023)

16c - Written Incident Report

2. Requirements

2600.

16c - Written Incident Report *(continued)*

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

Description of Violation

On 3/19/23, resident 1 was observed pulling resident 3's hair. On 4/2/23, resident 1 was observed slapping resident 4. These incidents were observed by staff person C. The home did not report these incidents to the department.

Plan of Correction ***Accept [redacted] 06/22/2023)***

All nursing staff received in-service training regarding resident-on-resident abuse and how to manage an agitated resident. the in-service took place the week of June 5-9, 2023, and was given by the Director of Resident Services (DRS), the Assistant Director of Resident Services (ADRS), and the Personal Care Coordinator (PCC) on all shifts. Staff were educated on the need to notify the Executive director (ED), the DRS and the ADRS of any incidents immediately. If any incidents were to occur, the DRS/designee will ensure that the incident is reported as a reportable within 24 hours of its occurrence, that the local Area Agency on Aging is called, and that the Act 13 form is completed and sent within 48 hours. If the abuse results in serious injury, the police will be called, and an oral report will be provided to the Department of Aging.

The DRS/designee will evaluate the shift-to-shift report daily to ensure that the incident reports are completed accurately and reported correctly. The daily evaluation of the shift-to-shift report begins 6/19/2023 and is on-going.

Licensee's Proposed Overall Completion Date: *06/20/2023*

Implemented [redacted] - 10/12/2023)

25b - Contract Signatures

3. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [redacted]/23, for resident 1 was not signed by the resident.

The resident-home contract, dated [redacted]/21, for resident 4 was not signed by the resident.

The resident-home contract, dated [redacted]/22, for resident 6 was not signed by the resident.

Plan of Correction ***Accept [redacted] - 06/14/2023)***

The violation indicated that the resident had not signed the contract. However, the residents in question had refused to sign the contract. Our practice had been to use a separate form for such refusals, rather than signing directly on the contract.

For the future: the refusal form will be updated to indicate that the refusals are in regard to signing the contract. There will be a line for the staff person to sign at each attempt. This will note the name and title of the staff person. The signature will be accompanied by the date of the requested signature and subsequent refusal.

This documentation will be kept with the contract in the resident file.

The Director of Admissions is responsible for ensuring that this procedure is carried out and properly documented.

25b - Contract Signatures *(continued)*

Licensee's Proposed Overall Completion Date: *06/16/2023*

Implemented [redacted] - 10/12/2023)

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

4. 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

On [redacted]23, resident 2 moved out of the home. The home did not provide the resident with an itemized account of the resident's funds.

Plan of Correction ***Accept [redacted] - 06/14/2023)***

This violation occurred due to the fact that the resident/POA did not receive an itemized account of the resident's account upon discharge. However, the resident did not owe any money, nor were we owed any money from the resident. There was a phone conversation notifying the resident's POA of the status of the account.
Going forward: In the situations where the resident does not owe any money and the community is not owed any money from the resident's account, then there will be communication of this to the resident/POA either through a phone call or a letter. Should the information be communicated through a conversation, then the conversation will be documents.
The Director of Administrative Services or designee is responsible for ensuring compliance.

Licensee's Proposed Overall Completion Date: *06/09/2023*

Implemented [redacted] - 10/12/2023)

41e - Signed Statement

5. 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 1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Resident 4's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Resident 6's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

41e - Signed Statement *(continued)*

Plan of Correction ***Accept [redacted] - 06/14/2023)***

The violation indicated that the resident had not signed the contract. However, the residents in question had refused to sign the contract. Our practice had been to use a separate form for such refusals, rather than signing directly on the contract.
For the future: the refusal form will be updated to indicate that the refusals are in regard to signing the contract. There will be a line for the staff person to sign at each attempt. This will note the name and title of the staff person. The signature will be accompanied by the date of the requested signature and subsequent refusal.
This documentation will be kept with the contract in the resident file.
The Director of Admissions is responsible for ensuring that this procedure is carried out and properly documented.

Licensee's Proposed Overall Completion Date: *06/16/2023*

Implemented ([redacted] - 10/12/23)

42b - Abuse

6. Requirements

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

Description of Violation

Resident 1 has a documented history of behaviors and aggression directed towards other residents. The home failed to implement safe management techniques to prevent these behaviors and to protect other residents from physical abuse by resident 1.

On 2/26/23, at 9:20 pm, staff heard residents yelling from another residents room. When staff arrived in the room, Resident 2 was observed on the floor [redacted] Resident 1 was smacking resident 2 and yelling at them to "get out of my room". This incident was observed by staff person A.

On 3/19/23 at approximately 7:10pm, resident 1 was observed attacking resident 3 by grabbing resident 3s head and begin pulling resident 3's hair. This incident was observed by staff person C.

On 4/2/23, resident 1 was observed to be yelling and pushing resident 4 in their wheel chair around the room. When resident 4 asked resident 1 to leave them alone resident 1 slapped resident 4. This incident was observed by staff person C.

On 4/21/23 at approximately 2:10pm, resident 1 punched resident 5 in the back and on their neck. This incident was observed by staff person E.

Plan of Correction ***Accept [redacted] - 06/22/2023)***

The resident involved in the abuse against other residents was discharged from the facility due to [redacted] increased level of care needs.

