



Sent via email to: [jburns@alexandriamanor.com](mailto:jburns@alexandriamanor.com)  
CERTIFIED MAIL – RETURN RECEIPT REQUESTED  
MAILING DATE: MAY 5, 2023

[REDACTED]  
Alexandria Manor Allentown Inc  
[REDACTED]

RE: Alexandria Manor II  
313 South Walnut Street  
Bath, Pennsylvania 18024  
License #: 205261

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on August 16, 2022, August 17, 2002, March 29, 2023 and March 30, 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 (license number 205260) dated May 7, 2022 to May 7, 2023 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 7, 2022 to May 7, 2023 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) ;(3); (4); (5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from May 5, 2023 to November 5, 2023.

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.

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	Class	Fine	Calculated	Mandated
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Chapter 2600 or 2800 Section:	of Violation	Census at Inspection X	Per resident Per day	Fine = Per day	Correction Date (to avoid Fine)
162c	III	47	\$3	\$141	5 calendar days from mailing date of this letter
182b	II	47	\$5	\$235	15 calendar days from mailing date of this letter
185a	II	47	\$5	\$235	5 calendar days from mailing date of this letter
187d	II	47	\$5	\$235	15 calendar days from mailing date of this letter
221c	III	47	\$3	\$141	15 calendar days from mailing date of this letter
252	III	47	\$3	\$141	15 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.

If you disagree with the decision to issue a 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 PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Bureau of Human Services Licensing  
Room 631, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120  
PH: 717-214-1304

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  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Licensing Inspection Summary>

cc:



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

**Facility Information**

Name: *ALEXANDRIA MANOR II* License #: *20526* License Expiration: *05/07/2023*  
Address: *313 S WALNUT ST, BATH, PA 18014*  
County: *NORTHAMPTON* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

Name: *ALEXANDRIA MANOR OF ALLENTOWN INC*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C 2 LP* Date: *08/27/1998* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *4* Total Daily Staff: *33* Working Staff: *25*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Complaint, Incident* Exit Conference Date: *09/02/2022*

**Inspection Dates and Department Representative**

08/16/2022 On Site [REDACTED]  
08/17/2022 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *78* Residents Served: *25*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

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

Inspections / Reviews

08/16/2022 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow Up Date: *09/24/2022*

02/22/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: *04/14/2023*

[REDACTED]

Follow Up Type: *Document Submission* Follow Up Date: *03/01/2023*

05/03/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: *04/14/2023*

Reviewer: [REDACTED]

Follow Up Type: *Enforcement*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

The home was found to be storing residents' lab and X-ray orders and results outside the Administrator's office door. The location was adjacent to the main entrance into the facility which allowed visitors and others access to residents confidential medical information.

POC Submission

Accept (redacted) - 02/22/2023)

Corrected day of inspection

Moving Forward:

Binder containing labs and xray orders were moved to a bin inside the office. All Alexandria Manor staff were made aware. Lab company and x-ray company will come to staff when binder is needed.

As the administrator I am responsible for proper ongoing compliance.

Licensee's Plan Completion Date: 01/12/2023

Not Implemented (redacted) 04/18/2023)

18 - Compliance With Laws

2. Requirements

2600.

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

Description of Violation

The Carbon monoxide detector battery located in the facility's kitchen was last changed 5/5/21. The home is required to change the batteries annually per the Care Facilities Carbon Monoxide Standards Act.

POC Submission

Accept (redacted) - 02/22/2023)

Corrected day of inspection

Moving forward batteries will be changed 2 weeks prior to expiration date, log will be kept, and signature will be required of person changing batteries.

As the administrator I am responsible for proper ongoing compliance.

Licensee's Plan Completion Date: 01/12/2023

Implemented (redacted) - 04/18/2023)

41e - Signed Statement

3. 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 contract dated 10/06/2006 did not contain the resident's right to refuse medications if they feel the medication is being given in error.

POC Submission

Accept [redacted] - 02/22/2023)

Corrected day of inspection

All resident charts were audited by me [redacted] to make sure they had the proper Resident's Rights form attached. All new resident packets that were printed were audited, and PDF file was checked to make sure proper document is what it being used.

As the administrator I am responsible for proper ongoing compliance.

