

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

August 9, 2023

[REDACTED], VICE PRESIDENT OF OPERATIONS  
OXFORD PERSONAL CARE LLC  
[REDACTED]

RE: OXFORD CROSSINGS  
310 EAST WINCHESTER AVENUE  
LANGHORNE, PA, 19047  
LICENSE/COC#: 14858

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/06/2023, 06/07/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

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

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: OXFORD CROSSINGS License #: 14858 License Expiration: 02/16/2024  
Address: 310 EAST WINCHESTER AVENUE, LANGHORNE, PA 19047  
County: BUCKS Region: SOUTHEAST

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: OXFORD PERSONAL CARE LLC  
Address: [Redacted]  
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: C 1 Date: 11/22/1985 Issued By: Commonwealth of Pa Dept of Health  
Type: I 2 Date: 11/22/1985 Issued By: Township of Middletown

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 91 Waking Staff: 68

Inspection Information

Type: Full Notice: Unannounced BHA Docket #: [Redacted]  
Reason: Renewal, Complaint, Incident Exit Conference Date: 06/07/2023

Inspection Dates and Department Representative

06/06/2023 On Site [Redacted]  
06/07/2023 On Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information  
License Capacity: 116 Residents Served: 63  
Secured Dementia Care Unit  
In Home: Yes Area: Area Capacity: 27 Residents Served: 12  
Hospice  
Current Residents: 6  
Number of Residents Who:  
Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 63  
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1  
Have Mobility Need: 28 Have Physical Disability: 0

Inspections / Reviews

06/06/2023 - Full  
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 07/07/2023

Inspections / Reviews (continued)

07/13/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 08/07/2023

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 08/08/2023

08/09/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 08/07/2023

Reviewer: [REDACTED] Follow-Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

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

Description of Violation

On [REDACTED] 2022, residents 1 and 2 had an incident where medications were not administered at the correct time. The home did not report this incident to the Department until [REDACTED] 2022.

On [REDACTED], resident 3 expired. The home did not report this incident to the Department until August 1st, 2022.

Plan of Correction

Accept [REDACTED] 07/11/2023)

Residents 1, 2 and 3 PCP and family notified of incident occurrence.

incident reports from prior year were reviewed to ensure timely submission.

Nurses and med techs will be educated on Reportable Incidents policy

Executive Director or designee will complete 1 random audit, one time per week for one month to ensure incident reports that meet reportable requirements are reported within 24 hours of the incident.

Licensee's Proposed Overall Completion Date: 08/07/2023

Implemented ([REDACTED] - 08/09/2023)

16d - Final Incident Report

2. Requirements

2600.

16.d. The home shall submit a final report, on a form prescribed by the Department, to the Department's personal care home regional office immediately following the conclusion of the investigation.

Description of Violation

On [REDACTED] 2023, the home submitted an initial incident report for resident 4 for missing jewelry and money. The home did not submit a final report to the Department.

Plan of Correction

Accept ([REDACTED] - 07/13/2023)

investigation was completed for Resident 4 and was unsubstantiated, resident and responsible party were notified. incident reports from prior year were reviewed for final submission.

Executive Director reviewed policy and regulation on Reportable Incidents policy.

Executive Director or designee will complete 1 random audit, one time per week for one month to ensure incidents reports are finalized and submitted to DHS upon completion of investigation.

Licensee's Proposed Overall Completion Date: 08/07/2023

Implemented ([REDACTED] - 08/09/2023)

16e - Resident Notice

3. Requirements

2600.

**16e – Resident Notice (continued)**

16.e. If the home’s final report validates the occurrence of the alleged incident or condition, the affected resident and other residents who could potentially be harmed or his designated person shall also be informed immediately following the conclusion of the investigation.

**Description of Violation**

On [REDACTED] 2023, the home submitted an initial incident report for resident 4 for missing jewelry and money. Based on resident 4’s interview as of [REDACTED] 2023, the home has not informed resident 4 or his/her designated persons of the incident investigation findings.

