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

October 30, 2023

TWINING RETIREMENT COMMUNITY LLC

RE: HOLLAND SENIOR LIVING COMMUNITY
1400 OLD JORDAN ROAD
HOLLAND, PA, 18966
LICENSE/COC#: 14657

Dear ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/22/2023, 08/23/2023 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,

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *HOLLAND SENIOR LIVING COMMUNITY* **License #**: *14657* **License Expiration**: *08/30/2023*

Address: *1400 OLD JORDAN ROAD, HOLLAND, PA 18966*

County: *BUCKS* **Region**: *SOUTHEAST*

Administrator

Name: **Phone**: **Email**:

Legal Entity

Name: *TWINING RETIREMENT COMMUNITY LLC*

Address:

Phone: **Email**:

Certificate(s) of Occupancy

Type: *Other* **Date**: *03/13/1989* **Issued By**: *Commonwealth of PA L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *93* **Waking Staff**: *70*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Complaint* **Exit Conference Date**: *08/23/2023*

Inspection Dates and Department Representative

08/22/2023 - On-Site:

08/23/2023 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *152* **Residents Served**: *63*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Memory Care Unit* **Capacity**: *27* **Residents Served**: *12*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *62*

Diagnosed with Mental Illness: *11* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *30* **Have Physical Disability**: *2*

Inspections / Reviews

08/22/2023 - Full

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/18/2023*

09/22/2023 - POC Submission

Submitted By: **Date Submitted**: *10/19/2023*

Reviewer: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/27/2023*

Inspections / Reviews *(continued)*

10/06/2023 - POC Submission

Submitted By: [redacted]
Date Submitted: *10/19/2023*
Reviewer: [redacted]
Follow-Up Type: *Document Submission* **Follow-Up Date:** *10/19/2023*

10/30/2023 - Document Submission

Submitted By: [redacted]
Date Submitted: *10/19/2023*
Reviewer: [redacted]
Follow-Up Type: *Not Required*

28e - Death of a Resident

2. 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 3 passed away on [redacted] 2022. Resident 3's personal belongings were removed from [redacted] room on [redacted], 2022; however, the home sent the refund check on [redacted] 2022.
Resident 4 passed away on [redacted], 2022. Resident 4's personal belongings were removed from [redacted] room on [redacted] 2022; however, the home sent the refund check on [redacted] 2023.
Resident 5 passed away on [redacted] 2022. Resident 5's personal belongings were removed from [redacted] room on [redacted] 2022; however, the home sent the refund check on [redacted] 2023.

Plan of Correction ***Accept ([redacted] - 10/06/2023)***

Our POC will be prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements under 2600.28e
Issue: Refunds were not sent out within a 30 day period of discharge.
Action: All funds were already refunded by the time citation was given.
Plan: Administrator will work with Billing Office Manager to implement an internal procedure monthly for updates on refunds. First AP / AR review will be 9/19/23. See attached inservice.

In addition to the above plan of correction: Within 5 calendar days of receipt of the accepted plan of correction, the administrator or designee will conduct an initial and monthly audit all resident discharges and deaths to ensure all refunds are in accordance with regulations 2600.28a through 2600.28g. Documentation will be be provided to the Department. [redacted]

Licensee's Proposed Overall Completion Date: *10/02/2023*

Implemented [redacted] - 10/30/2023)

42s - Privacy

3. 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.

42s - Privacy *(continued)*

Description of Violation

On August 22, 2023, there were no signs posted outside the main entrance of the facility indicating that there was a video recording.

Plan of Correction ***Accept (09/20/2023)***

Our POC will be prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements under 2600.42s

Issue: No posting of video surveillance was placed at the entrance of the building.
Actions: Immediately placed a sign on the front door, signifying the video surveillance. See pic.
Plan: Admin, Admin Secretary and designee will check each week upon entry to the building to ensure that posting is still clearly visible. See inservice.
Maintain: Created sign in for area that was put as a violation to check on a weekly basis x1 month, monthly x3 basis if no issues and then semi annual.

Licensee's Proposed Overall Completion Date: *09/18/2023*

Implemented (- 10/30/2023)

85a - Sanitary Conditions

4. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On August 23, 2023, a brown and pink substance that resembled mold was growing within the white plastic piece that goes from one side to the other inside the ice machine in the main kitchen. There is a white discoloration that resembles mold on the plastic that surrounds the ice machine door and the side of the ice machine.

On August 23, 2023, the kitchen entrance and the dining room carpets had brown stains and dirt on them.