Licensee's Plan Completion Date: 01/12/2023

Implemented [redacted] - 04/18/2023)

51 - Criminal Background Check

4. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Direct care staff member A hired [redacted] Pennsylvania State Police Criminal Background Check was completed on 5/23/17.

Direct care staff member B hired [redacted] did not have a Pennsylvania State Police Criminal Background Check completed.

POC Submission

Accept [redacted] - 02/22/2023)

Accounting department was contacted regarding the proper and timely fashion criminal background checks are needed to be done in.

Moving Forward:

(administrator) will contact accounting department 1 week following a new hire to make sure criminal background checks are done in proper time frame.

As the administrator I am responsible for proper ongoing compliance.

Licensee's Plan Completion Date: 01/12/2023

Not [redacted] - 04/18/2023)

54a - Direct Care Staff

5. Requirements

54a - Direct Care Staff (continued)

2600.

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

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

**Description of Violation**

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

**POC Submission**

Accept [REDACTED] - 02/22/2023)

Direct Care staff B provided a copy of GED and is now in her file.

Moving forward:

Staff will not start until a high school diploma or GED is provided.

As the administrator I am responsible for proper ongoing compliance.

Licensee's Plan Completion Date: 01/12/2023

Not Implemented [REDACTED] 04/18/2023)

63a - First Aid/CPR Training

**6. Requirements**

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

**Description of Violation**

The home currently serves 25 residents and is required to have one person certified in First Aid and CPR at all times. On 8/13 and 8/14/22 no one was certified in First Aid and CPR from 6:30 pm to 6:30 am.

**POC Submission**

Accept [REDACTED] - 02/22/2023)

Moving Forward:

All staff of Alexandria Manor are required to use our CPR instructor as we provide the training. No other CPR/First Aid certification will be permitted, due to the issue of not being able to properly validate certification.

As the administrator I am responsible for proper ongoing compliance.

Licensee's Plan Completion Date: 01/12/2023

Implemented [REDACTED] 04/18/2023)

65a - FS Orientation 1st Day

**7. Requirements**

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- 1. Evacuation procedures.

65a - FS Orientation 1st Day (continued)

- 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- 5. The location and use of fire extinguishers.
- 6. Smoke detectors and fire alarms.
- 7. Telephone use and notification of emergency services.

**Description of Violation**

Direct care staff member A hired [REDACTED] and Direct care staff member B hired [REDACTED] did not complete the general fire safety training on or before the 1st day they worked in the home.

**POC Submission**

Accept [REDACTED] - 02/22/2023)

Corrected with staff and training was complete.

*Moving Forward:*

All new staff will have a training day prior to start day of their actual position to prevent missed trainings or missed document's.

As the administrator I am responsible for proper ongoing compliance.

Licensee's Plan Completion Date: 01/12/2023

Not Implemented [REDACTED] - 04/18/2023)

65b Rights/Abuse 40 Hours

**8. Requirements**

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 1. Resident rights.
- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 4. Reporting of reportable incidents and conditions.

**Description of Violation**

Direct care staff member A hired [REDACTED] and Direct care staff member B hired [REDACTED] did not complete training in resident rights, The Older Adult Protective Services Act, emergency medical plan and reporting of reportable incidents and conditions within the first 40 hours worked.

**POC Submission**

Accept [REDACTED] - 02/22/2023)

Corrected with staff and training was complete.

*Moving Forward:*

All new staff will have a training day prior to start day of their actual position to prevent missed trainings or missed document's.

As the administrator I am responsible for proper ongoing compliance.

Licensee's Plan Completion Date: 01/12/2023

65b - Rights/Abuse 40 Hours (continued)

Not Implemented (RY - 04/18/2023)

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

A spray bottle of OdoBan was found in Room [redacted], the resident is unable to safely handle and identify poisonous materials. The warning label states to seek medical attention if swallowed or in contact with the eyes.

POC Submission

Accepted [redacted] - 02/22/2023)

Corrected at time of inspection.

Housekeeping was re-educated on the importance of locking poisonous materials. Random audits are being completed while housekeepers are working to make sure they are following proper poisonous material protocol.

As the administrator I am responsible for proper ongoing compliance.

Licensee's Plan Completion Date: 01/12/2023

Not Implemented [redacted] 04/18/2023)

86b - Bathroom

10. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathroom fan in Room # [redacted] was not operable.

