

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

October 20, 2023

[REDACTED], ASSOCIATE
HARRISBURG AL OPERATIONS LLC
[REDACTED]

RE: VIVA SENIOR LIVING AT
HARRISBURG
150 KEMPTON AVENUE
HARRISBURG, PA, 17111
LICENSE/COC#: 33805

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/15/2023, 08/16/2023 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: VIVA SENIOR LIVING AT HARRISBURG **License #:** 33805 **License Expiration:** 07/01/2023
Address: 150 KEMPTON AVENUE, HARRISBURG, PA 17111
County: DAUPHIN **Region:** CENTRAL

Administrator

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

Legal Entity

Name: HARRISBURG AL OPERATIONS LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 10/15/1997 **Issued By:** Labor and Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 80 **Waking Staff:** 60

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint **Exit Conference Date:** 08/16/2023

Inspection Dates and Department Representative

08/15/2023 - On-Site: [REDACTED]
 08/16/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 96 **Residents Served:** 57

Secured Dementia Care Unit

In Home: Yes **Area:** Sweet Memories **Capacity:** 24 **Residents Served:** 13

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 57
Diagnosed with Mental Illness: 2 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 23 **Have Physical Disability:** 0

Inspections / Reviews

08/15/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/10/2023

09/15/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 10/04/2023
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/29/2023

Inspections / Reviews *(continued)*

09/25/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/04/2023

Reviewer: [REDACTED]

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

10/20/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/04/2023

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], Resident 1 eloped from the secure dementia care unit (SDCU). The resident was found by emergency personnel and returned to the home about [REDACTED]. Staff in the home were not aware of the elopement until the resident was returned. This incident was not reported to the Department.

On [REDACTED], Resident 2 fell and sustained a rib fracture. This incident was not reported to the Department until [REDACTED].

On [REDACTED], Resident 3 left the building at approximately [REDACTED] and was returned to the home by the police on the morning of [REDACTED]. Although the resident did not live in the SDCU, the resident assessment and support plan (RASP) completed [REDACTED] states that the resident is unable to leave the building unattended and will be accompanied when outside. This incident was not reported to the Department.

Repeated Violation - 1/4/23, et al

Plan of Correction

Accept [REDACTED] - 09/25/2023)

ED submitted reportable for Resident 1 and Resident 3 on [REDACTED].

ED and RCD reviewed Reportable Incidents Regulations on [REDACTED].

Staff will report all incidents to the Resident Care Director when they happen.

Resident Care Director will reference Appendix B of the RCG to determine if incident is reportable to Department.

Upon verification incident is reportable, Resident Care Director will notify ED immediately and file report with the department.

ED and /or RCD will ensure reportable incidents are filed any time there is an unexplained absence of a resident within 24 hours.

ED and or RCD will ensure reportable incidents are filed any time a resident requires medical attention where there may be a possible injury.

All incidents will be reviewed in monthly QA meetings.

Licensee's Proposed Overall Completion Date: 09/22/2023

Implemented [REDACTED] - 10/05/2023)

18 - Compliance With Laws

2. Requirements

2600.

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

Description of Violation

There is no carbon monoxide alarm in close proximity to the gas stove in the ground floor basement.

18 Compliance With Laws (continued)

Plan of Correction

Accept (█ - 09/25/2023)

Maintenance Director ordered carbon monoxide detector on 8/15/23.

Maintenance Director will install carbon monoxide detector upon receipt.

Executive Director will ensure carbon monoxide detector has been installed immediately upon receipt.

The maintenance director will conduct monthly walk throughs, beginning 9/18/23, to ensure placement and correct operation of CO detectors near gas fired appliances. These walk throughs will be documented and include any corrective actions taken. The walk throughs will occur for 3 months.

Findings will be reported to Executive Director.

Licensee's Proposed Overall Completion Date: 12/18/2023

Implemented (█ - 10/05/2023)

25b - Contract Signatures

3. Requirements

2600.

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

Description of Violation

The resident home contract, dated █, for Resident 4 was not signed by the resident.

Plan of Correction

Accept (█ - 09/25/2023)

Business Office manager obtained the residents signature on 8/16/23.

Business Officer manager will audit all resident files to ensure all contracts have the residents signature.

ED will audit all new resident files upon admission to ensure the resident has signed the communities contract.

Audit of all resident files will be completed by Business Office Manager, Resident Care Director and Executive Director by 10/16

Licensee's Proposed Overall Completion Date: 10/16/2023

Implemented (█ - 10/05/2023)

28a - Refunds

4. Requirements

2600.