42b - Abuse (continued)

All nursing staff received in-service training regarding resident-on-resident abuse and how to manage an agitated resident. The in-service took place the week of June 5-9, 2023, and was given by the DRS, the ADRS, and the PCC on all shifts.
All incidents are discussed weekly in the Level of Care (LOC) meeting, which includes the ED, DRS, ADRS, and PCC., beginning June 21, 2023. This LOC meeting is on-going and takes place every week.
The DRS and ADRS will be responsible for ensuring that an appropriate personalized care plan is developed for any resident who exhibits aggression and/or abusive behavior.

Licensee's Proposed Overall Completion Date: *06/20/2023*

Implemented (- 10/12/2023)

42p - Restraints

7. Requirements

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

Description of Violation

Resident 1 is prescribed Clonazepam 1 MG as needed for agitation. There is no plan to deal with the resident's agitation without medication. On 4/1/23 at 5:48 pm and 4/3/23 at 8:08 pm, the medication was administered.

Resident 1 is prescribed Lorazepam 1 MG as needed for anxiety. On 4/23/23 at 7:46 pm, the medication was administered for agitation.

Plan of Correction ***Accept - 06/22/2023)***

Resident care plans of those with PRN antipsychotic medications have been updated on June 5, 2023, to include non-pharmaceutical interventions for anxiety, agitation, or behavior disturbance prior to giving PRN medication. All nursing staff received in-service training regarding resident-on-resident abuse and how to manage an agitated resident. The in-service took place the week of
June 5-9, 2023, and was given by the DRS., ADRS, and PCC on all shifts. Staff
were educated on the need to notify the ED, the DRS and the ADRS of any incidents immediately. The DRS and the ADRS will be responsible for ensuring that an appropriate personalized care plan is developed for any resident who exhibits aggression and/or abusive behavior. All incidents will be discussed weekly in the Level of Care meeting between the ED, DRS, ADRS and PCC, beginning June 21, 2023. This LOC meeting is on-going and takes place every week.

Licensee's Proposed Overall Completion Date: *06/20/2023*

Implemented - 10/12/2023)

65f - Training Topics

8. Requirements

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

65f - Training Topics *(continued)*

Description of Violation

Direct care staff person F did not receive training in care for residents with mental illness or an intellectual disability during training year 2022.

Plan of Correction ***Accept [redacted] - 06/14/2023)***

The topic of care for residents with mental illness or an intellectual disability has been added to the training site used, Relias. The course is entitled Behavioral Health for Older Adults to the training plan. This training has been included annually for all staff.
The Director of Administrative Services or designee is responsible for the oversight of the training program and ensuring ongoing compliance.

Licensee's Proposed Overall Completion Date: *06/09/2023*

Implemented [redacted] - 10/12/23)

82c - Locking Poisonous Materials

9. 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

Sensodyne toothpaste, with a manufacture's label indicating "Please keep out of reach of children; please contact the poison control center if swallowed", was unlocked, unattended, and accessible to residents in room 3 in the Secure Dementia Care Unit. Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

Plan of Correction ***Accept [redacted] - 06/22/2023)***

The toothpaste was immediately locked in the resident's toiletry closet. All nursing staff received in-service training regarding the procedures for safe storage of poisonous materials. The in-service took place the week of June 5-9, 2023, and was given by the DRS, the ADRS and the PCC on all shifts. The DRS, ADRS, and PCC will conduct weekly audits beginning the week of June 18, 2023, of ten random rooms for eight weeks to verify compliance. These audits will conclude on August 20, 2023. If an incident should occur, the staff responsible will be re-educated.

Licensee's Proposed Overall Completion Date: *08/20/2023*

Implemented [redacted] - 10/12/2023)

85a - Sanitary Conditions

10. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 5/3/23, there was a bag of trash not in a trashcan, placed on the floor in the bathroom in bedroom #22.

85a - Sanitary Conditions *(continued)*

Plan of Correction ***Accept [redacted] - 06/22/2023)***

The bag of trash found in room 22 was placed there by the resident. Due to the special needs of the resident, [redacted] eats [redacted] meals in [redacted] room. After each meal [redacted] places the containers and any leftover food in a bag and places it in the bathroom until it is collected. On the day of the inspection, [redacted] had already had one trash pick-up, but that was prior to [redacted] finishing [redacted] breakfast. The items in the bag were the remnants of [redacted] breakfast.

Going forward: Dietary servers were in-serviced by the Housekeeping Director on June 7, 2023.

The checklist will be completed by the supervisor at the end of their shift beginning July 10, 2023. This process will be on-going.

The checklist includes among other points, the following: "Staff has collected dishes/leftovers from all residents who have received room service."

The Culinary Director/designee is responsible to ensure that the culinary staff are collecting any containers or leftovers from the residents' rooms. The housekeeper assigned to any unit where residents receive in-room service will also do checks to ensure that the trash has been collected after each meal.

The RASP of the particular resident in question will be updated to include [redacted] need to eat in [redacted] room as well as [redacted] need to remove the containers and leftovers, putting them in a bag in the bathroom until they are collected by the dietary server.

The Culinary Director or designee is responsible for ensuring that the servers carry out the procedure. The DRS or designee is responsible for updating the RASP.

Licensee's Proposed Overall Completion Date: *07/10/2023*

Implemented ([redacted] - 10/12/2023)

85d - Trash Receptacles

11. 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 5/3/23 there was an uncovered, unattended trash can in the kitchen and one in the bistro area.

Plan of Correction ***Accept ([redacted] - 06/22/2023)***

The Culinary staff received an in-service from the Director of Housekeeping on June 7, 2023, instructing them that the lids must always be on the trash cans in the kitchen as well as the trash can used to clean up after meals.