POC Submission

Accepted [redacted] - 02/22/2023)

Fan was replaced day of inspection.

Moving Forward:

All fans in facility bathrooms were audited to make sure they were operable. All staff was re-educated on the importance of an operable fan and to make administrator or maintenance is aware if an issue with a fan is present. Audits are being done monthly on bathroom fans.

As the administrator I am responsible for proper ongoing compliance.

Licensee's Plan Completion Date: 01/12/2023

Implemented [redacted] - 04/18/2023)

88a - Surfaces

11. Requirements

88a - Surfaces (*continued*)

2600.

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

**Description of Violation**

*The ceiling of the 2nd floor medication room was water stained. The center of the water stain had a 3 inch circular area with a black raised substance on it.*

**POC Submission**

Accept (████ - 02/22/2023)

*Maintenance was made aware of ceiling issue day of inspection. Ceiling has been corrected and maintenance has looked into the issue of why it was water stained.*

*As the administrator I am responsible for proper ongoing compliance.*

**Licensee's Plan Completion Date:** 01/12/2023

Implemented (████ - 04/18/2023)

## 91 - Telephone Numbers

**12. Requirements**

2600.

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

**Description of Violation**

*The telephones in room #2 and # Hall way 1-A did not have the required emergency numbers posted on or near the telephones.*

**POC Submission**

Accept (████/22/2023)

*Corrected at time of inspection.*

*Moving Forward:*

*All resident room and areas with phones have been audited and all emergency numbers have been corrected and posted.*

*As the administrator I am responsible for proper ongoing compliance.*

**Licensee's Plan Completion Date:** 01/12/2023

Not Implemented (████ - 04/18/2023)

## 95 - Furniture and Equipment

**13. Requirements**

2600.

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

**Description of Violation**

*Two couches located in the left front TV lounge area of the facility had large patches of leather material measuring 2 feet long and 2 feet high missing on the front back of the couches.*

95 - Furniture and Equipment (continued)

POC Submission Accept [REDACTED] 02/22/2023)

All couches have been replaced in left front TV common area. Pictures can be provided.

As the administrator I am responsible for proper ongoing compliance.

Licensee's Plan Completion Date: 01/12/2023

Implemented [REDACTED] - 04/18/2023)

103f - Refrigerator/Freezer Temps

14. Requirements

2600.

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

The 2 Frigidaire Brand refrigerators located in the dry goods room did not have a thermometer in them at the time of inspection. The combination refrigerator freezer did not have a functional thermometer at the time of inspection.

POC Submission Accept [REDACTED] - 02/22/2023)

Corrected day of inspection, thermometers were placed in both units.

Moving Forward:

All refrigerators and freezers are being audited weekly to maintain proper compliance.

As the administrator I am responsible for proper ongoing compliance.

Licensee's Plan Completion Date: 01/12/2023

Not Implemented [REDACTED] 04/18/2023)

121a Unobstructed Egress

15. Requirements

2600.

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

Description of Violation

The front emergency exit marked #4 had 2 patio chairs blocking the exit route on the exterior porch, preventing immediate egress in the event of an emergency.

POC Submission Accept [REDACTED] 02/22/2023)

Corrected day of inspection.

Moving Forward:

All staff were made aware to monitor when residents go outside to make sure chairs are not being placed in front of the doors. Resident council meeting took place to explain to the residents the importance of not having the doors blocked by chairs. Sign is also hanging on the door explaining not to block the doorway.

**121a - Unobstructed Egress (continued)**

*As the administrator I am responsible for proper ongoing compliance.*

**Licensee's Plan Completion Date:** 01/12/2023

**Implemented** [REDACTED] - 04/18/2023)

**144c2 - Smoking Area Distance****16. Requirements**

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

**Description of Violation**

*4 chairs with fabric on them were located in the homes designated smoking area, posing a possible fire hazard.*

**POC Submission**

**Accept** [REDACTED] - 02/22/2023)

*Chairs were removed the day of inspection.*

*Outside smoking area chairs were replaced with metal chairs.*

*Moving forward:*

*No other chairs will be allowed in designated smoking.*

*As the administrator I am responsible for proper ongoing compliance.*

**Licensee's Plan Completion Date:** 01/12/2023

**Not Implemented** [REDACTED] - 04/18/2023)

**162c - Menus Posted****17. Requirements**

2600.

