



Sent via e-mail [REDACTED]  
May 10, 2023

[REDACTED]  
[REDACTED]  
Frederick Mennonite Community  
2849 Big Road – Office  
Zieglerville, Pennsylvania 19492

RE: Frederick Living – Magnolia House  
License #: 12772

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 15 and 16, 2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

[REDACTED]  
[REDACTED]

Enclosure  
Licensing Inspection Summary

**Facility Information**

Name: *FREDERICK LIVING - MAGNOLIA HOUSE* License #: *12772* License Expiration: *07/22/2023*  
 Address: *2849 BIG ROAD, ZIEGLERVILLE, PA 19492*  
 County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

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

**Legal Entity**

Name: *FREDERICK MENNONITE COMMUNITY*  
 Address: *2849 BIG ROAD - OFFICE, ZIEGLERVILLE, PA, 19492*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *11/13/2001* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *61* Waking Staff: *46*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal, Incident* Exit Conference Date: *12/16/2022*

**Inspection Dates and Department Representative**

12/15/2022 - On-Site: [REDACTED]  
 12/16/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *104* Residents Served: *59*

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: *59*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *2* Have Physical Disability: *0*

**Inspections / Reviews**

12/15/2022 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/09/2023*

01/12/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *01/09/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/17/2023*

Inspections / Reviews (*continued*)

05/05/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/16/2023

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 02/10/2023

132c - Fire Drill Records

1. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 02/25/2022 at 03:00 PM does not include the number of residents in the home at the time of the drill and the number of residents evacuated.

Plan of Correction

Accept [redacted] - 01/18/2023)

- The number of residents indicated in the fire drill record was not a reflection of the number of residents evacuated.
- Education will be provided to the maintenance staff on accurate completion of all fields in the fire drill record as stipulated in 2600.132c. PCA will conduct the education to the maintenance staff, which will be completed on 1.25.23
- Effective 1.25.23, during a fire drill, the instructor will coordinate with nurse or designee and maintenance staff to ensure accurate account for residents present in the home, and residents evacuated during the drill. This will be an ongoing practice.
- Maintenance Supervisor/Manager who will also oversee compliance of fire drills and completion following education on 1.25.23, and will maintain monthly oversight of this process for the drills. This will be an ongoing task upon each unannounced fire drill.
- PCA and Dir. of Campus Services will conduct quarterly audit to assure compliance effective April 1, and ongoing quarterly basis.

Licensee's Proposed Overall Completion Date: 01/25/2023

Licensee's Proposed Date of POC Implementation

Implemented 5/9/23 [redacted]

141a 1-10 Medical Evaluation Information

2. 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 DME dated 10/12/2022 did not include (4) Special health or dietary needs of the resident.

Plan of Correction

Accept [redacted] - 01/18/2023)

- The violation was immediately corrected on site by Clinical Manager on 12.15.22; resident #1 is on a regular diet.
- Resident charts will be audited to ensure that all required fields in DMEs are completed. Audit will begin on

141a 1-10 Medical Evaluation Information (continued)

1.25.23 and completed on 2.8.23 by PCA, and Clinical Manager.

-Education will be provided by Clinical Manager to review all DMEs that are completed in-house, or accepted from outside providers. Incomplete fields and discrepancies will be corrected, signed, and provider/Physician will be notified. Education will begin 1.25.23, and will be completed on 2.8.23.

-DMEs will be reviewed by Clinical Manager or designee effectively 1.25.23, and this will be an ongoing practice for every admission.

-Clinical Manager and Nurse supervisor will oversee compliance over completion and accuracy with DMEs effective 1.25.23. Upon receipt of DME, Nurse Supervisor will review for accuracy, make corrections as warranted, and communicate with the appropriate provider. This will be an ongoing practice prior to DME being filed in resident's record effective 1.25.23.

Licensee's Proposed Overall Completion Date: 02/08/2023  
Licensee's Proposed Date of POC Implementation

Implemented 5/9/23

182c - Medication Administration

3. Requirements

2600.

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

Description of Violation

The procedures of medication administration (the Five Rights of Medication Administration) were not followed by the medication technicians and following medication errors occurred:

- On 08/21/2022, resident #2 was given another resident's medications including Vitamin D3, Plavix, Metformin, Lisinopril, Duloxetine, Metoprolol, and Memantine.
- On 09/30/2022 at 01:00 PM, resident #3 was given Morphine 30 mg instead of 15 mg as prescribed.