The supervisor for each shift will complete a checklist, which includes among other points, the following: "All trash can lids are in place on the trash cans." The checklist will be completed by the supervisor at the end of their shift beginning July 10, 2023. This process will be on-going.

The Culinary Director or designee is responsible for ensuring that the servers and cooks carry out this procedure.

Licensee's Proposed Overall Completion Date: *07/10/2023*

Implemented [redacted] - 10/12/2023)

103d - Storing Food Off Floor

12. Requirements

2600.

103d - Storing Food Off Floor *(continued)*

103.d. Food shall be stored off the floor.

Description of Violation

On 5/3/23, there were 8 five-gallon bottles of water in the bistro stored on the floor.

Plan of Correction ***Accept [redacted] - 06/22/2023)***

This violation occurred due to the improper storage of the five-gallon water containers in the bistro.
In the interim, a new procedure for supplying water is being implemented, which uses a water filtration system. This will eliminate the need for the five-gallon water containers. Therefore, there is no longer a need to store the five-gallon containers.
All food will continue to be stored off of the floor. The supervisor for each shift will complete a checklist, which includes among other points, the following: "No food is stored on the floor. The supervisor will complete the checklist after each shift, beginning July 10, 2023. The process will be on-going.
All staff will be in-serviced no later than July 10, 2023, regarding the storage of food off of the floor. The in service will be provided by the Culinary Director.
The Culinary Director or designee is responsible to ensure on-going compliance.

Licensee's Proposed Overall Completion Date: *07/10/2023*

Not Implemented [redacted] - 10/12/2023)

103g - Storing Food

13. Requirements

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

Description of Violation

On 5/2/23, there was a bag of cookies and a box of danish open and unsealed in the main freezer of the home.

Plan of Correction ***Accept [redacted] - 06/22/2023)***

The Culinary Director will provide in-service to all staff, re-training them about the necessity of storing all food in a closed or sealed container.
The supervisor for each shift will be responsible for checking after each meal that all food is stored properly. A checklist will be utilized with the following among other points: "All food has been properly re-stored in closed containers." The checklist will be completed by the supervisor at the end of their shift beginning July 10, 2023. This process will be on-going.
The Culinary Director or designee is responsible for the on-going compliance.

Licensee's Proposed Overall Completion Date: *07/10/2023*

Not Implemented [redacted] - 10/12/2023)

103i - Outdated Food

14. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 5/3/23, there were several bags of chicken, cookies, pie crust, and danish in the main freezer of the home, that

103i - Outdated Food (continued)

were not dated and labeled.

Repeat Violation: 4/18/22 et al.

Plan of Correction ***Accept [redacted] - 06/22/2023)***

The Culinary Director will provide in-service to all staff, re-training them about the necessity of storing all food in a closed or sealed container. This in service will be completed no later than July 10, 2023.
The supervisor for each shift will be responsible for checking after each meal that all food is stored properly.
A checklist will be used for the supervisor to complete at the shift, including the following point among others: "All food has been properly dated." The checklist will be completed by the supervisor at the end of their shift beginning July 10, 2023. This process will be on-going.
The Culinary Director or designee is responsible for the on-going compliance.

Licensee's Proposed Overall Completion Date: *07/10/2023*

Not Implemented ([redacted] - 10/12/2023)

126a - Furnace Inspection

15. Requirements

2600.
126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The home's furnace has not been inspected within the last year.

Plan of Correction ***Accept [redacted] - 06/22/2023)***

The Maintenance Director checked the furnaces subsequent to the inspection to ensure that there were no hazardous conditions. This took place May 25 and May 26, 2023.

The Maintenance Director is enlisting the services of a professional furnace cleaner to perform the annual inspection and cleaning. As this is being done, the Maintenance Director will receive instructions to be able to carry this function out in the future. The professional furnace cleaning will take place no later than the last week of July, 2023.

This inspection will be included in the maintenance spread sheet, indicating when it is to be completed each year.
The Maintenance Director or designee is responsible to ensure on-going compliance.

Licensee's Proposed Overall Completion Date: *07/28/2023*

Implemented ([redacted] - 10/12/2023)

132a - Monthly Fire Drill

16. Requirements

2600.
132.a. An unannounced fire drill shall be held at least once a month.

132a - Monthly Fire Drill *(continued)*

Description of Violation

Fire drills are being announced at the weekly quality management meetings. The minutes from the meeting held on 1/26/23 indicated that a fire drill would be held on 2/8/23 at approximately 6pm. The fire drill logs show that a fire drill was in fact held on 2/8/23 at exactly 6:00pm.

Plan of Correction ***Accept [redacted] - 06/14/2023)***

The Maintenance Director develops the annual schedule of fire drills, ensuring that the time, date and shift in which the drill takes place is in compliance. Going forward, only the Maintenance Director and the Executive Director will have access to the schedule. No other managers will be informed of the date/time/shift of the fire drill, nor will it be discussed at the Managers' Meeting prior to the occurrence of the drill.

Licensee's Proposed Overall Completion Date: *06/09/2023*

Implemented [redacted] - 10/12/2023)

141a 1-10 Medical Evaluation Information

17. 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 3's medical evaluation dated [redacted]/22 did not include a complete general physical examination.

Resident 4's medical evaluation dated [redacted]/21 did not include special health or dietary needs of the resident.

Resident 3's medical evaluation dated [redacted]/23 did not include a complete general physical examination and list of medications.

