



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: July 24, 2023

Ms. Colleen Roy, President/COO
Northland Heights LLC
10 Lafayette Square, Suite 1900
Buffalo, New York 14203

RE: Northland Heights
4859 Mcknight Road
Pittsburgh, Pennsylvania 15237
License/COC #: 450841

Dear Ms. Roy:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on April 4, 2023, April 5, 2023, April 6, 2023, May 10, 2023, May 11, 2023, and June 2, 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. 2800 (relating to Assisted Living Residence), mistreatment or abuse of residents being cared for in the facility, failure to submit an acceptable plan to correct noncompliance items, and failure to comply with the acceptable plan to correct noncompliance items, the Department hereby REVOKES your certificate of compliance (license number 450840) dated February 4, 2023 – February 4, 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. This decision is made pursuant to 62 P.S. § 1026 (b)(1); (5) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from July 24, 2023 to January 24, 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. 2800 (relating to Assisted Living Residence), 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 § 2800 (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 2800	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
<u>Section:</u>					
16(c)	II	42	\$5	\$210	5 calendar days from mailing date of this letter
17	II	42	\$5	\$210	5 calendar days from mailing date of this letter
25(b)	II	42	\$5	\$210	5 calendar days from mailing date of this letter
41(e)	II	42	\$5	\$210	5 calendar days from mailing date of this letter
103(f)	II	42	\$5	\$210	5 calendar days from mailing date of this letter
141(a)	II	42	\$5	\$210	5 calendar days from mailing date of this letter
141(b)(1)	II	42	\$5	\$210	5 calendar days from mailing date of this letter
183(d)	II	42	\$5	\$210	5 calendar days from mailing date of this letter
184(a)	II	42	\$5	\$210	5 calendar days from mailing date of this letter
187(b)	II	42	\$5	\$210	5 calendar days from mailing date of this letter
187(d)	II	42	\$5	\$210	5 calendar days from mailing date of this letter
191	II	42	\$5	\$210	5 calendar days from mailing date of this letter
224(a)	II	42	\$5	\$210	5 calendar days from mailing date of this letter
225(a)	II	42	\$5	\$210	5 calendar days from mailing date of this letter

227(c)	II	42	\$5	\$210	5 calendar days from mailing date of this letter
231(c)	II	42	\$5	\$210	5 calendar days from mailing date of this letter
231(d)	II	42	\$5	\$210	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.

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:

Lestia Fetzer, 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: 717-214-1304

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: Gene Cuccarese, Office of General Counsel
Theresa Hartman, Bureau Director
Sheila Page, Director of Operations
Brent Sutherland, Regional Director

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

Facility Information

Name: *NORTHLAND HEIGHTS* License #: *45084* License Expiration: *02/04/2024*
Address: *4859 MCKNIGHT ROAD, PITTSBURGH, PA 15237*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

Name: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *NORTHLAND HEIGHTS LLC*
Address: [REDACTED]
Phone: *4122233100*

Certificate(s) of Occupancy

Type: *C-1* Date: *01/21/2020* Issued By: *Ross Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *60* Waking Staff: *45*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *05/11/2023*

Inspection Dates and Department Representative

05/10/2023 - On-Site: [REDACTED]
05/11/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *123* Residents Served: *44*

Special Care Unit

In Home: *Yes* Area: *2nd floor* Capacity: *19* Residents Served: *2*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *43*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *16* Have Physical Disability: *1*

Inspections / Reviews

05/10/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/31/2023*

06/05/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/30/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 06/09/2023

06/08/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/30/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/30/2023

07/06/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/30/2023

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

16c Incident reporting

1. Requirements

2800.

16.c. The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Description of Violation

On 4/4/23, the police responded to the residence regarding an incident involving resident #1; however, this incident was not reported to the Department.

On 4/5/23 at approximately 3:30 PM, resident #1's Cefuroxime-500 mg tablets were delivered to the home; however, this medication was not administered to resident #1 until 4/7/23 at approximately 8:00 PM. Also, the medication was not administered to resident #1 on numerous occasions, to include at 8:00 AM on 4/13/23 and at 8:00 PM on 4/12/23 and 4/13/23. These medication errors were not reported to the Department.

REPEAT VIOLATION: 11/1/2022, 1/11/2022, et. al.