Plan of Correction

Accept ( ) - 01/18/2023

-Resident was assessed by on the nurse supervisor on duty, and vital signs obtained. Notified the MD on 8.21.22 and received orders to manage resident's care.

-Resident #3 was monitored by nurse supervisor, and physician notified 10.1.23

- Resident #2's Med tech was provided verbal education on The Five Rights of Medication Administration by nurse supervisor on 8.21.22, and a successful Med Observation was completed by the Med Tech Instructor on 11.8.22

-Duplicate narcotic will be identified with a WARNING label to avoid incorrect administration. Education to nurses and med techs on the use warning labels for duplicate medications will begin 1.25.23 through 2.8.23 by Clinical Manager. Full implementation of the warning labels will be completed 2.8.23. Clinical manager will obtain a report of all residents with duplicate medications, and the warning label will be placed on both sets of medications, and will be completed 2.8.23 by Clinical Manager.

-Med techs will continue to participate and would be required to pass two supervised observation per year.

-Clinical Manager will monitor medication errors to identify patters, and generate corrective action. This involves investigating how the incident occurred, why it happened, obtaining information from all staff members involved, any other contributing factors, and the steps needed to prevent the incident from happening in the future.

Information will be documented in the incident report, and the appropriate reporting procedures, implementing corrective action, and documentation will be followed by the Clinical manager or designee. Investigations will be expected to be completed within 7 days of being reported.

Licensee's Proposed Overall Completion Date: 02/08/2023

Implemented 5/9/23

185a - Implement Storage Procedures

4. 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 #4 is prescribed accuchecks three times a day. The resident's glucometer did not have a reading on 12/03/2022 at lunch but the resident's December medication administration record (MAR) shows a reading of 232.

Plan of Correction

Accept [redacted] - 01/18/2023)

- Team member was verbally educated in person by Clinical Manager on 12.20.22 regarding procedures for insulin administration, following physician orders, and the appropriate use of resident's medical equipment
- Random Audit will be completed by Nurse supervisor effective 2.8.23 to ensure glucometer reading matches resident record and the EMAR for each resident. This will be completed at a frequency of twice a week by the nurse supervisor. Any discrepancy will be investigated by the nurse supervisor for a corrective and immediate action to be implemented.
- Clinical Manager maintain oversight of this process in order to remain compliant. Effective 2.1.23 -This involves reviewing insulin/glucometer audits on a monthly basis to ensure that the random audits are being completed, discrepancies are being addressed in a timely manner, and that in the absence of a nurse supervisor on duty, the clinical manager is being informed for a timely investigation to occur.

Licensee's Proposed Overall Completion Date: 02/08/2023

5. Requirements

Licensee's Proposed Date of POC Implementation

Implemented 5/9/23 [redacted]

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 home could not explain the discrepancies in the pill counts for

- resident #1's Diazepam 2 mg once a day at bedtime. On 12/01/2022, it was noted that a pill was missing from the resident's pill pack.
- resident #3's is Oxycodone 10 mg every 4 hours as needed. On 10/25/2022, it was noted that a pill was missing from the resident's pill pack.
- resident #5's Lorazepam 0.5 mg every 6 hours as needed. On 11/03/2022, it was noted that a pill was missing from the resident's pill pack.
- resident #6's Lorazepam 0.5 mg at bedtime. On 10/30/2022, it was noted that 2 extra pills were present in the resident's pill pack.

Plan of Correction

Accept [redacted] - 01/18/2023)

- Appropriate investigation was started by Clinical Manager on 12.2.22 and completed on 12.6.22 following the incident of the missing medication on 12.1.22 at 10:55pm for resident #1. Appropriate reporting was completed on 12.2.22 by PCA with attachments citing the missing medication. Investigation was started on 10.25.22 by clinical manager and completed 11.1.22 following the incident of the missing medication on 10.25.22 for resident 3. Investigation was started on 11.3.22 by clinical manager and completed on 11.3.22 for the missing pill regarding resident 5. Investigation was started on 10.30.22 by Clinical manager and completed on 11.1.22 regarding missing medication for resident 6.
- A new process for narcotic count and security system was implemented. The narcotic book is now in a 3-ring binder. The sheets within the binder are sorted alphabetically so each blister card has its own individual sheet to match the

185a - Implement Storage Procedures (continued)

narcotic. The Narcotics are also alphabetically placed in the narcotic drawer so they match the book. Effective 1.25.23 using the new method of counting at daily change of shift, the Medication Technician or Nurse will assure that each narcotic correlates to its individual sheet, and that the counts are accurate. This will be an ongoing process for counting narcotics, and the Nurse supervisor, and Clinical manager will be responsible to make sure that the Med Techs are adhering to this process.