28.a. If, after the home gives notice of discharge or transfer in accordance with § 2600.228(b) (relating to notification of termination), and the resident moves out of the home before the 30 days are over, the home shall give the resident a refund equal to the previously paid charges for rent and personal care services for the remainder of the 30-day time period. The refund shall be issued within 30-days of discharge or transfer. The resident's personal needs allowance shall be refunded within 2 business days of discharge or transfer.

Description of Violation

Resident 5 moved out of the home on █. A refund was due but was not issued until █

Plan of Correction

Accept (█ - 09/15/2023)

Business Office Manager is conducting an audit of discharged residents for the year to ensure all refunds have been issued.

ED in cooperation with Viva Senior Living Corporate Office will ensure all discharged residents receive refunds within 30 days of discharge.

28a - Refunds (continued)

A copy of refund check will be placed in the discharged residents file beginning 9/1/23.

Licensee's Proposed Overall Completion Date: 09/29/2023

Implemented (█) - 10/10/2023)

42s - Privacy

5. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home has video cameras that capture interior common areas including the lobby, the activity area in the SDCU, and the reception area. The cameras record for 30 days. Cameras may record in areas that are not accessible to residents or outside of the building but recording common areas of the home is prohibited.

Repeated Violation - 1/4/23, et al

Plan of Correction

Accept (█) - 09/25/2023)

Maintenance Director disabled cameras on 8/16/23.

All staff will be educated on resident privacy on 9/13 by Executive Director.

ED will ensure cameras remain disabled until they can be moved to areas that are not used by residents to ensure resident privacy.

Licensee's Proposed Overall Completion Date: 09/22/2023

Implemented (█) - 10/05/2023)

63a - First Aid/CPR Training

6. Requirements

2600.

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

Description of Violation

On Monday 8/7/23 and Saturday 8/12/23, 57 residents were in the home. During the 11:00 PM -7:00 AM, shift only one staff member certified in CPR and First Aid was present in the home.

Repeated Violation - 1/4/23, 9/7/22, 7/19/22, et al

Plan of Correction

Accept (█) - 09/25/2023)

Resident Care Director audited the upcoming schedules on 8/17/23 to ensure there are 2 CPR trained staff in the building on all shifts.

Managers were trained on 63.a for scheduling purposes 9/14 by Executive Director.

ED will review schedules prior to distribution for 2 months to ensure proper coverage.

Licensee's Proposed Overall Completion Date: 09/22/2023

Implemented (█) - 10/05/2023)

63a - First Aid/CPR Training (*continued*)

65a - FS Orientation 1st Day

7. Requirements

2600.

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

1. Evacuation procedures.
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

Staff person A, hired [REDACTED], did not receive orientation on topics 1 - 7 until 4/8/22.

Repeated Violation - 1/4/23, 7/19/22, et al

Plan of Correction

Accept [REDACTED] - 09/25/2023)

Business Office Manager will audit all employee files to ensure all new hire training has been completed by 9/29/23.

Department Managers will be retrained on the requirements of the orientation process on 9/11/23 by Executive Director

All staff trained on orientation requirements 9/13/23 by Executive Director

ED will ensure all employee files have a check off sheet for the required documents and trainings.

Licensee's Proposed Overall Completion Date: 09/29/2023

Implemented [REDACTED] - 10/05/2023)

65d - Initial Direct Care Training

9. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Staff person B, hired [REDACTED], has not completed and passed the Department-approved direct care training course and competency test.

Repeated Violation - 7/19/22, et al

Plan of Correction

Accept [REDACTED] - 09/25/2023)

Business Office Manager will audit all employee files to ensure all new hire training has been completed by 9/29/23.

65d - Initial Direct Care Training (continued)

Department Managers will be retrained on the requirements of the orientation process on 9/11/23 by Executive Director.

ED will ensure all employee files have a check off sheet for the required documents and trainings.

Licensee's Proposed Overall Completion Date: 09/29/2023

Implemented [REDACTED] - 10/12/2023)

82c - Locking Poisonous Materials**10. 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 bottle of Snap Out Soap Scum Remover with a manufacturer's label indicating "Keep out of reach of children. Harmful if swallowed," was unlocked, unattended, and accessible to residents in the activity area in the SDCU.

Bedroom 7 contained a 1 lb 3.4 oz container of Berkley Jensen disinfecting wipes with a label that states "hazardous to humans and to call poison control if ingested" was found underneath the small table in the resident's room.