**Plan of Correction**

**Accept** ([REDACTED] 07/13/2023)

investigation was completed for Resident 4 and was unsubstantiated, resident and responsible party were notified. investigations that occurred over past 6 months have been reviewed to ensure investigation findings were communicated to family and resident.  
 Executive Director reviewed Investigating Incident of Theft and/or Misappropriation of Resident Property policy.  
 Executive Director or designee will complete 1 random audit, one time per week for one month to ensure incidents reports are finalized and submitted to DHS upon completion of investigation.

In addition to the above plan of correction: Administrator or designee will keep written documentation of notification. [REDACTED]

**Licensee’s Proposed Overall Completion Date: 08/07/2023**

**Implemented** ([REDACTED] - 08/09/2023)

**18 – Compliance With Laws**

**4. 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**

Personal care and assisted living homes must post the required influenza information in a public place in the home year-round as required by the Influenza Awareness Act (HB 1785). The home did not have an influenza poster anywhere.

On June 6, 2023, there were no influenza posters posted in a conspicuous and public place throughout the home.

**Plan of Correction**

**Accept** ([REDACTED] - 07/13/2023)

Required influenza posters were printed from DHS site and posted in 3 areas immediately.

Signs will remain posted and will not be removed.

Department heads were educated on the Influenza Awareness Act.

Executive Director or designee will complete 1 random audit, one time per week for one month to ensure posting

**Licensee’s Proposed Overall Completion Date: 08/07/2023**

**Implemented** ([REDACTED] - 08/09/2023)

**28e Death of a Resident**

**5. Requirements**

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

**Description of Violation**

Resident 5 passed away on [REDACTED] 2022. Resident 5's personal belongings were removed from his/her room on April 30, 2022; however, the refund check was sent on [REDACTED].  
 Resident 6 passed away on [REDACTED]. Resident 6's personal belongings were removed from his/her room on May 16, 2022; however, the refund check was sent on [REDACTED].  
 Resident 7 passed away on [REDACTED]. Resident 7's personal belongings were removed from his/her room on [REDACTED]; however, the refund check was sent on [REDACTED].  
 Resident 8 passed away on [REDACTED]. Resident 8's personal belongings were removed from his/her room on [REDACTED]; however, the refund check was sent on [REDACTED].  
 Resident 9 passed away on [REDACTED]. Resident 9's personal belongings were removed from his/her room on [REDACTED]; however, the refund check was sent on [REDACTED].  
 Resident 10 passed away on [REDACTED]. Resident 10's personal belongings were removed from his/her room on [REDACTED]; however, the refund check was sent on [REDACTED].  
 Resident 11 passed away on [REDACTED]. Resident 11's personal belongings were removed from his/her room on [REDACTED]; however, the refund check was sent on [REDACTED].  
 Resident 12 passed away on [REDACTED]. Resident 12's personal belongings were removed from his/her room on April [REDACTED] however, the refund check was sent on [REDACTED].  
 Resident 13 passed away on [REDACTED]. Resident 13's personal belongings were removed from his/her room on [REDACTED]; however, the refund check was sent on [REDACTED].

**Plan of Correction**

**Accept [REDACTED] - 07/13/2023)**

Resident's 5, 6, 7, 8, 9, 10, 11, 12 and 13 have been issued a refund check.  
 A review of further refunds has occurred with no additional findings  
 Business office manager was educated on Refunds of Resident fund policy.  
 Business Office Manager or designee will complete 1 random audit one a week for one month to ensure refunds are issued timely

**Licensee's Proposed Overall Completion Date: 08/07/2023**

**Implemented ([REDACTED] - 08/09/2023)**

**51 - Criminal Background Check**

**6. 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**

On June 6, 2023, there were two employees from Sherwin-Williams Painting working in an apartment on the 2nd floor near the residents. However, none of the workers provided a criminal background check before starting the job.

## 51 - Criminal Background Check (continued)

### Plan of Correction

Accept ( [REDACTED] 07/13/2023)

Contractors from Sherwin Williams were asked to leave premises until criminal background checks could be obtained.