Resident 8's medical evaluation dated [redacted]/21 did not include a complete general physical examination, health status, cognitive functioning The resident's medical evaluation dated [redacted]22 did not include a complete general physical examination.

Repeat Violation: 4/18/22 et al.

Plan of Correction ***Accept [redacted] - 06/22/2023)***

Beginning in the month of June, and monthly thereafter, the medical receptionist will perform monthly chart reviews to ensure that the medical evaluations are thoroughly completed. The chart reviews will continue indefinitely. The

141a 1-10 Medical Evaluation Information (continued)

DRS provided the medical receptionist with a checklist and education on the necessity and the focus of the chart review. The June chart checks were completed June 14, 2023.
The DRS or designee is responsible for on-going compliance and will audit a random selection of 5 charts per month, beginning in June 2023, after the medical receptionist completes the monthly review.

Licensee's Proposed Overall Completion Date: *06/20/2023*

Not Implemented [redacted] - 10/12/2023)

141b1 - Annual Medical Evaluation

18. Requirements

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

Description of Violation

Resident 7's most recent medical evaluation was completed on [redacted]/23. The resident's previous medical evaluation was completed on [redacted]22.

Resident 8's most recent medical evaluation was completed on [redacted]/22. The resident's previous medical evaluation was completed on [redacted]/21.

Plan of Correction ***Accept [redacted] - 06/22/2023)***

The Medical Receptionist has developed a spread sheet with the residents and their respective due dates for the annual Medical Evaluations. The list is shared with the DRS and ADRS, who are responsible to ensure the annual Medical Evaluations are scheduled and completed in a timely manner. The list will be reviewed the first Wednesday of each month at the Level of Care meeting beginning in July, 2023 to be sure the upcoming Medical Evaluations are scheduled in a timely manner.
Beginning in the month of June, and monthly thereafter, the medical receptionist will perform monthly chart reviews to ensure that the medical evaluations are thoroughly completed. The chart reviews will continue indefinitely. The DRS provided the medical receptionist with a checklist and education on the necessity and the focus of the chart review. The June chart checks were completed June 14, 2023.
The DRS or designee is responsible for on-going compliance and will audit a random selection of 5 charts beginning in June, 2023 after the medical receptionist completes the monthly review.

Licensee's Proposed Overall Completion Date: *06/20/2023*

Not Implemented [redacted] - 10/12/2023)

183e - Storing Medications

19. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 5/3/23, Alprazolam 0.5 mg prescribed to resident 9 had a blister pack that was not properly sealed.

183e - Storing Medications (continued)

On 5/3/23, Tramadol 50 mg prescribed to resident 10 had a blister pack that was not properly sealed. The foil packaging used to hold pills in the blister package was torn and tape was used on at least 4 blisters to hold the medication in the blister card.

On 5/3/23, Tramadol 50 mg prescribed to resident 11 had a blister pack that was not properly sealed.

On 5/3/23, Alprazolam 0.5 mg prescribed to resident 12 had a blister pack that was not properly sealed. The foil packaging used to hold pills in the blister package was torn and tape was used on at least 1 blisters to hold the medication in the blister card.

Repeat Violation: 4/18/22 et al.

Plan of Correction ***Accept ([redacted] - 06/22/2023)***

Immediately, verbal instruction was provided to the nurses involved. All nursing staff received in-service training regarding the proper technique/procedures for organizing medications in the med carts and the policies/procedures related to change-of-shift med counting. The in-service took place the week of June 5-9, 2023 and was given by the DRS., the ADRS and the PCC on all shifts. A pharmacy rep will come monthly to perform cart checks. In addition, the DRS, ADRS, and PCC will conduct random weekly audits of the med carts for eight weeks, beginning the week of 6/18/2023. The cart checks will verify compliance with organizing the cart and counting narcotics. If any non-compliance is noted, the nurses and med techs will be re-educated by the DRS/designee.

Licensee's Proposed Overall Completion Date: *08/20/2023*

Not Implemented [redacted] - 10/12/2023)

185a - Implement Storage Procedures

20. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 5/3/23, the controlled medication count for Alprazolam 0.25 MG prescribed to resident 13 did not match the declining inventory log book . The book stated 59 tablets should be remaining and there were only 58 tablets in the blister pack.

Plan of Correction ***Accept [redacted] - 06/22/2023)***

Immediately, verbal instruction was provided to the nurses involved. All nursing staff received in-service training regarding the proper technique/procedures for organizing medications in the med carts and the policies/procedures related to change -of-shift med counting. The in-service took place the week of June 5-9, 2023 and was given by the DRS., the ADRS and the PCC on all shifts. A pharmacy rep will come monthly to perform cart checks. In addition, the DRS, ADRS, and PCC will conduct random weekly audits of the med carts for eight weeks, beginning the week of 6/18/2023. The cart checks will verify compliance with organizing the cart and counting narcotics. If any non-compliance is noted, the nurses and med techs will be re-educated by the DRS/designee.

Licensee's Proposed Overall Completion Date: *08/20/2023*

Not Implemented [redacted] - 10/12/2023)

185a - Implement Storage Procedures *(continued)*

191 - Resident Right to Refuse

21. 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

Resident 1, admitted [redacted]/23, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident 4, admitted [redacted]/21, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident 6, admitted [redacted]/22, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction ***Accept [redacted] - 06/14/2023)***

The violation indicates that the residents were not educated about the right to question or refuse a medication. This is part of the contract and is presented to each resident/family upon admission. Residents were educated about this, however refused to sign, which was documented on a separate form.
For the future: the refusal form will be updated to indicate that the refusals are in regard to signing the contract. There will be a line for the staff person to sign at each attempt. This will note the name and title of the staff person. The signature will be accompanied by the date of the requested signature and subsequent refusal.
This documentation will be kept with the contract in the resident file.
The Director of Admissions is responsible for ensuring that this procedure is carried out and properly documented.