-Clinical Manager will review and investigate narcotic discrepancies for trends and corrective actions. Upon identification of a discrepancy, the Clinical manager will immediately investigate how the incident occurred, why it happened, all staff members involved, any contributing factors, and the steps needed to prevent the incident from happening in the future. Information will be documented in the incident report, and the appropriate reporting procedures, and documentation will be followed by the Clinical manager or designee. Investigations will be expected to be completed within 7 days effective 1.25.23

-Competency review has been implemented effective 1.25.23 by the Staff educator or designee on administering controlled substances as part of medication observation biannually and as needed.

-Clinical Manager will maintain oversight for compliance by working with the Staff Educator to schedule the staff member for competency review, train and provide education to staff on medication administration, as well as providing and receiving feedback from the Staff Educator after each competency review. This process will be fully implemented 2.8.22.

Licensee's Proposed Overall Completion Date: 02/08/2023 Licensee's Proposed Date of POC Implementation Implemented 5/9/23

186b - Medication Used by Resident

6. Requirements

2600.

186.b. Prescription medications shall be used only by the resident for whom the prescription was prescribed.

Description of Violation

On 08/21/2022, resident #2 was administered Vitamin D3, Plavix, Metformin, Lisinopril, Duloxetine, Metoprolol, and Memantine prescribed for and belonging to another resident in the home.

Plan of Correction Accept - 01/18/2023

-Resident was assessed by on the nurse on duty on 8.21.22 immediately after the incident. Nurse supervisor also contacted the physician on 8.21.22, and new orders were obtained to manage resident's care.

- Resident #2 Med tech was provided verbal education on The Five Rights of Medication Administration on 8.22.22, and a

successful Med Observation was completed by the Med Tech Instructor on 11.8.23

-Med tech instructor will complete 2 observations a year and as needed for med tech education.

-Clinical Manager or designee will monitor medication errors to identify patters, and generate corrective action through an investigation process. This will involve details regarding the resident involved, conducting a medication review, Interviewing the staff member involved for information on why or how the incident occurred, obtaining additional information on any other contributing factors that may have led to the error, contacting the family and provider, monitoring the safety of the resident and implementing any new orders obtained, monitor for patterns or trends, provide the appropriate education to the staff member, and completing the appropriate reporting within 24 hours. This will be ongoing actionable steps that will go into effect 1.25.23. The actionable steps within the investigation will be completed within 7 days effective 1.25.22.

Licensee's Proposed Overall Completion Date: 02/08/2023 Licensee's Proposed Date of POC Implementation Implemented 5/9/23

## 187d - Follow Prescriber's Orders

## 7. Requirements

2600.

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

**Description of Violation**

*Resident #2 was administered Vitamin D3, Plavix, Metformin, Lisinopril, Duloxetine, Metoprolol, and Memantine prescribed for another resident in the morning on 08/21/2022.*

*Resident #3 is prescribed Morphine 15 mg once a day at 01:00 PM. On 09/30/2022 at 01:00 PM, the resident was given Morphine 30 mg instead of 15 mg as prescribed.*

*Resident #4 is prescribed accuchecks 3 times a day. However, the resident's blood glucose level was not checked on 12/03/2022 at lunch.*

**Plan of Correction**

Accept [REDACTED] - 01/18/2023)

*-Residents were evaluation by the nurse on 8.21.22 duty for any adverse effects to receiving the wrong medication. MD and*

*family were informed the incident and proper reporting submitted on 8.21.22 for resident #2.*

*Nurse evaluated resident #3, informed family, and contacted physician on 10.1.22.*