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

**Description of Violation**

*The home had the current week menus posted for week 08/14/22 thru 08/20/22. The home did not have the upcoming week menu posted and available for the residents to review.*

*Repeat violation: 10/25/21*

**POC Submission**

**Accept** [REDACTED] - 02/22/2023)

*Corrected day of Inspection*

*Kitchen staff have been re-educated on the importance of having current and upcoming menu posted. It was also explained to them that it is a requirement by our licensing department to have current and upcoming menus posted. Bulletin boards will be audited to make sure proper menus are posted.*

## 162c - Menus Posted (continued)

*As the administrator I am responsible for proper ongoing compliance.*

Licensee's Plan Completion Date: 01/12/2023

Not Implemented (█) - 04/18/2023)

## 182b - Prescription Medication

## 18. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

## Description of Violation

*Direct care staff member C's 2022 annual practicum only had 2 MAR reviews completed.*

*Direct care staff member A's original medication administration training was completed on 7/19/18. The staff member stopped working at the home on 9/14/18. The staff member did not complete the initial medication administration training upon getting rehired on 3/18/22.*

*Repeat violation: 10/25/21*

## POC Submission

Accepted (█) - 02/22/2023)

*Moving Forward:*

*Medtech records were reviewed and audited to stay in proper compliance. When staff are rehired, they will have all trainings including medication and diabetic training redone to stay in proper compliance.*

*As the administrator I am responsible for proper ongoing compliance.*

*As the administrator I am responsible for proper ongoing compliance.*

Licensee's Plan Completion Date: 01/12/2023

Not Implemented (█) - 04/18/2023)

## 182c - Medication Administration

## 19. Requirements

2600.

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

6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).

## Description of Violation

*Through resident interviews it was determined that the medication trained staff are not always following the required*

**182c - Medication Administration (continued)**

procedures for administering medications. Resident #2 reported that the staff will often place the resident's medications on their bedside table or at their seat during meals, as Resident #2 stated they know they are reliable and will take their medication as directed.

**POC Submission**

Accept (█) 02/22/2023)

All MedTech's were re-educated on the importance of following MARs, prescriber's instructions, proper documentation and medication administration rights.

**Moving Forward:**

Random resident interviews are being done by myself (admin) to make sure MedTech's are following proper procedure and to maintain proper compliance.

As the administrator I am responsible for proper ongoing compliance.

Licensee's Plan Completion Date: 01/12/2023

Not Implemented (█) - 04/18/2023)

**183a - Original Containers and Injections****20. Requirements**

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

**Description of Violation**

It has been determined through a staff interview that if a resident leaves the building the home will pop the medications needed out of the blister pack and put the medications in a baggie to go out with the resident. The home is taking the medication out of the original container and placing it in another container for administration.

**POC Submission**

Accept (█) - 02/22/2023)

All medtechs have been re-educated on proper LOA procedure.

**Moving Forward:**

MedTech's will release blister packets to resident or family who is taking resident LOA along with having them sign a medication LOA form. Medication is counted upon leaving and returning to maintain proper compliance.

As the administrator I am responsible for proper ongoing compliance.

Licensee's Plan Completion Date: 01/12/2023

Implemented (█) 04/18/2023)

**184b Labeling OTC/CAM****21. Requirements**

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

**Description of Violation**

Resident #3's Vitamin D3 did not have the resident's name on the bottle.

184b - Labeling OTC/CAM (continued)

POC Submission

Accept [redacted] 02/22/2023)

Corrected at time of inspection.

All medication carts were audited to make sure all OTC and CAMs had name properly placed.

As the administrator I am responsible for proper ongoing compliance.

Moving Forward:

All OTC and CAM medications must first come to the office to make sure name is properly placed on container before going into the cart.

Licensee's Plan Completion Date: 01/12/2023

Implemented [redacted] 04/18/2023)

185a - Implement Storage Procedures

22. 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's PRN albuterol HFA inhaler was not available at the time of the inspection.

Resident #4's glucometer was not calibrated to the correct date and time.

Resident #4 has an order for blood glucose readings 4x daily. From 8/10-8/16/22 readings were noted on the MARS for 8pm but no readings were noted in the residents glucometer. On 8/10/22 at 11:30 am a reading of 375 was noted on the MAR but the reading in the glucometer was 376. On 8/10/22 at 6:30 am a reading of 181 was noted on the MAR but the reading in the glucometer was 209.