Bedroom 12 contained a 2.4 oz tube of RemedyPhytoplex skin cream with a label that states, "if swallowed contact poison control or get medical help."

Residents in the SDCU are not assessed to be capable of recognizing and using poisons safely.

Repeated Violation - 1/4/23, 7/19/22, et al

Plan of Correction

Accept [REDACTED] - 09/25/2023)

Maintenance Director repaired locks on dining room cabinet on 8/23/23.

Staff were re-educated on the importance of Locking Poisonous materials regulations on 9/13/23 by Executive Director.

RCD performed a room sweep of SDCU to ensure all items containing warnings were locked in resident cabinets on 8/25/23.

RCD will perform room audits weekly for 2 months to ensure there are no products with warning labels not in the locked cabinet.

Licensee's Proposed Overall Completion Date: 11/22/2023

Implemented [REDACTED] - 10/05/2023)

86a - Ventilation**11. Requirements**

2600.

86.a. All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

Description of Violation

The common bathroom across from bedroom 266 has no operable window. The grate for the ventilation fan is

86a - Ventilation (continued)

clogged with lint and dust which prevents airflow.

Plan of Correction

Accept (█) - 09/25/2023)

ED cleaned the fan vents on 8/15/23.

All staff were retrained on ventilation requirements on 9/13/23 by Executive Director.

Maintenance Director will add vent cleaning to the weekly cleaning schedule on 9/8/23.

Maintenance Director will inspect weekly cleaning for 2 months to ensure good practices.

Licensee's Proposed Overall Completion Date: 09/22/2023

Implemented (█) - 10/05/2023)

89b - Hot Water Temperature

12. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 8/16/23 at approximately 10:00 AM, the water in bedroom 3 measured 122.5 degrees Fahrenheit. The water in bedroom 7 measured 125.7 degrees Fahrenheit.

Plan of Correction

Accept (█) - 09/25/2023)

Maintenance Director adjusted water temperature to rooms on 8/17/23.

Maintenance Director investigated the temperature situation and found temps went up when main kitchen ran the dishwasher.

Maintenance Director ordered split valves for bathroom sink supply lines on 8/18/23 so the water temps running to main kitchen dishwasher will not effect resident bathroom sinks.

Maintenance Director will monitor temps in effected rooms daily until valves are received and installed.

Maintenance director will conduct water temperature checks at random water faucets in addition to those in bedrooms 3 and 7, on a weekly basis for a period of two months to ensure water temperature is below 120 degrees Fahrenheit. These checks will be documented and include any problems encountered and steps taken to remedy them.

Licensee's Proposed Overall Completion Date: 12/20/2023

Implemented (█) - 10/05/2023)

91 - Telephone Numbers

13. Requirements

2600.

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

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the bedrooms occupied by Residents 6, 7, and 8.

91 Telephone Numbers *(continued)***Plan of Correction**

Accept [REDACTED] - 09/25/2023)

*Maintenance Director and ED performed an audit of all rooms on 9/1/23.**All staff trained on Emergency Telephone Numbers on 9/13/23 by Executive Director.**Maintenance Director is mounting emergency telephone numbers in all resident rooms. To be completed by 10/16/23.***Licensee's Proposed Overall Completion Date:** 10/16/2023

Implemented [REDACTED] - 10/05/2023)

102i - Soap Dispenser

14. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation*There was an unlabeled bar of soap in the vanity cabinet of the common bathroom across from bedroom 266.**Repeated Violation 6/2/22, et al***Plan of Correction**

Accept [REDACTED] - 09/25/2023)

*Maintenance Director removed soap from cabinet on 8/16/23.**All staff educated on soap dispensers and bar soap on 9/13/23 by Executive Director.**Maintenance Director to remove cabinets from public bathrooms, replacing with mirrors by 10/17/23.***Licensee's Proposed Overall Completion Date:** 09/22/2023

Implemented [REDACTED] - 10/12/2023)

105g - Lint Removal and Duct Cleaning

15. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation*On 8/15/23, there was a thick layer of lint in the commercial dryer in the basement. There were no clothes in the dryer at the time.**Repeated Violation 1/4/23, 7/19/22, et al***Plan of Correction**

Accept [REDACTED] - 09/25/2023)

*Maintenance Director removed lint from dryer on 8/15/23.**All staff were retrained on removing lint from all dryers after each use on 9/13/23 by Executive Director.**Maintenance Director/housekeeping will audit dryers for lint on a daily basis for 3 months beginning 8/17/23.***Licensee's Proposed Overall Completion Date:** 10/17/2023

Implemented [REDACTED] - 10/05/2023)

105g - Lint Removal and Duct Cleaning (continued)

107d - Procedure Emergency Management Agency Submission

16. 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's written emergency procedures have not been reviewed or submitted to the local emergency management agency in 2022.