Licensee's Proposed Overall Completion Date: *06/16/2023*

Implemented [redacted] - 10/12/2023)

201 - Positive Interventions

22. Requirements

2600.
201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Resident 1 is easily agitated and becomes aggressive when agitated. The home has not implemented positive interventions to modify or eliminate the behavior. Resident 1 is given medication to control the behavior.

201 - Positive Interventions (continued)

Plan of Correction ***Accept (- 06/22/2023)***

Resident care plans of those with PRN antipsychotic medications have been updated on June 5, 2023, to include non-pharmaceutical interventions for anxiety, agitation, or behavior disturbance prior to giving PRN medication. All nursing staff received in-service training regarding resident-on-resident abuse and how to manage an agitated resident. The in-service took place the week of
June 5-9, 2023, and was given by the DRS., ADRS, and PCC on all shifts. Staff
were educated on the need to notify the ED, the DRS and the ADRS of any incidents immediately. The DRS and the ADRS will be responsible for ensuring that an appropriate personalized care plan is developed for any resident who exhibits aggression and/or abusive behavior. All incidents of aggression and/or abusive behavior of resident to resident will be discussed weekly in the Level of Care meeting between the ED, DRS, ADRS and PCC, beginning the week of June 19, 2023.
The DRS or designee is responsible for on-going compliance.

Licensee's Proposed Overall Completion Date: *06/20/2023*

Implemented (- 10/12/2023)

202 - Prohibitions

23. Requirements

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

Description of Violation

Resident 1 is prescribed Clonazepam 1 MG as needed for agitation. There is no plan to deal with the resident's agitation without medication. On 4/1/23 at 5:48 pm and 4/3/23 at 8:08 pm, the medication was administered.

Resident 1 is prescribed Lorazepam 1 MG as needed for anxiety. On 4/23/23 at 7:46 pm, the medication was administered for agitation.

Plan of Correction ***Accept - 06/22/2023)***

Resident care plans of those with PRN antipsychotic medications have been updated on June 5, 2023, to include non-pharmaceutical interventions for anxiety, agitation, or behavior disturbance prior to giving PRN medication. All nursing staff received in-service training regarding resident-on-resident abuse and how to manage an agitated resident. The in-service took place the week of
June 5-9, 2023, and was given by the DRS., ADRS, and PCC on all shifts. Staff
were educated on the need to notify the ED, the DRS and the ADRS of any incidents immediately. The DRS and the ADRS will be responsible for ensuring that an appropriate personalized care plan is developed for any resident who exhibits aggression and/or abusive behavior. All incidents will be discussed weekly in the Level of Care meeting between the ED, DRS, ADRS and PCC, beginning the week of June 19, 2023.
The DRS or designee is responsible for on-going compliance.

Licensee's Proposed Overall Completion Date: *06/20/2023*

202 - Prohibitions *(continued)*

Implemented [redacted] - 10/12/2023)

225a - Assessment 15 Days

25. 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 6 was admitted on [redacted]/22; however, the resident's assessment was not completed until [redacted]22.

Plan of Correction ***Accept [redacted] - 06/22/2023)***

Beginning in the month of June, and monthly thereafter, the medical receptionist will perform monthly chart reviews to ensure that the medical evaluations are thoroughly completed. The chart reviews will continue indefinitely. The DRS provided the medical receptionist with a checklist and education on the necessity and the focus of the chart review. The June chart checks were completed June 14, 2023.
The DRS or designee is responsible for on-going compliance and will audit a random selection of 5 charts after the medical receptionist completes the monthly review beginning in June, 2023 and the process is on-going.

Licensee's Proposed Overall Completion Date: *06/20/2023*

Not Implemented [redacted] - 10/12/2023)

225c - Additional Assessment

26. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

Description of Violation

Resident 3's current assessment was completed on [redacted]/22. However, the resident's previous assessment was completed on [redacted]/21.

Resident 4's current assessment was completed on [redacted]/22. However, the resident's previous assessment was completed on [redacted]/21.

Resident 5's current assessment was completed on [redacted]/22. However, the resident's previous assessment was completed on [redacted]/21.

Resident 8's current assessment was completed on [redacted]/22. However, the resident's previous assessment was completed on [redacted]/21.

225c - Additional Assessment (continued)

Plan of Correction ***Accept[redacted] - 06/22/2023)***

Beginning in the month of June, and monthly thereafter, the medical receptionist will perform monthly chart reviews to ensure that the annual assessments are thoroughly completed. The chart reviews will continue indefinitely. The DRS provided the medical receptionist with a checklist and education on the necessity and the focus of the chart review. The June chart checks were completed June 14, 2023.
The DRS or designee is responsible for on-going compliance and will audit a random selection of 5 charts after the medical receptionist completes the monthly review, beginning in June, 2023.

Licensee's Proposed Overall Completion Date: *06/20/2023*

Not Implemented[redacted] - 10/12/2023)

227d - Support Plan Medical/Dental

27. 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

The assessment for resident 1, dated [redacted]/23, indicates the resident has a need for aggression. The resident's support plan, dated [redacted]/23 does not document how this need will be met.