Plan of Correction ***Accept (09/20/2023)***

Our POC will be prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements under 2600.85a

Issue: Suspected sediment was located at rim of ice machine.
Actions: Immediately unplugged ice machine.
Plan: New ice machine (received the same day) was installed 8/24/23. See pic
Maintain: Weekly walkthroughs implemented on Thursdays to ensure clean kitchen and labeled food, temp logs monitored and quality assurance.

Licensee's Proposed Overall Completion Date: *09/18/2023*

Implemented (- 10/30/2023)

85e - Trash Outside Home

5. Requirements

2600.

85e - Trash Outside Home *(continued)*

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On August 23, 2023, there were pallets, an old rug, and milk crates outside the dumpsters.

Plan of Correction ***Accept (- 10/06/2023)***

Our POC will be prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements under 2600.85e

Issue: Bulk items were placed by the bulk dumpster.
Actions: Bulk items were immediately placed in the dumpster the same day of inspection. See pic.
Plan: All maintenance inserviced by Admin 8/22/23 acknowledging that no items will be placed outside of dumpster. Call will be placed to company for pick up if service is needed sooner than scheduled.
Maintain: Director of Maintenance or designee will ensure facility will be clear of bulk items or trash on a weekly basis x1 month, monthly x3 basis if no issues and then semi annual.

Licensee's Proposed Overall Completion Date: *10/02/2023*

Implemented (- 10/30/2023)

101j7 - Lighting/Operable Lamp

6. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident 6 does not have access to a source of light that can be turned on/off at bedside.

Repeat Violation: 8/15/2022.

Plan of Correction ***Accept 10/06/2023)***

Our POC will be prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements under 2600.101j

Issue: Lamp was towards the foot of the bed of Memory Care resident as it was just replaced and moved.

Action: Lamp was immediately replaced at the head of the bed by the clinical service manager.

Plan: Clinical Service Manager Will continue to use or audit as has been completed. This was explained to surveyor that the lamp just broke prior to going into the room and was replaced by maintenance. Maintenace was not aware of the regulations of having to replace it at the head of bed.

Maintain: Clinical service manager Will continue with our current monthly audits.

In addition to the above plan of correction: Within 5 calendar days of receipt of the accepted plan of

101j7 - Lighting/Operable Lamp (continued)

correction, all staff persons shall be educated on the importance of operable bedside lighting and that each resident shall have an operable lamp or other source of lighting that can be turned on/off from bedside. Documentation will be submitted to the Department.

Licensee's Proposed Overall Completion Date: *10/02/2023*

Implemented (- 10/30/2023)

103d - Storing Food Off Floor

7. Requirements

2600.
103.d. Food shall be stored off the floor.

Description of Violation

On August 23, 2023, there were 42 boxes of water stored on the floor.

Plan of Correction ***Accept - 09/21/2023)***

Our POC will be prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements under 2600.103d

Issue: Emergency water jugs were placed directly on the office floor instead of on a pallet.
Actions: The water was immediately placed on pallets. See pic
Plan: Will ensure that all food / water is not directly on the floor and placed properly on pallets.
Maintain: Kitchen Manager or designee - Weekly walkthroughs implemented on Thursdays to ensure no food, water or anything that would be consumed by the residents are on the floor. weekly x4 weeks, monthly x3 months and semi annually if no issues with walkthroughs.

Licensee's Proposed Overall Completion Date: *09/18/2023*

Implemented - 10/30/2023)

103e - Left Overs

8. 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 August 23, 2023, there was an unlabeled, undated bag of bread, a half bag of mixed vegetables, a bag of hash browns, a bag of frozen meat, pancakes, two bags of potato wedges, and a bag of frozen potato chips in the main kitchen freezer.

Plan of Correction ***Accept (- 09/21/2023)***

Our POC will be prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements under 2600.103e

Issue: Some freezer items were not in the box that they were received in which shows the expiration dates.

103e - Left Overs (continued)

Action: Cook notified and updated the dates on the bags from the box. Threw away the half bag as it was opened - mixed vegetables.
Plan: Cook / culinary manager will be available for the Thursday walkthroughs to ensure proper protocols of labeling are followed.
Maintain: Weekly walkthroughs implemented on Thursdays to ensure all foods are labeled weekly x4 weeks, monthly x3 months and semi annually if no issues with walkthroughs.

Licensee's Proposed Overall Completion Date: *09/18/2023*

Implemented (- 10/30/2023)

131e - Accessible Extinguishers

9. Requirements

2600.
131.e. Fire extinguishers shall be accessible to staff persons. Fire extinguishers shall be kept locked if access to the extinguisher by a resident could cause a safety risk to the resident. If fire extinguishers are kept locked, each staff person shall be able to immediately unlock the fire extinguisher in the event of a fire emergency.