Plan of Correction

Accept [REDACTED] - 06/08/2023)

On 4/25/23 incident was reported by previous DON regarding med error. The current DON submitted on 6/8/23 regarding resident #1. All staff was reeducated on missed meds and reporting processes and calling pharmacy immediately. Administrator reviewed guidelines of regulation 2800.16 with new DON and leadership team on 4/5/23.

Documentation of training will be kept in employee files. Administrator will maintain a reportable incident file that will document incident reporting. Daily monitoring of all incidents began on 4/6/23 by DON and Administrator. All staff persons were re-educated on all reportable incidents and conditions specified in 2800.16a, as well as the home's reporting procedures to ensure timely reporting to the Department on 4/26 and 4/28. Documentation of training will be kept in accordance with 2800.65L

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

Not Implemented [REDACTED] - 07/06/2023)

23a ADL assistance

2. Requirements

2800.

23.a. A residence shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

On 4/25/23 at approximately 12:00 PM, direct care staff person A transferred resident #2 from [REDACTED] bed to [REDACTED] wheelchair by herself. After being transferred into the wheelchair, resident #2 was not positioned properly in the wheelchair and was sitting on the edge of the wheelchair. Staff person A roughly pulled on resident #2's brief numerous times in an attempt to position the resident properly in the wheelchair. During these attempts, resident #2 told staff person A [REDACTED] was pulling too hard on [REDACTED] brief and was hurting the resident. Staff person A then yelled at resident #2 that [REDACTED] could transfer [REDACTED] and that "this is not a fucking skilled nursing place". Staff person A then left resident #2 unattended on the edge of [REDACTED] wheelchair until other staff persons entered resident #2's bedroom and re-positioned resident #2 properly in [REDACTED] wheelchair. According to resident #2's most recent assessment and support

23a ADL assistance (continued)

plan, dated 2/14/23, resident #2 requires the full physical assistance of 2 staff persons to transfer in/out of bed/chair.

Plan of Correction**Directed** [REDACTED] - 06/08/2023)

On 4/25/23 the incident involving staff member A who was a contracted to the facility by a staffing agency. Staff person A was immediately sent home and the agency was updated on the issue. We stated that [REDACTED] was not allowed back in the facility. Staff education will be completed by the new DON on 6/19/23 regarding personalized support plans for each resident. They will be made aware where to find the plans. Documentation will be kept for staff education. ISP will be kept in medical record rooms and accessible to staff.

DIRECTED: Beginning on 6/12/23: The administrator or Director of Nursing shall interview at least 5 residents, in private, per month to ensure residents are receiving assistance with ADL's as specified in their assessments and support plans. Documentation of the interviews shall be kept [REDACTED] 6/8/23

Directed Completion Date: 06/19/2023

Not Implemented [REDACTED] - 07/06/2023)**42b Abuse/Neglect****3. Requirements**

2800.

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

On 4/25/23 at approximately 12:00 PM, direct care staff person A transferred resident #2 from [REDACTED] bed to [REDACTED] wheelchair by [REDACTED]. After being transferred into the wheelchair, resident #2 was not positioned properly in the wheelchair and was sitting on the edge of the wheelchair. Staff person A roughly pulled on resident #2's brief numerous times in an attempt to position the resident properly in the wheelchair. During these attempts, resident #2 told staff person A [REDACTED] was pulling too hard on [REDACTED] brief and was hurting the resident. Staff person A then yelled at resident #2 that [REDACTED] could transfer [REDACTED] and that "this is not a fucking skilled nursing place". Staff person A then left resident #2 unattended on the edge of [REDACTED] wheelchair until other staff persons entered resident #2's bedroom and re-positioned resident #2 properly in [REDACTED] wheelchair. Resident #2 indicated [REDACTED] was upset, angry and cried over the incident. According to resident #2's most recent assessment and support plan, dated 2/14/23, resident #2 requires the full physical assistance of 2 staff persons to transfer in/out of bed/chair.

Plan of Correction**Directed** [REDACTED] - 06/08/2023)

On 4/25/23 the incident involving staff member A who was a contracted to the facility by a staffing agency. Staff person A was immediately sent home and the agency was updated on the issue. We stated that [REDACTED] was not allowed back in the facility. Staff education will be completed by the new DON on 6/19/23 to inform them that a resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. If abuse is suspected staff will call the manager on duty immediately. Leadership team will audit resident care daily beginning 6/12/23. Documentation will be kept for staff education.