*- Clinical Manager provided verbal education provided to medication technician 8.22.22 for error associated with resident #2. Nurse Supervisor provided verbal education to med tech associated with error for resident #3 on 9.30.22 to follow the order as the prescriber as written. Education will be provided on 1.25.23 for staff to initial next the number on the blister card when signing out narcotics, and the target audience would be med techs, and nurses.*

*-Warning labels were purchased, and will be applied to duplicate medications with different orders. Education regarding utilization of warning labels for duplicate medications will be conducted 1.25.23 through 2.8.23.23 by Nurse Supervisor, and implementation for using the labels will begin 2.8.22*

*-The Clinical Manager or the Nurse Supervisor will perform a monthly audit effective 2.8.23 to ensure that duplicate medications have warning labels. The audit will continue for 3 months through 5.8.23. The Nurse supervisor will obtain a report of residents with duplicate medications, ensure that duplicate medications have warning labels, and apply the warning label to any new duplicate medication. The nurse supervisor will communicate to the clinical manager upon completion of each month's audit, provide feedback on progress, and clinical manager will educate med techs and/or nurses as warranted.*

**Licensee's Proposed Overall Completion Date:** 02/08/2023 *Licensee's Proposed Date of POC Implementation*

Implemented 5/9/23 [REDACTED]

## 224a - Preadmission Screen Form

## 8. Requirements

2600.

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

**Description of Violation**

*Resident #1's preadmission screening form, dated [REDACTED]/2022, does not include the resident's ability to manage poisonous materials or a determination that the needs of the resident can be met by the services provided by the home.*

*Resident #7's preadmission screening form, dated [REDACTED]/2021, does not include a level of supervision needed.*

*Resident #8 was admitted to the home on [REDACTED]/2021. However, the resident's prescreening form was completed on 06/16/2021.*

224a - Preadmission Screen Form (continued)

**Plan of Correction**

Accept [REDACTED] - 01/18/2023)

- Resident #1 preadmission screening form was revised by Clinical manager on 12.15.22 to include ability to manage poisonous materials. Resident #7 preadmission screening form was revised on 12.16.22 by Clinical manager to include level of supervision needed.

-Education will be completed by PCA and on 1.25.23 to ensure preadmission screening is completed within 30 days of admission, and that all fields are addressed appropriately to avoid the occurrence indicated for resident #8. The target audience for this education involves Clinical manager, nursing staff, and Admissions Coordinator.

-Any outdated preadmission screening forms will be redone by Clinical Manager or designee prior to admission to maintain compliance. Prior to filing preadmission screening forms in the resident's chart, the Clinical manager or designee will review for accuracy and completion.

-Clinical Manager, PCA or designee will oversee completion of all preadmission forms by doing a secondary review of preadmission screening forms for each admission prior to filing in the resident's chart. This involves checking the dates for compliance, making sure all fields are completed, and that resident's care could be met by the home. This secondary review will be implemented for each admission on 1.25.23

Licensee's Proposed Overall Completion Date: 01/25/2023 Licensee's Proposed Date of POC Implementation Implemented 5/9/23 [REDACTED]

227g -Support Plan Signatures

9. Requirements

2600.

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

**Description of Violation**

The assessment& support plan (RASP), dated [REDACTED]/2021, for resident #8 was not signed by the assessor.

**Plan of Correction**

Accept [REDACTED] - 01/18/2023)

-Violation was corrected on site, and Resident #8 RASP was signed by the Clinical Manager on 12.15.22.

-Effective 1.25.23 through 2.8.23, RASPs will be audited by Clinical Manager and PCA for signature of the assessor upon date the RASP was finalized.

-Education to comply with completion of Resident Support Plans, and ensuring that they are all signed by the Assessor will be provided by PCA and completed on 2.1.23. The target audience will consist of Clinical Manager and nurse supervisors who would be tasked with completing and reviewing RASPs.

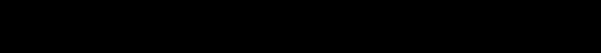
-Clinical Manager and will oversee compliance with RASP signatures for assessor. Upon completion of a RASP for an initial, Annual or significant change, clinical manager will ensure that it is completed in a timely manner, reflect resident's needs, the plan to meet those needs, the frequency, and the responsible party tasked with completing the task. Upon Finalization, the document will be reviewed with resident, signed/dated unless otherwise refuse or unable, and signed/dated by the assessor. Clinical Manager will review the above components prior to filing resident's RASP into resident's record.