Repeat Violation: 4/18/22 et al.

Plan of Correction ***Accept[redacted] - 06/22/2023)***

Resident care plans of those with PRN antipsychotic medications have been updated on June 5, 2023, to include non-pharmaceutical interventions for anxiety, agitation, or behavior disturbance prior to giving PRN medication. All nursing staff received in-service training regarding resident-on-resident abuse and how to manage an agitated resident. The in-service took place the week of
June 5-9, 2023, and was given by the DRS., ADRS, and PCC on all shifts. Staff
were educated on the need to notify the ED, the DRS and the ADRS of any incidents immediately. The DRS and the ADRS will be responsible for ensuring that an appropriate personalized care plan is developed for any resident who exhibits aggression and/or abusive behavior. All incidents will be discussed weekly in the Level of Care meeting between the ED, DRS, ADRS and PCC., beginning in June, 2023. This will be on-going.
the DRS or designee is responsible for on-going compliance.

Licensee's Proposed Overall Completion Date: *06/20/2023*

Implemented[redacted] - 10/12/2023)

227g -Support Plan Signatures

28. Requirements

2600.

227g -Support Plan Signatures *(continued)*

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

Description of Violation

Resident 1 participated in the development of [redacted] support plan on [redacted]/23. However, the resident did not sign the support plan.

Resident 2 participated in the development of [redacted] support plan on [redacted]/22. However, the resident did not sign the support plan.

Resident 3 participated in the development of [redacted] support plan on [redacted]/22. However, the resident did not sign the support plan.

Plan of Correction ***Accept ([redacted] - 06/22/2023)***

Beginning in the month of June, and monthly thereafter, the medical receptionist will perform monthly chart reviews to ensure that the RASP's are thoroughly completed, including required signatures. The chart reviews will continue indefinitely. The DRS provided the medical receptionist with a checklist and education on the necessity and the focus of the chart review. The June chart checks were completed June 14, 2023.
The DRS or designee is responsible for on-going compliance and will audit a random selection of 5 charts after the medical receptionist completes the monthly review, beginning in June, 2023.

Licensee's Proposed Overall Completion Date: *06/20/2023*

Not Implemented [redacted] - 10/12/23)

231b - Medical Evaluation

29. 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 1's medical evaluation does not indicate the need for the Secure Dementia Care Unit (SDCU).

Resident 2 was admitted to the SDCU on [redacted]/21; however, the resident's medical evaluation was completed on [redacted]/21.

Resident 6's medical evaluation does not indicate the need for the SDCU.

Plan of Correction ***Accept [redacted] - 06/22/2023)***

Beginning in the month of June, and monthly thereafter, the medical receptionist will perform monthly chart reviews to ensure that the medical evaluations are thoroughly completed. The chart reviews will continue indefinitely. The DRS provided the medical receptionist with a checklist and education on the necessity and the focus of the chart review. The June chart checks were completed June 14, 2023.
The DRS or designee is responsible for on-going compliance and will audit a random selection of 5 charts after the medical receptionist completes the monthly review, beginning in June, 2023.

231b - Medical Evaluation *(continued)*

Licensee's Proposed Overall Completion Date: *06/20/2023*

Not Implemented [redacted] - 10/12/2023)

231c - Preadmission Screening

30. 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 2 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]/21. However, the resident's written cognitive preadmission screening was completed on [redacted]/20.

Plan of Correction ***Accept [redacted] - 06/22/2023)***

Beginning in June and monthly thereafter, the medical receptionist will perform monthly chart reviews to ensure that the medical evaluations are thoroughly completed. The chart reviews will continue indefinitely. The DRS provided the medical receptionist with a checklist and education on the necessity and focus of the chart review. The June chart checks were completed on June 14, 2023.
The ED, DRS, ADRS, PCC and the Admission Director meet weekly to discuss future prospective residents and current residents who may move to the secured memory care unit. The reception of the required paperwork will be reviewed at this meeting. This will ensure compliance with obtaining the correct paperwork, prior to any admissions/room changes.
The DRS/designee is responsible for on-going compliance and will audit a random selection of 5 charts after the medical receptionist completes the monthly review.

Licensee's Proposed Overall Completion Date: *06/20/2023*

Not Implemented [redacted] - 10/12/2023)

234a - Admission Support Plan

31. 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 2 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]21. However, the resident's initial support plan was completed on [redacted]/21.

Plan of Correction ***Accept [redacted] - 06/22/2023)***

Beginning in June, 2023, and monthly thereafter the medical receptionist will perform monthly chart reviews to ensure that the RASP's are thoroughly completed. The chart reviews will continue indefinitely. The DRS provided the medical receptionist with a checklist and education on the necessity/focus of the chart review. The June chart checks were completed on June 14, 2023.
The DRS/designee is responsible for on-going compliance and will audit a random selection of 5 charts after the medical receptionist completes the monthly review.
The ED, DRS, ADRS, PCC and the Admission Director meets weekly to discuss future prospective residents and current residents who may move to the secured Memory Care Unit. Beginning in June 2023 at this meeting a list of

234a - Admission Support Plan (continued)

up-coming admissions and/or transfers to Memory Care will be developed, which will indicate the admission/transfer date, and the date the RASP will be due. The medical receptionist will be given this list and be responsible to remind the DRS/designee of the window for the RASP completion.