DIRECTED: Beginning on 6/12/23: The administrator or Director of Nursing shall interview at least 5 residents, in private, per month to ensure residents are free from abuse and neglect. Documentation of the interviews shall be

42b Abuse/Neglect (continued)

kept. [REDACTED] 6/8/23

Directed Completion Date: 06/19/2023

Not Implemented ([REDACTED] - 07/06/2023)

65a Fire Safety-1st day

4. Requirements

2800.

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.
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 person A, who is an agency staff person and hired in the residence on 4/14/23, did not receive training on any of the topics specified in 2800.65a.

Plan of Correction

Directed ([REDACTED] - 06/08/2023)

All staff including contracted employees will be educated on their first day of employment by Maintenance Director or DON. A new hire checklist will be implemented for all direct care staff persons including ancillary staff persons, substitute personnel and volunteers on 6/1/23 by Business Office Manager. (DIRECTED: Copies of the completed new hire checklists shall be kept in each staff person's record. [REDACTED] 6/8/23). BOM will review all files for compliance monthly starting 6/1/23.

Per the residence's plan of correction, staff person A is no longer working at the facility and is not allowed back. [REDACTED] 6/8/23

DIRECTED: By 6/30/23: The Business Office Manager shall review all current staff person records to ensure each current staff person has received training on all topics specified in 2800.65a. Documentation of the education shall be kept in each staff person's record in accordance with 2800.65L. [REDACTED] 6/8/23

Directed Completion Date: 06/30/2023

Not Implemented ([REDACTED] - 07/06/2023)

65e Rights/Abuse 40 Hours

5. Requirements

2800.

65e Rights/Abuse 40 Hours (continued)

- 65.e. 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.
 5. Safe management techniques.
 6. Core competency training that includes the following:
 - i. Person-centered care.
 - ii. Communication, problem solving and relationship skills.
 - iii. Nutritional support according to resident preference.

Description of Violation

Direct care staff person A, who is an agency staff person and hired in the residence on [REDACTED] did not receive training on any of the topics specified in 2800.65e.

Plan of Correction

Directed ([REDACTED] 06/08/2023)

Direct care staff person A, who was an agency staff person and hired in the residence on [REDACTED] did not receive training on any of the topics specified in 2800.65e. Staff person A is no longer working at the facility and is not allowed back. Education for the leadership team regarding regulation 2800.65e will be completed on 6/16/23. All new staff members will be oriented upon hire on 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.
5. Safe management techniques.
6. Core competency training that includes the following:
 - i. Person-centered care.
 - ii. Communication, problem solving and relationship skills.
 - iii. Nutritional support according to resident preference. Business Office Manager to maintain compliance.

A new hire checklist will be implemented for all direct care staff persons including ancillary staff persons, substitute personnel and volunteers on 6/1/23 by Business Office Manager. (DIRECTED: Copies of the completed new hire checklists shall be kept in each staff person's record. [REDACTED] 6/8/23). BOM will review all files for compliance monthly starting 6/1/23.

DIRECTED: By 6/30/23: The Business Office Manager shall review all current staff person records to ensure each current staff person has received training on all topics specified in 2800.65e. Documentation of the education shall be kept in each staff person's record in accordance with 2800.65L. [REDACTED] 6/8/23

Directed Completion Date: 06/30/2023

Not Implemented [REDACTED] - 07/06/2023)

141a Medical evaluation

6. Requirements

2800.

141a Medical evaluation (continued)

- 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.
 11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.
 12. Information about a resident’s day-to-day assisted living service needs.

Description of Violation

No medical evaluation was completed for resident #2, who was admitted to the residence on [REDACTED].

REPEAT VIOLATION: 1/11/2022, et. al.

Plan of Correction

Directed ([REDACTED] - 06/08/2023)

Medical evaluation for resident #2 was completed by the physician on 2/13/23. All resident records will be reviewed for medical evaluations 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 A new admission checklist to ensure a medical evaluation completed in its entirety within 60 days prior to admission or within 30 days after admission for all new admissions was implemented on 5/1/23. (DIRECTED: Copies of the completed new admission checklists shall be kept in each resident's record. [REDACTED] 6/8/23). All staff persons responsible for the completion of medical evaluations were re educated on the new checklist on 5/1/23. DON and ADM to monitor monthly beginning 6/1/23. Documentation of education will be kept in accordance with 2800.65L.