Sherwin Williams was notified of regulatory requirement to provide background checks for workers on premises. Director of Maintenance was educated on OAPSA

Maintenance Director or designee will complete 1 random audit one time per week for 1 month to ensure compliance with background checks.

Licensee's Proposed Overall Completion Date: 08/07/2023

Implemented [REDACTED] - 08/09/2023)

## 66b - Training Plan Content

### 7. Requirements

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

1. The name, position and duties of each direct care staff person.
2. The required training courses for each staff person.
3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

### Description of Violation

The home's staff training plan does not include the name, position, and duties of each direct care staff person or the dates, times, and locations of the scheduled training for each staff person for the upcoming year.

### Plan of Correction

Accept ( [REDACTED] 07/13/2023)

The Staff Training Plan was updated to include the name, position, and duties of each direct care staff person or the dates, times, and locations of the scheduled training for each staff current person for the upcoming year  
New hired employees are provided training during orientation and are assigned according to the Staff Training Plan  
Department Directors will be educated on the home's Staff Training Plan  
Human Resources Director or designee will complete 1 random audit one time per week for 1 month to ensure Staff Training Plan is followed as scheduled.

Licensee's Proposed Overall Completion Date: 08/07/2023

Implemented [REDACTED] - 08/09/2023)

## 82c - Locking Poisonous Materials

### 8. 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 tube of toothpaste with a manufacturer's label indicating "Keep out of reach of children; please contact poison control", was unlocked, unattended, and accessible to residents 14 and 15. Not all the residents of the home, including residents 14 and 15, have been assessed as capable of recognizing and using poisons safely.

**82c - Locking Poisonous Materials (continued)**

**Plan of Correction**

**Accept** - 07/13/2023

Toothpaste was removed from resident 14 and 15's room and secured in a locking cabinet. Resident rooms in memory care neighborhood have been searched for poisonous materials to ensure safety of the residents.  
 Education of the Physical Plant policy and regulation occurred for all staff that work in the memory care neighborhood.  
 Dementia Program Director or designee will complete audit 3 times per week for one month to ensure poisonous materials are locked securely

**Licensee's Proposed Overall Completion Date: 08/07/2023**

**Implemented** - 08/09/2023

**85a - Sanitary Conditions**

**9. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

Staff person A failed to wash hands prior administering medications to resident 16 on June 7, 2023, at 12:45 p.m.

**Plan of Correction**

**Accept** - 07/13/2023

Staff A was educated on proper hand hygiene  
 Staff providing medications were observed to ensure proper hand hygiene prior to medication administration.  
 Med techs and Nurses were educated on Handwashing Hand Hygiene policy.  
 Executive Director or designee will complete 1 random audit 1 time a week for 1 month to ensure compliance in maintaining sanitary conditions.

**Licensee's Proposed Overall Completion Date: 08/07/2023**

**Implemented** - 08/09/2023

**85d - Trash Receptacles**

**10. Requirements**

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

**Description of Violation**

On June 7, 2023, there was a full, uncovered, unattended trash can in the main kitchen.

**Plan of Correction**

**Accept** - 07/13/2023

Lid was immediately replaced on trash can on main kitchen  
 New lids were ordered and were corrected on 6/8/2023  
 Director of Dining has educated cooks and serving staff using the Food Related Garbage Refuse policy.

**85d - Trash Receptacles (continued)**

*Director of dining or designee will complete audit 3 times per week for one month to ensure trash is covered to prevent penetration of insects or rodents*

**Licensee's Proposed Overall Completion Date: 08/07/2023**

**Implemented (█) - 08/09/2023)**

**88a - Surfaces**

**11. Requirements**

2600.

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

**Description of Violation**

*On June 7, 2023, there was a rip of about three inches observed on the carpet of the first step leading from the second floor to the first floor.*

**Plan of Correction**

*Ripped carpet area will be repaired*

*Community was visually reviewed to ensure no other carpet issues were present*

*Maintenance Department will be educated on 88a- Surfaces regulation*

*Maintenance Director or designee will complete audit 1 time per week for one month to ensure community is free of hazards*

**Accept (█) 07/13/2023)**

**Licensee's Proposed Overall Completion Date: 08/07/2023**

**Implemented (MJ) - 08/09/2023)**

**95 - Furniture and Equipment**

**12. Requirements**

2600.

