



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: NOVEMBER 3, 2023

[REDACTED]
[REDACTED]
Tameka Mayers
[REDACTED]
[REDACTED]

RE: Benevolent Personal Care Home
5727 Windsor Street
Philadelphia, Pennsylvania 19143
License #: 148841

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection June 5, 2023 and August 25, 2023 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance 148840 dated March 1, 2023 to March 1, 2024 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. The license dated March 1, 2023 to March 1, 2024 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from November 3, 2023 to May 3, 2024.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

[REDACTED]

If you decide to appeal your FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]

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

Facility Information

Name: *BENEVOLENT PERSONAL CARE HOME INC* License #: *14884* License Expiration: *03/01/2024*
Address: *5727 WINDSOR STREET, PHILADELPHIA, PA 19143*
County: *PHILADELPHIA* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *BENEVOLENT PERSONAL CARE HOME INC*
Address: [REDACTED]

Certificate(s) of Occupancy

Type: *R-4* Date: *12/16/2021* Issued By: *City of Philadelphia*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *4* Waking Staff: *3*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: *08/25/2023*

Inspection Dates and Department Representative

08/25/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *4* Residents Served: *4*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *3*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

08/25/2023 - Partial

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

Inspections / Reviews (*continued*)

09/19/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/12/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/24/2023

10/03/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/21/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/06/2023

10/31/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/03/2023

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

42s - Privacy

1. 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

On 8/25/2023, a camera was observed on the second floor of the home near the bathroom and the bedrooms; the camera was not relocated. The camera still has view of resident rooms.

Plan of Correction

Accepted (redacted) - 09/18/2023)

- Benevolent Personal Care Home relocates the camera again to view the exit only and not the resident rooms
- Benevolent Personal Care home has moved the camera up before it was lower from violation dated 6/23/2023 Please see exhibit A
- Benevolent Personal Care home has made sure the camera does not show the bathroom from violation 06/23/2023. Please see exhibit B
- Benevolent personal Care home has made sure the camera does not show the bedroom or the bathroom.
- Benevolent personal Care makes sure all residents have privacy during bathing, dressing, changing and medical procedures.

The Responsible Party will be the Administrator. Date of Completion 9/12/2023.

Licensee's Proposed Overall Completion Date: 09/12/2023

Not Implemented (redacted) 10/18/2023)

54a - Direct Care Staff

2. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Volunteer staff person A, who assist residents with activities of daily living, including eating, drinking, and self-administration of medications, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accepted (redacted) - 09/18/2023)

- Benevolent Personal Care Home requested Staff A transcripts from Harcum College.

54a - Direct Care Staff (continued)

- Benevolent Personal Care Home Facility Administrator will ensure that all volunteers have the following qualifications in order to provide service to residents in this chapter. Volunteers must have the following in order to be hired 18 or older , high school diploma/ GED Degree, CPR certified/ First Aid Trained, Active Nurse Training, and Standard Medication Training
- Benevolent PCH will also complete an implemented checklist when hiring Staff and/or volunteers
- Attached is a copy of Staff A School Transcripts

The Responsible Party is the Administrator. Date of completion 9/12/2023

Licensee's Proposed Overall Completion Date: 09/12/2023

Not Implemented [redacted] - 10/18/2023)

54c - Volunteer

3. Requirements

2600.

54.c. A volunteer who performs ADLs shall meet the staff person qualifications and training requirements specified in this chapter.

Description of Violation

Volunteer staff person A assist residents with activities of daily living, including eating, drinking, and self-administration of medications. The volunteer does not the qualification needed as specified in 2600.54a and 2600.65a-i.

Plan of Correction

Accept [redacted] - 10/03/2023)

- Benevolent PCH Staff / Volunteer will receive training prior to or during the first day of work.
- Within 40 scheduled working hours Staff/Volunteer that are hired by Benevolent PCH will receive orientation in fire safety and emergency preparedness
- Each Staff/Volunteer that is hired with Benevolent PCH will receive annual training
- A checklist will be formatted to ensure that Benevolent PCH is following all requirements specified in this chapter.
- Benevolent PCH will keep Staff/Volunteers documentation in a binder of their training, with the date the training was received, who trained the Staff/Volunteer, any certificates issued for the training, and how long the training was. Staff/Volunteer training was completed on 09/04/2023.