Licensee's Proposed Overall Completion Date: *06/20/2023*

Not Implemented (- 10/12/2023)

Department of Human Services
Bureau of Human Service Licensing

LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *ALLEGRIA AT THE OAKS* **License #**: *14367* **License Expiration**: *05/29/2024*

Address: *6400 HULMEVILLE ROAD, BENSALEM, PA 19020*

County: *BUCKS* **Region**: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *BENSALEM PCH LLC*

Address: *6400 HULMEVILLE ROAD, BENSALEM, PA, 19020*

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

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *135* **Waking Staff**: *101*

Inspection Information

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

Reason: *Monitoring, Interim* **Exit Conference Date**: *08/17/2023*

Inspection Dates and Department Representative

08/17/2023 - On-Site: [redacted]
08/21/2023 - Off-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *95* **Residents Served**: *77*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Memory Care* **Capacity**: *48* **Residents Served**: *35*

Hospice

Current Residents: *13*

Number of Residents Who:

Receive Supplemental Security Income: *1* **Are 60 Years of Age or Older**: *75*

Diagnosed with Mental Illness: *3* **Diagnosed with Intellectual Disability**: *2*

Have Mobility Need: *58* **Have Physical Disability**: *1*

Inspections / Reviews

08/17/2023 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/09/2023*

Inspections / Reviews *(continued)*

09/08/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *10/06/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *10/08/2023*

10/12/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *10/06/2023*

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

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 8/17/23, at 12:05 pm, there was an unlabeled glucometer on the medication cart located on the first floor. The glucometer had readings on it, but it was unclear who the readings belong to.

Plan of Correction ***Accept (- 09/08/2023)***

All glucometers were immediately labeled by the Director of Residential Services/designee.

On September 12, 2023 all LPN's and med-techs will be instructed by the Director of Residential Services/ designee on policy/procedure for checking glucometers for accuracy, including: labeling and correct calibration. Instructions will also be provided with each glucometer. Following this training, there will be weekly glucometer checks performed by the LPN/Med-tech on the 3-11 shift beginning the week of September 18, 2023. These will be placed on the MAR for the 3 to 11 shift LPN or Med-tech to maintain calibration schedule. This will continue indefinitely.

Licensee's Proposed Overall Completion Date: *09/18/2023*

Not Implemented 10/12/2023)

95 - Furniture and Equipment

2. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The furnace and air conditioning unit that services the lower level of the home are inoperable. They have not been working since the beginning of the summer season 2023.

Plan of Correction ***Accept (- 09/08/2023)***

The Director of Maintenance received approval from the Corporate Office on September 7, 2023 for the new HVAC unit. has placed an order for a new HVAC unit on September 8, 2023 with AA Duckett. The expected date for installation, which we received from AA Duckett, is no later than October 6, 2023. This date is contingent upon AA Duckett receiving the unit in a timely way. The Director of Maintenance will be the liaison between AA Duckett and Allegria at the Oaks and will monitor the process until the installation is completed.

Licensee's Proposed Overall Completion Date: *10/06/2023*

Implemented (- 10/12/2023)

103g - Storing Food

3. Requirements

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

Description of Violation

Bags of green split peas, panko breadcrumbs, all purpose flour, basmati rice, lentils, and graham cracker crumbs in the dry storage area were opened and unsealed.

103g - Storing Food *(continued)*

Plan of Correction ***Accept (- 09/08/2023)***

Plastic food containers for dry good items were ordered by Culinary Director on August 28,2023, and we are awaiting delivery.
Beginning the week of September 11, 2023 the Culinary Director/designee will inspect the dry good storage room to ensure that all items that have been opened are properly closed and sealed. This will be done twice a week on the delivery days, Tuesdays and Fridays. A record of the inspection will be logged in a notebook, kept in the storage rooms.

Licensee's Proposed Overall Completion Date: *09/11/2023*

Not Implemented - 10/12/2023)

103i - Outdated Food

4. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There were unlabeled, undated bags of barley and graham cracker crumbs in the dry storage area.

Repeat Violation: 4/18/22 et al.

Plan of Correction ***Accept - 09/08/2023)***

Beginning the week of September 11, 2023 the Culinary Director/designee will inspect the dry good storage room to ensure that all items are labeled and dated. This will be done twice a week on the delivery days, Tuesdays and Fridays. A record of this inspection will be logged in a notebook, kept in the storage rooms.

Licensee's Proposed Overall Completion Date: *09/11/2023*

Not Implemented - 10/12/2023)

141a 1-10 Medical Evaluation Information

5. 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 1's medical evaluation dated /23 did not include medication regimen and body positioning.

141a 1-10 Medical Evaluation Information (continued)

Resident 2's medical evaluation dated [redacted]/23, the section labeled special health needs is not completed.

Repeat Violation: 4/18/22 et al.

Plan of Correction ***Accept [redacted] - 09/08/2023)***

Beginning on June 14, 2023 the medical receptionist will perform monthly chart reviews to ensure that all required paperwork is thoroughly completed and signed. This includes the DME. After the monthly chart review is completed, the DRS or the ADRS will review 5 randomly selected charts. This process will continue indefinitely.

Licensee's Proposed Overall Completion Date: *09/06/2023*

Not Implemented ([redacted] - 10/12/2023)

183d - Prescription Current

6. 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 8/17/23, Sertraline HCL 25 MG Tablet prescribed for individual resident 3, was in the home's first floor medication cart; however, the medication was discontinued.