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

**Description of Violation**

*The bathroom sinks for bedrooms B27 and B45 on the second level were clogged and not draining correctly on June 7, 2023.*

**Plan of Correction**

*Drains in bedrooms B27 and B45 were cleaned, draining and returned to a normal flow.*

*Currently occupied resident apartments will be audited to ensure they are free of clogs and draining correctly*

*Maintenance Department will be educated on 95 - Furniture and Equipment.*

*Maintenance Director or designee will complete audit 1 time per week for one month to ensure resident rooms are free of clogs and draining correctly*

**Accept (█) - 07/13/2023)**

**Licensee's Proposed Overall Completion Date: 08/07/2023**

**Implemented (█) - 08/09/2023)**

**103e - Left Overs****13. Requirements**

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

**Description of Violation**

*On June 7, 2023, six bags of undated biscuit mix were observed in the main kitchen storage area for emergency food.*

**Plan of Correction**

**Accept ( [REDACTED] - 07/13/2023)**

*Biscuit bags were removed and disposed of immediately.*

*Emergency food items were reviewed to ensure any additional outdated items were discarded appropriately.*

*Dietary staff was educated on Food Receiving and Storage policy.*

*Dietary Director or designee will complete 1 random audit, 1 time per week for 1 month to ensure emergency food is dated correctly.*

**Licensee's Proposed Overall Completion Date: 08/07/2023**

**Implemented ( [REDACTED] - 08/09/2023)**

**103i - Outdated Food****14. Requirements**

2600.

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

**Description of Violation**

*On June 7, 2023, there were 1 box of 24 cans of evaporated milk, 2 boxes of can pureed beef with expiration dates of 5/28/23, and one dented can of American Originals chili with beans in the main kitchen's emergency food storage.*

**Plan of Correction**

**Accept ( [REDACTED] - 07/13/2023)**

*Evaporated milk, pureed beef and dented can of chili were removed and disposed of immediately.*

*Emergency food items were reviewed to ensure any additional outdated items were discarded appropriately.*

*Dietary staff was educated on Food Receiving and Storage policy.*

*Dietary Director or designee will complete 1 random audit, 1 time per week for 1 month to ensure emergency food is dated correctly.*

**Licensee's Proposed Overall Completion Date: 08/07/2023**

**Implemented ( [REDACTED] - 08/09/2023)**

**107d - Procedure Emergency Management Agency Submission****15. Requirements**

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

**Description of Violation**

*The home does not have documentation of the last time they submitted the home's written emergency procedures to the emergency management agency.*

**107d - Procedure Emergency Management Agency Submission (continued)**

**Plan of Correction**

**Accept ( [REDACTED] - 07/13/2023)**

Emergency Management Agency was contacted.

Written annual emergency procedure plan will be submitted to the emergency agency.

Executive Director reviewed regulation 107d Procedure Emergency Management Agency Submission

Executive Director or designee will audit 1 time per week for 1 month to ensure the written emergency procedure is up to date and submitted annually.

**Licensee's Proposed Overall Completion Date: 08/07/2023**

**Implemented ( [REDACTED] - 08/09/2023)**

**132b - Safety Inspection/Fire Drill**

**16. Requirements**

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

**Description of Violation**

*On June 7, 2023, the home could not provide documentation of the last fire safety inspection and drill conducted by a fire safety expert.*

**Plan of Correction**

**Accept ( [REDACTED] - 07/13/2023)**

Fire safety inspection and drill conducted by a fire safety expert occurred on June 23rd 2023 by [REDACTED] Fire Safety Corporation.

Documentation from [REDACTED] Fire Safety Corporation was received, noting no violations from inspection

Maintenance department was educated on 132b - Safety Inspection/Fire Drill regulation

Maintenance Director or designee will audit 1 time per week for 1 month to ensure the documentation from annual inspection is on file.