DIRECTED: By 6/30/23: The administrator or Director of Nursing shall review all current resident records to ensure each resident has a medical evaluation, completed in its entirety, within 60 days prior to admission or within 30 days after admission. Copies of the completed medical evaluations shall be kept in each resident's record. [REDACTED] 6/8/23

Directed Completion Date: 06/30/2023

Not Implemented ([REDACTED] - 07/06/2023)

141b1 Annual medical evaluation

7. Requirements

2800.

141.b. A resident shall have a medical evaluation:

1. At least annually.

141b1 Annual medical evaluation (continued)

Description of Violation

Resident #3's most recent medical evaluation was completed on 5/9/23; however, resident #3's previous medical evaluation was completed on 12/23/21.

REPEAT VIOLATION: 1/11/2022, et. al.

Plan of Correction

Accept [REDACTED] - 06/08/2023)

Medical evaluation for resident #3 was completed by the physician on 5/9/23. All resident records will be reviewed for updated medical evaluations by 6/10/23. DON and ADM to monitor monthly for compliance beginning 6/16/23. All other resident records will be reviewed to ensure each resident has a completed medical evaluation at least annually and completed by 6/1/23. A monthly checklist was created on 6/7/23 to ensure timely completion of medical evaluations. Staff was educated on the tracking system for the completion of medical evaluations on 6/7/23. Documentation of education will be kept in accordance with 2800.65L.

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

Not Implemented [REDACTED] - 07/06/2023)

183e Storing Medications

8. Requirements

2800.

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

Description of Violation

Resident #3 is prescribed Furosemide-40 mg tablet-Take 1.5 tablets by mouth once daily. On 5/11/23, dose #3 of resident #3's Furosemide-40 mg tablets was punctured on the back of the medication card and the 1/2 tablet was not present in the medication card for dose #3.

Plan of Correction

Directed [REDACTED] - 06/08/2023)

Dose 3 of resident #3's Furosemide was discarded on 5/11/23 due to contamination. New DON will do an inservice on 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 by 6/19/23. Don or Administrator will monitor weekly for one month and then bi weekly there after beginning 6/16/23. (DIRECTED: At least 5 resident medications shall be reviewed during each audit. [REDACTED] 6/8/23). Documentation of education will be kept in accordance with 2800.65L.

Directed Completion Date: 06/30/2023

Not Implemented [REDACTED] - 07/06/2023)

183f Discontinued medications

9. Requirements

2800.

183f Discontinued medications (continued)

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the residence shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the residence, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the residence.

Description of Violation

On 5/11/23, resident #3's Acetaminophen-325 mg tablets, which were present in the residence, expired on 4/29/23.

Plan of Correction

Accept () 06/08/2023)

Expired medicine for resident #3 was removed from cart on 5/11/23, All med carts were audited by RN from 5/21-5/30 and all expired medications were removed. DON and Administrator will educate all med techs and nurses on proper storage and removal of discontinued medications by 6/19/23. Audits will be done weekly for 4 weeks and then biweekly for 4 weeks starting 6/1/23. Audits will be done monthly there after. Please add documentation of staff training will be kept in accordance with 2800.65L

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

Not Implemented () - 07/06/2023)

187a Medication record**10. Requirements**

2800.

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

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #1's April 2023 medication administration record (MAR) does not include a diagnosis or purpose for the following medications:

- Acetaminophen-500 mg tablet
- Cefuroxime-500 mg tablets

Plan of Correction

Directed () 06/08/2023)

Resident #1 no longer resides at the facility. DON will educate staff on 2800.

187.a.

187a Medication record (continued)

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

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Staff will inform DON of any missing information on emar including diagnosis. Audits will be done weekly for 4 weeks and then biweekly for 6 weeks starting 6/16/23. (DIRECTED: At least 7 resident MAR's shall be reviewed during each audit. [REDACTED] 6/8/23). Audits will be done monthly there after of 7 residents. All MARS were audited by 6/8/23 and updated for purpose of usage by DON. DON will audit for compliance weekly beginning 6/16/23 to include expired or discontinued meds being removed from the cart and the mar with matching physician orders. All staff persons responsible for the completion of medical evaluations were re educated on the new checklist on 6/19. DON and ADM to monitor monthly beginning 6/19/23. Documentation of education will be kept in accordance with 2800.65L.

All staff persons qualified to administer medications shall be re-educated on MAR requirements, which includes ensuring a diagnosis or purpose is present on resident MAR's for each prescribed medication. (DIRECTED: The staff education shall be completed by 6/30/[REDACTED] 6/8/23). Documentation of the education shall be kept in accordance with 2800.65L.