Description of Violation

On August 23, 2023, there were no fire extinguishers available to the staff inside one of the facility vehicles.

Plan of Correction ***Accept (- 09/21/2023)***

Our POC will be prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements under 2600.131e

Issue: Vehicle did not have a fire extinguisher.
Action: Immediately placed an inspected fire extinguisher in vehicle. see pic
Plan: Admin will inservice drivers and transportation coordinator with a checklist of all needed items for vehicles that transport our residents. Will complete by 9/22/23
Maintain: Director of Maintenance will provide weekly checks of vehicles x4 weeks, then monthly x3 months and every 6 months.

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

Implemented 10/30/2023)

131f - Fire Extinguisher Inspection

10. Requirements

2600.
131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

One of the facility's vehicle fire extinguishers has not had a fire safety expert's inspection since 2018. Additionally, the fire extinguisher in the second facility vehicle has no tags.

Plan of Correction ***Accept (- 09/21/2023)***

Our POC will be prepared and executed as a means to continually improve the quality of care and to comply with

131f - Fire Extinguisher Inspection (continued)

all applicable state and federal regulatory requirements under 2600.131f
Issue: Vehicle had expired/ untagged extinguishers.
Action: Immediately pulled expired / untagged extinguishers from vehicle and replaced with inspected extinguishers in all vehicles.
Plan: Admin will inservice drivers and transportation coordinator with a checklist of all needed items for vehicles that transport our residents. Will complete by 9/22/23
Maintain: Director of Maintenance will provide weekly checks of vehicles x4 weeks, then monthly x3 months and every 6 months.

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

Implemented (█ 10/30/2023)

132b - Safety Inspection/Fire Drill

11. 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

The last fire safety inspection observed by a fire safety expert was conducted in September 2021.

Plan of Correction ***Accept █ - 10/06/2023)***

Our POC will be prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements under 2600.132b

Issue: A letter and drill from the fire marshall / inspector was not completed for 2022.
Action: Director of Maintenance Contacted local fire department to conduct an inspection on 9/8/23.
Plan: As attached, Director of Maintenance Contacted fire inspector. Plan is scheduled for 10/18/23.
Maintain: Admin has added details into survey ready binder for the 2024 year and set an active calendar invite to Director of Maintenance to start for August 2024.

Licensee's Proposed Overall Completion Date: *10/18/2023*

Implemented █ - 10/30/2023)

132d - Evacuation

12. 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 did 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: 9/23/2022 at 8:50 am, 10/19/2022 at 8:40 am, 11/11/2022 at 8:00 pm, 12/27/2022 at 4:55 am, 01/06/2023 at 10:15 am, 2/23/2023 at 6:45 pm, 3/10/2023 at 11:45 pm, 4/20/2023 at 7:15 am, 5/27/2023 at 9:20 pm, 6/05/2023 at 5:45 am, and

132d - Evacuation (continued)

7/28/2023 at 10:45 am.

Plan of Correction ***Accept (10/06/2023)***

Our POC will be prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements under 2600.132d

Issue: Evacuation drills exceeded the allotted time for a safe exit.
Action: Director of Maintenance Contacted local fire department to inspect facility evacuation time.
Plan: As attached, Director of Maintenance Contacted fire inspector. Plan is scheduled for 10/18/23.
Maintain: Admin has added details into survey ready binder for the 2024 year and set an active calendar invite to Director of Maintenance to start for August 2024.

Licensee's Proposed Overall Completion Date: *10/18/2023*

Implemented (10/30/2023)

141a 1-10 Medical Evaluation Information

13. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident 7 and 8's medical evaluations did not include medical information pertinent to diagnosis and treatment in the event of an emergency.

Plan of Correction ***Accept 10/06/2023)***

Our POC will be prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements under 2600.141a

Issue: Treatment was not listed for diagnosis on the DME.
Action: Admin / NP immediately added the Treatments on the DME as attached.
Plan: Clinical Service Manager or designee will check all new and current DME's for accuracy by 10/6. Inservice nurses and in house social worker will be completed by 10/6/23.
Maintain: CSM or designee will provide monthly checks on new DME's.

Licensee's Proposed Overall Completion Date: *10/06/2023*

Implemented - 10/30/2023)

187d - Follow Prescriber's Orders

14. Requirements

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

Description of Violation

Resident 9 is prescribed Sertraline HCI Oral Tablet, 75 mg by mouth once a day for depression and anxiety. However, this medication was not administered to resident 9 because it was not available in the home. The resident was administered Sertraline HCI oral tablet 50 mg instead.