**Licensee's Proposed Overall Completion Date: 08/07/2023**

**Implemented ( [REDACTED] - 08/09/2023)**

**132d - Evacuation**

**17. Requirements**

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

**Description of Violation**

*The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes and 30 seconds during the following drills: July 7, 2022, August 28, 2022, September 25, 2022, October 24, 2022, November 16, 2022, December 24, 2022, January 28, 2023, February 25, 2023, March 23, 2023, April 14, 2023, May 15, 2023, and June 2, 2023.*

**Plan of Correction**

**Accept ( [REDACTED] - 07/13/2023)**

Fire safety inspection and drill conducted by a fire safety expert occurred on June 23rd 2023 by [REDACTED] Fire Safety Corporation.

**132d - Evacuation (continued)**

Documentation will be received from Croker Fire Safety Corporation and placed on file Maintenance department was educated on 132b - Safety Inspection/Fire Drill regulation Maintenance Director or designee will audit 1 time per week for 1 month to ensure the documentation from annual inspection is on file.

Licensee's Proposed Overall Completion Date: 08/07/2023

Implemented ( [REDACTED] - 08/09/2023)

**132g Fire Drills Days/Times**

**18. Requirements**

2600.

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

**Description of Violation**

The home routinely holds fire drills on Saturdays, as evidenced by the following drills: December 24, 2022; January 28, 2023; and February 25, 2023.

**Plan of Correction**

[REDACTED] was notified of the fire drill requirements.

Fire Drills scheduled through [REDACTED] will occur on various days of the week.

Maintenance Director was education on regulation 132g- Fired Drills Days/Times

Maintenance Director or designee will audit fire drills monthly for one month to ensure fire drills are no longer repetitious. Fire drill days and times will be reviewed at QAPI for follow up as needed.

Accept ( [REDACTED] - 07/13/2023)

Licensee's Proposed Overall Completion Date: 08/07/2023

Implemented ( [REDACTED] - 08/09/2023)

**162c Menus Posted**

**19. 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**

On June 6, 2023, the home's menu for the weeks of June 4–10 and June 11–17 was not posted in a conspicuous and public place in the memory care unit.

**Plan of Correction**

Menus were posted in memory care unit for June 4-10 and June 11-17

Menu boards were hung for permanent placement

Dietary department was educated on 162c Menus Posted

Dietary Director or designee with complete 1 random audit per week for 1 month to ensure current week menu and 1 week menu in advance is posted conspicuously.

Licensee's Proposed Overall Completion Date: 08/07/2023

162c - Menu Posted (continued)

Implemented ( [REDACTED] - 08/09/2023)

182b - Prescription Medication

20. Requirements

2600.

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

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
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

On June 1, 2, 4, and 5, staff person B administered medications to resident 17 to include the following: [REDACTED]. Staff person B's medication administration certification expired on February 1, 2023.

Plan of Correction

Employee B was immediately pulled from passing medications and removed from [REDACTED] shifts until [REDACTED] was recertified for med tech. [REDACTED] completed the course on June 12, 2023. Current Med Techs were reviewed to ensure current administration certification is on file. Human Resources Director was educated on 182b Prescription Medication Human Resources Director or designee will complete 1 random weekly audit for 1 month to ensure employees passing medications are certified

Accepted ( [REDACTED] - 07/13/2023)

Licensee's Proposed Overall Completion Date: 08/07/2023

Implemented ( [REDACTED] - 08/09/2023)

183b - Meds and Syringes Locked

21. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [REDACTED], at [REDACTED], staff person A left resident 18's [REDACTED] medication unlocked, unattended, and accessible to other residents.

Plan of Correction

Medications were placed in the med cart and secured. Staff person A was educated on securing medications when unattended.