Directed Completion Date: 06/30/2023

Not Implemented [REDACTED] - 07/06/2023)

187d Follow prescriber's orders**11. Requirements**

2800.

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

Description of Violation

On 4/5/23, resident #1 was prescribed Cefuroxime 500 mg tablets-Take 1 tablet by mouth twice daily for 10 days. The medication was delivered to the residence on 4/5/23 at approximately 3:30 PM; however, the 1st dose was not administered to resident #1 until 4/7/23 at approximately 8:00 PM. Also, this medication was not administered to resident #1 on numerous occasions, to include at 8:00 AM on 4/13/23 and at 8:00 PM on 4/12/23 and 4/13/23.

Resident #2 is prescribed Trimethoprim 100 mg tablet-Take 1 tablet by mouth once daily. According to resident #2's May 2023 MAR, this medication was not administered to resident #2 on 5/6/23, because it was not available in the residence for administration.

187d Follow prescriber's orders (continued)

REPEAT VIOLATION: 11/1/2022, 1/11/2022, et. al.

Plan of Correction

Directed [redacted] - 06/08/2023)

The root cause of the delay was due to pharmacy error. Facility will be getting a new pharmacy by 8/1/23. New DON will educate nurses and med techs on 2800.187.d in accordance with 2800.65L. Staff will be instructed to call pharmacy immediately if anything is missing. This will be completed by 6/16/23.. The home shall follow the directions of the prescriber. Outside agent audited all resident medications to ensure they were present in the home for administration in accordance with prescriber orders on 5/26/23. The DON will pull all medications for approximately 10 residents monthly to ensure they are present and available for administration beginning 6/12/23.

DIRECTED: Within 48 hours of receipt of the plan of correction: The Director of Nursing shall review all medications for residents #1 and #2 to ensure all prescribed medications are present in the home and available for administration. [redacted] 6/8/23

DIRECTED: By 6/30/23: All staff persons qualified to administer medications shall be re-educated on the home's medication administration procedures, which includes ensuring medications are re-ordered prior to depleting the current supply, to ensure the directions of resident prescribers are followed. Documentation of the education shall be kept in accordance with 2800.65L. [redacted] 6/8/23

Directed Completion Date: 06/30/2023

Not Implemented [redacted] - 07/06/2023)

225a1 Assessment – annually

12. Requirements

2800.

225.a.1. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department's assessment form. Additional written assessments shall be completed as follows: Annually.

Description of Violation

Resident #3's most recent assessment was completed on [redacted] however, resident #1's previous assessment was completed on 3/10/22.

REPEAT VIOLATION: 1/11/2022, et. al.

Plan of Correction

Accept [redacted] - 06/08/2023)

The new DON will audit all charts for accuracy of completion by 6/8/23 and a schedule will be drawn up to maintain quarterly and annual assessments. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. Additional written assessments shall be completed as follows: Annually. This will be completed by 6/10/23. The tracking system will be reviewed monthly by DON beginning 6/12/23.

Licensee's Proposed Overall Completion Date: 06/12/2023

Not Implemented [redacted] - 07/06/2023)

227c Final support plan - revision

13. Requirements

2800.

227.c. The final support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment. The residence shall review each resident's final support plan on a quarterly basis and modify as necessary to meet the resident's needs.

Description of Violation

The most recent quarterly review of resident #1's support plan was completed on 3/13/23; however, the previous quarterly review was completed on 9/19/22.

The most recent quarterly review of resident #4's support plan was completed on 3/13/23; however, the previous quarterly review was completed on 9/19/22.

REPEAT VIOLATION: 1/11/2022, et. al.

Plan of Correction**Accept** [REDACTED] - 06/08/2023)

The new DON will audit all charts for accuracy of completion and a schedule will be drawn up to maintain quarterly and annual assessments. 2800.

227.c. The final support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment. The residence shall review each resident's final support plan on a quarterly basis and modify as necessary to meet the resident's needs. The new DON will audit all charts for accuracy of completion by 6/8/23 and a schedule will be drawn up to maintain quarterly and annual assessments. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. Additional written assessments shall be completed as follows: Annually. This will be completed by 6/10/23. The tracking system will be reviewed monthly by DON beginning 6/12/23.

Licensee's Proposed Overall Completion Date: 06/12/2023

Not Implemented [REDACTED] - 07/06/2023)