Plan of Correction ***Accept [redacted] - 09/08/2023)***

On September 12, 2023, all LPN's and Med-Techs will be instructed by the Director of Residential Services/designee on policy/procedure for checking medication carts for accuracy, including removing discontinued medications, family supplied medications, checking that the labels match the MAR and checking that PRN medications are available.
The Pharmacy will perform monthly random med cart checks, on-going indefinitely. In addition, the DRS and the ADRS will audit the carts weekly for ten weeks beginning the week of September 18, 2023

Licensee's Proposed Overall Completion Date: *09/18/2023*

Not Implemented [redacted] - 10/12/2023)

184a - Resident's Meds Labeled

7. Requirements

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

Description of Violation

The pharmacy label for resident 2's Mybetriq label reads 25 MG, take one tablet once daily, however the current physicians order for this medication is 50 MG, take one tablet once daily.

Plan of Correction ***Accept [redacted] - 09/08/2023)***

On September 12, 2023 all LPN's and Med-techs will be instructed by the Director of Residential Services/designee on policy/procedures for checking medication carts for accuracy, including removing discontinued medication, family supplied medications are labeled, medication matches physician's orders, checking that the labels match the MAR and checking that PRN medications are available.
The pharmacy will perform monthly random med cart checks, ongoing indefinitely. In addition, the DRS and the ADRS will audit carts weekly for 10 weeks, beginning the week of September 18, 2023.

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

Licensee's Proposed Overall Completion Date: *09/18/2023*

Not Implemented [redacted] - 10/12/2023)

185a - Implement Storage Procedures

8. 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 glucometer for resident 1 was not calibrated to the correct time. On 8/27/23 at 12:39 pm, the glucometer read 8/17 3:57 pm.

The glucometer for resident 2 was not calibrated for the correct date and time. On 8/17/23 at 12:19 pm, the glucometer read 8/18 11:16 am. The resident had blood sugar readings recorded on the medication administration record for 8/11/23 (125) and 8/15/23 (125), but they did not appear on the glucometer.

There was a glucometer on the cart that was not labeled. It was not calibrated to the correct date and time. On 8/27/23 at 12:39 pm, the glucometer read 1/21 3:46 pm.

Resident 3 is prescribed Acetaminophen 325 MG as needed. On 8/17/23 this medication was not available in the home.

Resident 4 had blood sugar readings recorded on the medication administration record for 8/2/23 (98) and 8/10/23 (112), but they did not appear on the resident's glucometer.

Resident 4 is prescribed Mapap 500 MG as needed. On 8/17/23 this medication was not available in the home.

Repeat Violation: 4/18/22 et al.

Plan of Correction ***Accept [redacted] - 09/08/2023)***

All glucometers were labeled immediately by the Director of Residential Services/designee.

On September 12, 2023 all LPN's and Med-techs will be instructed by the Director of Residential Services/designee on policy/procedure for checking glucometers for accuracy, including labeling and correct calibration. Instructions will also be provided with each glucometer. The LPN's and Med-techs will also be instructed by the Director of Residential Services/designee on the policy and procedure for checking the medication carts for accuracy, including removing discontinued medications, ensuring all prescribed medications are available, that family supplied medications are labeled and match the MAR, physician's orders are followed and PRN's are available.
Once the education is completed glucometer checks will be placed on the MAR for 3 to 11 shift LPN or Med-tech to maintain calibration schedule. This will continue indefinitely.
Also, after the education, the pharmacy will perform monthly random med cart checks, ongoing indefinitely. The DRS and ADRS will audit the carts weekly for 10 weeks, beginning the week of September 18, 2023.

Licensee's Proposed Overall Completion Date: *09/18/2023*

Not Implemented [redacted] - 10/12/2023)

187d - Follow Prescriber's Orders

9. Requirements

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

Description of Violation

Resident 2 is prescribed Accucheck, test blood sugar every other day. However, on 8/3/23, 8/5/23, and 8/7/23, there are no readings on the resident's glucometer.

Resident 2 is prescribed Latanoprost eye drops. However, on 8/17/23, this medication was not was not available in the home.

Repeat Violation: 4/18/22 et al.

Plan of Correction ***Accept (- 09/08/2023)***

On September 12, 2023 all LPN's and Med-techs will be instructed by the Director of Residential Services/designee on policy/procedure for checking glucometers for accuracy, including labeling and correct calibration. Instructions will also be provided with each glucometer. The LPN's and Med-techs will also be instructed by the Director of Residential Services/designee on the policy and procedure for checking the medication carts for accuracy, including removing discontinued medications, ensuring all prescribed medications are available, that family supplied medications are labeled and match the MAR, and PRN's are available.
Once the education is completed glucometer checks will be placed on the MAR for 3 to 11 shift LPN or Med-tech to maintain calibration schedule. This will continue indefinitely.
Also, after the education, the pharmacy will perform monthly random med cart checks, ongoing indefinitely. The DRS and ADRS will audit the carts weekly for 10 weeks, beginning the week of September 18, 2023.

Licensee's Proposed Overall Completion Date: *09/18/2023*

Not Implemented (- 10/12/2023)

227g -Support Plan Signatures

10. Requirements

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

Description of Violation

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

Plan of Correction ***Accept - 09/08/2023)***

Beginning on June 14, 2023, the medical receptionist will perform monthly chart reviews to ensure that the support plans are thoroughly completed and signed by those who participated in the development of the plan. After the monthly chart review is completed, the DRS and the ADRS will select 5 charts at random for review. This process will continue indefinitely.

Licensee's Proposed Overall Completion Date: *09/06/2023*

Not Implemented - 10/12/2023)