Accepted ( [REDACTED] - 07/13/2023)

**183b - Meds and Syringes Locked (continued)**

*Med Techs and Nurse's were education on Storage of Medication policy Executive Director or designee will perform 1 random audit per week for 1 month to ensure medications are secure.*  
**Licensee's Proposed Overall Completion Date: 08/07/2023**

**Implemented ( [REDACTED] - 08/09/2023)**

**183f - Discontinued Medications**

**22. Requirements**

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home 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 home, 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 home.

**Description of Violation**

*The following medications [REDACTED], taken once weekly on Mondays, belonging to resident 19, was observed on the medication cart. This medication does not have a doctor's order. This is not an approved method of destroying medications, according to the Department of Environmental Protection and Federal and State regulations.*

**Plan of Correction**

*Medication was removed from the med cart and destroyed appropriately.  
 Med Carts were audited to ensure they are free of discontinued medications.  
 Med Techs and nurses were educated on Discontinued Medication policy  
 Executive Director or designee will complete 1 random audit 1 time per week for one month to ensure med carts are free of discontinued medications.*

**Accept [REDACTED] - 07/13/2023)**

**Licensee's Proposed Overall Completion Date: 08/07/2023**

**Implemented [REDACTED] - 08/09/2023)**

**185a - Implement Storage Procedures**

**23. 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 20 is prescribed [REDACTED] as needed. On [REDACTED] 2023, these medications were not available in the home.*

**Plan of Correction**

*Resident 20's medications that were not available were reviewed with physician. Order for d/c or hold until available was provided.  
 Med Carts were audited to ensure prescribed medications are available.*

**Accept [REDACTED] - 07/13/2023)**

**185a - Implement Storage Procedures (continued)**

*Med Techs and nurses were educated on Administration of Medications & Usage of Medical Equipment policy. Executive Director or designee will complete 1 random audit one time per week for one month to ensure medications are available as ordered.*

**Licensee's Proposed Overall Completion Date: 08/07/2023**

**Implemented [REDACTED] 08/09/2023)**

**187a - Medication Record**

**24. Requirements**

2600.

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).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

**Description of Violation**

*Resident 19 is prescribed [REDACTED], taken once weekly on Mondays. This medication was observed on the medication cart; however this medication is not included on resident 19's medication administration record.*

**Plan of Correction**

**Accept [REDACTED] - 07/13/2023)**

*Resident 19's prescribed [REDACTED] was placed on the MAR following physician orders. Current resident MAR's were audited to ensure prescribed medications are documented properly. Med Techs and nurses were educated on Administration of Medications & Usage of Medical Equipment policy. Executive Director or designee will complete 1 random audit one time per week for one month to ensure medications are available as ordered.*

**Licensee's Proposed Overall Completion Date: 08/07/2023**

**Implemented [REDACTED] 08/09/2023)**

**187d - Follow Prescriber's Orders**

**25. Requirements**

2600.

187d - Follow Prescriber's Orders (continued)

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

Description of Violation

On [REDACTED] 2023, at [REDACTED] p.m., staff person A did not administer the medications [REDACTED], and [REDACTED] to resident 16. However, staff person A destroyed all the medications and signed the medication administration record as administered.

On [REDACTED] at [REDACTED] a.m., staff persons C, D, and E did not administer the medication [REDACTED] Tablet Extended Release [REDACTED] to resident 20. However the medication administration record signed as administered.

Plan of Correction

Accept [REDACTED] - 07/13/2023)

Staff person A was provided a education on following physician orders and Resident 19's prescribed vitamin placed on the MAR following physician orders  
Current resident MAR's were audited to ensure prescribed medications are documented properly.  
Med Techs and nurses were educated on Administration of Medications & Usage of Medical Equipment policy.  
Executive Director or designee will complete 1 random audit one time per week for one month to ensure medications are available as ordered.

Licensee's Proposed Overall Completion Date: 08/07/2023

Implemented ([REDACTED] - 08/09/2023)

188b - Medication Error Reporting

26. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident 20 is prescribed [REDACTED]. However, on [REDACTED] at [REDACTED] the medication was not administered to resident 20. The medication error was not reported to the resident, the resident's designated person, or the prescriber.