Licensee's Proposed Overall Completion Date: 02/01/2023 Licensee's Proposed Date of POC Implementation


Implemented 5/9/23 [REDACTED]

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

May 9, 2023

  
FREDERICK MENNONITE COMMUNITY  
2849 BIG ROAD - OFFICE  
ZIEGLERVILLE, PA, 19492

RE: FREDERICK LIVING - MAGNOLIA  
HOUSE  
2849 BIG ROAD  
ZIEGLERVILLE, PA, 19492  
LICENSE/COC#: 12772

Dear ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/30/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

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



cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *FREDERICK LIVING - MAGNOLIA HOUSE* License #: 12772 License Expiration: 07/22/2023  
Address: 2849 BIG ROAD, ZIEGLERVILLE, PA 19492  
County: MONTGOMERY Region: SOUTHEAST

**Administrator**

Name: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *FREDERICK MENNONITE COMMUNITY*  
Address: 2849 BIG ROAD - OFFICE, ZIEGLERVILLE, PA, 19492  
Phone: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: Total Daily Staff: 63 Waking Staff: 47

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Monitoring* Exit Conference Date: *03/30/2023*

**Inspection Dates and Department Representative**

03/30/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
License Capacity: 104 Residents Served: 59  
Secured Dementia Care Unit  
In Home: No Area: Capacity: Residents Served:  
Hospice  
Current Residents: x  
Number of Residents Who:  
Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 59  
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 4 Have Physical Disability: 0

**Inspections / Reviews**

03/30/2023 - Partial  
Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/23/2023*

04/24/2023 - POC Submission  
Submitted By: [REDACTED] Date Submitted: *05/01/2023*  
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/29/2023*

Inspections / Reviews *(continued)*

04/25/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/01/2023

Reviewer: [REDACTED]

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

05/09/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/01/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

187b - Date/Time of Medication Admin.

1. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed Lorazepam 0.5 mg once a day. The resident was not administered this medication on 01/15/2023. However, the resident's January medication administration record (MAR) includes staff initials.

Resident #2 is prescribed Lorazepam 0.5 mg twice a day. The resident was not administered this medication on 02/21/2023 in the evening. However, the resident's Feb MAR includes staff initials.

Plan of Correction

Accept [redacted] - 04/25/2023)

1. Personal Care Clinical Manager provided education with team member A regarding medication error on 1/15/2023 and medication administration rights and signing out medications as they are pulled and saving after administration. Personal Care Clinical Manager provided education with team member B regarding medication error on 2/21/2023 and medication administration rights and signing out medications as they are pulled and saving after administration.

2. Med Tech Observer will audit pull and administration times during individual med tech audits to ensure time between pulling and administration of medications is reasonable to validate medication administration rights are adhered to. Med Tech observation audits will begin 5/1/2023 and continue with routine observations scheduled to maintain Med Tech certification.

3. Personal Care Home Administrator or designee will provide team member education regarding medication administration rights and process to validate and then sign off medications in the MAR. Education will be completed by 5/15/2023.

4. Personal Care Home Administrator or designee will audit 25% of narcotic administration compliance in MAR and narcotic control every 2 weeks. The audits will begin 5/1/2023 to conclude 6/30/2023.

Licensee's Proposed Overall Completion Date: 06/30/2023

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

187d - Follow Prescriber's Orders

2. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed Lorazepam 0.5 mg twice a day. However, the resident was not administered this medication on 02/21/2023 in the evening.

Plan of Correction

Accept [redacted] - 04/25/2023)

1. Personal Care Clinical Manager provided education with team member B regarding medication error on 2/21/2023 and following prescriber orders.

2. Personal Care Home Administrator or designee will complete a resident order review by 5/15/2023 to conclude 6/30/2023.

3. Personal Care Home Administrator or designee will provide team member education regarding following prescriber orders to ensure residents receive medications and treatments as ordered by 5/15/2023.

4. Personal Care Home Administrator or designee will audit new orders weekly. Audits will begin 5/15/2023 to conclude 6/30/2023.

187d - Follow Prescriber's Orders (*continued*)

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented [REDACTED] - 05/09/2023)