Repeat violation: 10/25/21

POC Submission

Accept [redacted] - 02/22/2023)

Resident #3 corrected day of inspection, inhaler was delivered by pharmacy.

Moving Forward:

All glucometers were audited for calibration. Blood sugar logs are being audited to maintain proper ongoing compliance. Staff was re-educated on the importance of proper glucometer usage and proper documentation.

As the administrator I am responsible for proper ongoing compliance.

Licensee's Plan Completion Date: 01/12/2023

Not Implemented [redacted] - 04/18/2023)

## 187a - Medication Record

## 23. Requirements

2600.

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

**Description of Violation**

*Resident #5's 8 am medications were not initialed as administered on 8/1/22. Resident #5's 8 pm medications were not initialed as administered on 8/2, 8/4, 8/5, 8/8-8/10, 8/13-8/14 and 8/16/22.*

*Resident #5 has an order for novolog 100 u PRN if blood glucose is more than 180. The MAR notes less than 180, the MAR is incorrect.*

*Repeat violation: 10/25/21*

**POC Submission**

**Accept** (████ - 02/22/2023)

*All MedTech's were re-educated on the importance of following MARs and prescriber's instructions along with proper documentation.*

*Moving Forward:*

*MAR's are being audited on a random basis to monitor and maintain proper ongoing compliance.*

*As the administrator I am responsible for proper ongoing compliance.*

**Licensee's Plan Completion Date: 01/12/2023**

**Implemented** (████ - 04/18/2023)

## 187c - Refusal of Medication

## 24. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**Description of Violation**

*Resident #3 refused the prescribed medications on 8/6/22 at 8 am. The prescriber was not notified regarding the refusals.*

**POC Submission**

████ - 02/22/2023)

*Corrected at time of inspection.*

*Moving forward:*

*MedTech's were re-educated on the importance of notifying the prescriber when a resident refuses medication. MARs are being randomly audited to ensure proper compliance.*

*As the administrator I am responsible for proper ongoing compliance.*

**Licensee's Plan Completion Date: 01/12/2023**

**Not Implemented** (████ - 04/18/2023)

187d - Follow Prescriber's Orders

25. Requirements

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

Description of Violation

Resident #4 has an order for blood glucose readings 4x daily. From 8/10-8/16/22 at 8pm the blood glucose readings were not completed.

Resident #3 has an order for quetiapine fumerate 100 mg at bedtime. The resident did not receive the medication on 8/16/22 at 8 pm.

POC Submission Accept [redacted] - 02/22/2023)

All MedTech's were re-educated on the importance of following MARs and prescriber's instructions along with proper documentation.

Moving Forward:  
MAR's are being audited on a random basis to monitor and maintain proper ongoing compliance.

As the administrator I am responsible for proper ongoing compliance.

Licensee's Plan Completion Date: 01/12/2023

Not Implemented [redacted] 04/18/2023)

221c - Post Activity Calendar

26. Requirements

2600.  
221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

On the first day of the inspection 08/16/22 the home's activity calendar that was posted in the facility had a date for June 2022.

Repeat violation: 10/25/21

POC Submission Accept [redacted] - 02/22/2023)

Corrected day of inspection.

Activities director was re-educated on the importance of having an activity calendar posted as it is a state regulation. Bulletin boards are being audited weekly to make sure activity calendars are posted and visible.

As the administrator I am responsible for proper ongoing compliance.

Licensee's Plan Completion Date: 01/12/2023

Not Implemented [redacted] 04/18/2023)

252 - Record Content

27. Requirements

252 - Record Content (continued)

2600.

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

- 2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

**Description of Violation**

*Resident records for Resident #4 did not address if the resident had any identifiable marks.*

*Repeat violation: 10/25/21 & 6/8/22*

**POC Submission**

Accept [redacted] - 02/22/2023)

*Corrected at the time of inspection.*

*Moving Forward:*

*All resident charts were audited by me (Jackie Burns) to make sure they all had all required information.*

*As the administrator I am responsible for proper ongoing compliance.*

**Licensee's Plan Completion Date: 01/12/2023**

**Not Implemented [redacted] 04/18/2023)**