Plan of Correction

Accept [REDACTED] - 07/13/2023)

Resident 20's [REDACTED] e was reviewed with physician and resident's designated person.  
Current residents with medication errors were reviewed to ensure notification of physician, resident and physician Med Techs and nurses were educated on Administration of Medications & Usage of Medical Equipment policy.

**188b - Medication Error Reporting (continued)**

*Executive Director or designee will complete 1 random audit one time per week for one month to ensure proper notification of medication errors*

**Licensee's Proposed Overall Completion Date: 08/07/2023**

**Implemented ( [REDACTED] - 08/09/2023)**

**188c - Medication Error Documentation****27. Requirements**

2600.

188.c. Documentation of medication errors and the prescriber's response shall be kept in the resident's record.

**Description of Violation**

Resident 20 is prescribed [REDACTED]. However, on [REDACTED], at [REDACTED], the medication was not administered to resident 20. There is no documentation of the error in the resident's record.

**Plan of Correction**

**Accepted ( [REDACTED] - 07/13/2023)**

*Resident 20's medication error reportable incident will be reported and documented in resident record  
Current residents with medication errors were reviewed to ensure documentation occurred  
Med Techs and nurses were educated on Administration of Medications & Usage of Medical Equipment policy.  
Executive Director or designee will complete 1 random audit one time per week for one month to ensure proper documentation.*

**Licensee's Proposed Overall Completion Date: 08/07/2023**

**Implemented ( [REDACTED] - 08/09/2023)**

**190a - Completion Medication Course****28. Requirements**

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**Description of Violation**

*Staff person B, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:*

[REDACTED] Staff person B's medication administration certification expired on February 1, 2023.

*Repeat Violation: 07/08/2022*

**Plan of Correction**

**Accepted ( [REDACTED] - 07/13/2023)**

*Employee B was immediately pulled from passing medications and removed from [REDACTED] shifts until [REDACTED] was recertified for med tech. [REDACTED] completed the course on June 12, 2023.*

*Current Med Techs were reviewed to ensure current Department-approved medications administration course is on file.*

*Human Resources Director was educated on 190a - Completion Medication Course*

*Human Resources Director or designee will complete 1 random weekly audit for 1 month to ensure employees*

**190a - Completion Medication Course (continued)**

passing medications are certified

Licensee's Proposed Overall Completion Date: 08/07/2023

Implemented (MJ - 08/09/2023)

**227d - Support Plan Medical/Dental**

**29. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

The assessment for resident 21, dated [REDACTED], indicates the resident has a need for a low-cholesterol diet. The resident's support plan, dated [REDACTED], does not document how this need will be met.

**Plan of Correction**

Accepted [REDACTED] - 07/13/2023

A RASP Addendum was completed for Resident 21 to reflect a low cholesterol diet

Current resident service plans were reviewed to ensure documentation for resident identified needs

Department directors will be educated on the Admission and Delivery of Services policy

Executive Director or designee will complete random audits 1 time per week for 1 month to ensure support plans document how identified resident needs will be met

Licensee's Proposed Overall Completion Date: 08/07/2023

Implemented [REDACTED] - 08/09/2023

**252 - Record Content**

**31. Requirements**

2600.

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

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.

**252 - Record Content (continued)**

13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

**Description of Violation**

*Residents 4 and 20's records do not include hair color, eye color, or height.*

*Residents 19 and 22's records do not include hair color, eye color, height, or race.*

*The record for resident 21 does not include a photo, hair color, eye color, height, religion, or race.*

*The record for resident 23 does not include hair color or eye color.*

**Plan of Correction**

**Accepted** (██████████ - 07/13/2023)

*Residents 4, 19, 20, 21, 22 and 23 were updated to include hair and eye color, height, race, religion and photo. Current resident records were reviewed to ensure records included hair and eye color, height, race, religion and photo.*

*Department heads will be educated on Resident Record policy*

*Executive director or designee with audit resident records randomly 1 time per week for one month to ensure complete records*

**Licensee's Proposed Overall Completion Date: 08/07/2023**

**Implemented** (██████████ - 08/09/2023)