Plan of Correction ***Accept (- 10/06/2023)***

Our POC will be prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements under 2600.187d

Issue: Order of 75mg tablet was in computer. Home had 50 mg tablets.
Action: Contacted pharmacy for update of 25mg tablet. 50 mg tablet + 1/2 50mg tablet has been administered.
Plan: Admin / Clinical Service Manager reviewed the cart / med list for each unit - completed 9/27/23
Maintain: Clinical Service Manager will work with med techs to ensure that monthly audits of med carts are completed.

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

Implemented (- 10/30/2023)

224a - Preadmission Screen Form

15. Requirements

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident 7's preadmission screening form, dated 2023, does not include a determination that the needs of the resident can be met by the services provided by the home.
Resident 10 preadmission screening form, dated /2023, does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction ***Accept (- 09/22/2023)***

Our POC will be prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements under 2600.224a
Issue: Prescreen did not have the box checked stating if applicant was going to be accepted or not.
Actions: Updated both prescreens. See attached.
Plan: Will pull all prescreens to ensure accuracy in the paperwork. This will be completed by 9/29/23
Maintain: After clinical service manager performs prescreen, admin will check each one and check mark it in upper right corner.

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

Implemented (- 10/30/2023)

224a - Preadmission Screen Form *(continued)*

227d - Support Plan Medical/Dental

16. 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 8, dated [redacted]/2023, indicates the resident has a need for thin liquids. The resident's support plan, dated [redacted]/2023, does not document how this need will be met.

Plan of Correction ***Accept ([redacted] - 09/22/2023)***

Our POC will be prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements under 2600..227d

Issue: Plan did not show all information from DME; specifically thin liquids.
Actions: Updated care plan with additional information. See attached.
Plan: Started pulling care plans with proper updates. Will be completed by 9/29/23.
Maintain: Nursing staff to pass all care plans to Admin or clinical service manager for verification that all information has been documented accurately.

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

Implemented ([redacted] - 10/30/2023)

227g -Support Plan Signatures

17. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 11 participated in the development of [redacted] support plan on [redacted]/2023. However, the resident did not sign the support plan.

Resident 12 participated in the development of [redacted] support plan on [redacted]/2023. However, the resident did not sign the support plan.

Plan of Correction ***Accept ([redacted] 10/06/2023)***

Our POC will be prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements under 2600.227g

227g -Support Plan Signatures (continued)

Issue: Support plan was not documented enough with the issuance of family receiving plan and / or resident refusing to sign.
Actions: Admin / Clinical Service Manager updated the care plan with the signature / refusal as attached.
Plan: Admin started pulling care plans with proper updates including signatures and confirmation of emails. Will be completed by 10/6/23.
Maintain: Support plans will be passed to clinical service manager after completed to verify signatures or participants and signed off before filing.

Licensee's Proposed Overall Completion Date: *10/06/2023*

Implemented (10/30/2023)

234a - Admission Support Plan

18. Requirements

2600.
234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident 8 was admitted to the Secure Dementia Care Unit (SDCU) on /2023. However, the resident's initial support plan was completed on 2023.

Resident 11 was admitted to the Secure Dementia Care Unit (SDCU) on /2023. However, the resident's initial support plan was completed on /2023.

Repeat Violation: 8/15/2022

Plan of Correction ***Accept - 10/06/2023)***

Our POC will be prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements under 2600.234a

Issue: Support plan was not completed within the 72 hours of admission to the secured unit.
Plan: Clinical Service Manager will pull the plans for entire unit and document if any others are out of date for future surveys. This will be completed by 9/29/23. Completed 9/29/23
Maintain: Clinical Service Manager or designee will document in PCC as an admission into the secured unit for the support plan to be completed within 72 hours of admission.

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

Implemented (- 10/30/2023)

252 - Record Content

19. 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.

252 - Record Content *(continued)*

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.
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

Resident's 7, 8, 10, 11, and 12 records do not include race, color of hair, or color of eyes.

Resident 13's record does not include the color of hair or eyes.

Plan of Correction ***Accept (- 10/06/2023)***

Our POC will be prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements under 2600.252

Issue: All demographics were not on the face sheet.

Actions: Immediately updated all info as attached.

Plan: Admin or designee will have all current records pulled to reflect the needed information on the face sheet and put into the charts by 10/10/23

Maintain: Marketer will provide the initial details while the clinical service manager will ensure that all demographics are added into the system upon admission as a second check.

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

Implemented - 10/30/2023)