Plan of Correction

Accept [redacted] - 09/15/2023)

Maintenance Director updating Emergency Plan and submitting to emergency management agency by 9/29/23.

Emergency management procedures were reviewed with all staff on 9/13/23.

ED will ensure plan is submitted to local agency on an annual basis.

Licensee's Proposed Overall Completion Date: 09/29/2023

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

109b - Rabies Vaccination

17. Requirements

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On 8/15/23, a dog named Merlot was present in the home. The home does not have a current certificate of rabies vaccination for Merlot.

Plan of Correction

Accept [redacted] - 09/15/2023)

Merlot was vaccinated on 8/18/23.

Resident and POA were educated on vaccination requirements.

ED implemented a tickler system on concierge outlook calendar for due dates of pet vaccinations.

ED will ensure all pets in and visiting the community are current on yearly vaccinations.

Licensee's Proposed Overall Completion Date: 09/08/2023

Implemented ([redacted] - 10/05/2023)

126a - Furnace Inspection

18. Requirements

2600.

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

Description of Violation

The furnaces were last inspected 3/17/22 except for the main-level west furnace which was installed 2/15/22 and the lower-level east furnace which was repaired on 5/13/22.

Plan of Correction

Accept [redacted] - 09/15/2023)

Furnaces were cleaned and inspected on 8/18/23.

126a Furnace Inspection (continued)

Maintenance Director was educated on furnace cleanings and inspections 8/17/23.
 ED and Maintenance Director will ensure furnaces are cleaned and inspected annually.

Licensee's Proposed Overall Completion Date: 09/08/2023

Implemented [REDACTED] - 10/05/2023)

126b - Furnace Cleaning

19. Requirements

2600.

126.b. Furnaces shall be cleaned according to the manufacturer's instructions. Documentation of the cleaning shall be kept.

Description of Violation

The furnaces were last cleaned 3/17/22 except for the main level west furnace which was installed 2/15/22 and hasn't been cleaned and the lower level east furnace which was repaired on 5/13/22.

Plan of Correction

Accept [REDACTED] - 09/15/2023)

Maintenance Director scheduled cleaning for 8/18/23.
 Maintenance Director was retrained on compliance for furnace cleaning.
 ED will ensure furnaces are cleaned and documented on a yearly basis.

Licensee's Proposed Overall Completion Date: 09/08/2023

Implemented [REDACTED] - 10/05/2023)

132a - Monthly Fire Drill

20. Requirements

2600.

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

Description of Violation

An unannounced fire drill was not held during the month of July 2023.

Plan of Correction

Accept [REDACTED] - 09/15/2023)

Maintenance Director performed next drill on August 1, 2023.
 Maintenance Director retrained on Fire Drill regulatory compliance on 8/21/23.
 Maintenance Director will begin using the Departments Fire Drill recording form on 8/17/23.
 ED will ensure fire drills will happen on a monthly basis according to regulation.
 ED will ensure all fire drills are documented on the Departments Fire Drill recording form.

Licensee's Proposed Overall Completion Date: 09/08/2023

Implemented [REDACTED] - 10/05/2023)

132c - Fire Drill Records

21. 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.

132c - Fire Drill Records (*continued*)**Description of Violation**

- The fire drill records from February to August 2023 do not include the number of residents in the home at time of the drill, nor the amount of time needed to evacuate in minutes and seconds.
- The drill conducted on 6/6/22 does not indicate the exit route used.
- The drill conducted on 5/31/23 does not include the time to evacuate.

Plan of Correction

Accept (█) - 09/15/2023)

Maintenance Director will begin using the Departments Fire Drill recording form on 8/17/23.

Maintenance Director retrained on Fire Drill regulatory compliance on 8/21/23.

ED will ensure fire drills will happen on a monthly basis according to regulation.

ED will ensure all fire drills are documented on the Departments Fire Drill recording form.

Licensee's Proposed Overall Completion Date: 09/08/2023

Implemented (█) - 10/05/2023)

141b1 - Annual Medical Evaluation

22. Requirements

2600.

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

Description of Violation

Resident 6's most-recent medical evaluation was completed on █. The resident's previous medical evaluation was completed on █.

Plan of Correction

Accept (█) - 09/15/2023)

RCD auditing all resident files for medical evaluation compliance to be completed by 9/29/23.

RCD/care staff educated on department form compliance 9/13/23.

ED developed new resident file check list for all current and new residents.

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented (█) - 10/12/2023)

144b - Policy on Smoking

23. Requirements

2600.

144.b. The home rules shall specify whether the home is designated as smoking or nonsmoking.

Description of Violation

The home permits smoking in designated areas on the property, however, the SDCU courtyard is not a designated smoking area. On 8/15/23, there was evidence of smoking in the SDCU courtyard just outside of the activity area doors including ashes on the ground and a box of Newport cigarettes containing 4 cigarette butts.

Plan of Correction

Accept (█) - 09/15/2023)

ED investigated smoking in SDCU courtyard. Employee removed from SDCU schedule.

All staff trained on smoking policy 9/13/23.

144b - Policy on Smoking (continued)

ED/Maintenance Director/Designee will perform rounds in SDCU courtyard daily for signs of smoking for 1 month starting 8/16/23.

Licensee's Proposed Overall Completion Date: 09/16/2023

Implemented () - 10/05/2023)

183b - Meds and Syringes Locked

24. 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], there was a 4 oz tube of [redacted] in the unlocked, unattended, and accessible vanity cabinet in the common bathroom across from bedroom 266.

Resident 4 is not assessed to self-administer medications. On [redacted], the following medications were found in the resident's room: [redacted]

Resident 9 is not assessed to self-administer medications. On [redacted], a bottle of [redacted] cough medicine, expired [redacted], was sitting on the resident's toilet.

Plan of Correction

Accept () - 09/15/2023)

RCD and Med Techs performed a sweep of resident rooms removing all prescription meds, OTC meds, CAMs and syringes from resident rooms that are not able to self medicate.

All staff were educated on medication self administration on 9/13/23

ED/RCD/Med Techs will perform room sweeps on a monthly basis.

Marketing/ED/RCD will provide education to new residents and their families about drug policies.

Licensee's Proposed Overall Completion Date: 09/14/2023

Implemented () 10/05/2023)

183e - Storing Medications

25. Requirements

2600.

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

Description of Violation

A drawer in the medication cart in the SDCU contained a loose small, round, white tablet labeled ET 60. Another drawer contained a loose half of a small, round, white tablet.

Plan of Correction

Accept () - 09/15/2023)

Resident Care Director performed an audit of all med carts on 8/18/23.

Med techs were re-educated on the proper handling and storage of medications on 8/13.

183e - Storing Medications (continued)

Resident Care Director or Designee will audit medication carts on a weekly basis.

Licensee's Proposed Overall Completion Date: 09/15/2023

Implemented () - 10/05/2023)

185a - Implement Storage Procedures

26. 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 6's [redacted] is timed approximately 3 hours off. When turned on, the meter states it's [redacted] however, the time was actually [redacted]

Resident 9's [redacted] is timed approximately 4 hours off. The reading for [redacted] is stored in the meter at [redacted], however, the medication administration record (MAR) states the reading occurred at [redacted]

Plan of Correction

Accept () - 09/15/2023)

Resident Care Director performed an audit of Glucometers correcting the times on [redacted] Med Techs were trained to check glucometers when obtaining readings to ensure dates and times are correct on 9/13/23.

Resident Care Director will ensure glucometers are adjusted for daylight savings time.

Licensee's Proposed Overall Completion Date: 09/13/2023

Implemented () - 10/05/2023)

254a - Records Discharge/Active

27. Requirements

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 8/15/23 at 10:00 AM, the doors to the third-floor employee break room were open and the room was unattended. A binder labeled "completed assignment sheets" was accessible and contained things like resident names and corresponding mobility, transfer, care, toileting, dietary needs, and hospice status including for Resident 5 and 10.

Repeated Violation - 6/2/22, et al

Plan of Correction

Accept () - 09/15/2023)

Executive Director removed the binder on 8/15/23. Managers and staff educated on HIPPA and the proper handling of resident information on 9/13/23 Resident Care Director will audit areas during rounds for 2 months to ensure resident information is handled in a confidential manner.

Licensee's Proposed Overall Completion Date: 11/15/2023

Implemented () - 10/20/2023)

254a - Records Discharge/Active (*continued*)