The Responsible Party is the Administrator. Date of completion 9/20/2023

Licensee's Proposed Overall Completion Date: 09/21/2023

Not Implemented [redacted] - 10/18/2023)

63a - First Aid/CPR Training

4. 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 8/25/2023, at 9:00 am, four residents were present in the home. During this time volunteer staff person A was the only staff present in the home. Volunteer person A is not trained in first aid and certified in obstructed airway technique and CPR.

Plan of Correction

Accept [redacted] - 09/18/2023)

- Benevolent PCH will evaluate all documentation received by Staff/Volunteers if hired.
- All Staff/Volunteers shall be First Aid/ CPR Trained prior to or first day of work
- All Staff/Volunteers will receive updates when their documentation needs to be renewed.
- Staff A was taken off the schedule effective on 8/25/2023 until all documentation was received
- Staff A has submitted a CPR Training certificate on 8/31/2022
- Please see document attached CPR Training certificate

The Responsible Party is the Administrator. Date of Completion 09/12/2023

Licensee's Proposed Overall Completion Date: 09/12/2023

Implemented [redacted] - 10/18/2023)

65a - FS Orientation 1st Day

5. 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

Volunteer staff person A, whose first day of work according to documentation providing by staff person B the homes administrator was 11/04/2020, did not receive orientation on the following topics: Evacuation procedures. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation, and at an emergency location if applicable, The designated meeting place is outside the building or within the fire-safe area in the event of

65a - FS Orientation 1st Day (continued)

an actual fire. Smoking safety procedures, the home's smoking policy, and the location of smoking areas, if applicable. The location and use of fire extinguishers. Smoke detectors, fire alarms, and Telephone use and notification of emergency services.

Plan of Correction

Accept ([redacted]) - 10/03/2023

All Staff/ Volunteers will receive orientation training prior on the first day of work by the facility administrator.

All staff/volunteers will sign documentation that they have received training following:

1. Evacuation procedures.
2. Volunteer 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.

Benevolent Personal Care Home will keep all documentation locked in a binder with the date of the training, who was the training given by, the content which was reviewed, any certificates that were given out, and how many hours the training was for.

Staff A did not hired on 11/04/2020 staff A wasn't hired until 11/04/2022. The date of hire on the application was an error.

The facility administrator will look over all documentation to ensure that it is complete

Attached is a document with the date corrected on the application.

The responsible party is the Administrator. Date of Completion 9/18/2023

Licensee's Proposed Overall Completion Date: 09/21/2023

Not Implemented ([redacted]) - 10/19/2023

65b - Rights/Abuse 40 Hours

6. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Volunteer staff person A completed [redacted] 40th scheduled work hour on 11/11/2020. However, this staff person did

65b - Rights/Abuse 40 Hours (continued)

not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and reporting of reportable incidents and conditions.

Plan of Correction

Accept [redacted] - 10/03/2023)

- All Staff /Volunteers will receive training within first 40 scheduled working hours.
- The facility administrator trained Staff A 9/4/2023 on 40 hours of training
- All training documentation is kept locked away in a binder
- Volunteer A did not start work for Benevolent Personal Care Home until 11/04/2022. The date of hire on the application was an error
- Attached is a document with the corrected date on the application.
- Attached is copy of 40 hours orientation training for Staff A
- The responsible party is the Administrator. Date of completion 9/20/2023

Licensee's Proposed Overall Completion Date: 09/21/2023

Implemented [redacted] 10/19/2023)

65c - Ancillary Staff Orientation

7. Requirements

2600.

65.c. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Description of Violation

Volunteer staff person A, whose first day of work was [redacted]/2020, did not have a general orientation to his/her specific job functions.

Plan of Correction

Accept [redacted] - 10/03/2023)

1. When Staff/Volunteers are hired on the first day of work benevolent personal Care will make sure that all staff/ volunteers receive Orientation on their specific job functions as a direct care worker.
2. Each Staff/Volunteers member will sign and date documentation when receiving a copy of their specific job functions related to their job position as a direct care worker.
3. The facility administrator will review staff/ volunteer files monthly to update any information that is needed.
4. All staff/ volunteers have been trained on their specific job duties as a direct care worker.

65c - Ancillary Staff Orientation (continued)

5. The facility administrator will keep a copy of the job description in case volunteers/ staff needs to be reassured about their duties.

6. Staff A did not start working for Benevolent Personal Care Home until [redacted]/2022. The date of hire on the application was an error.

7. Attached is a document with the date corrected on the application.

8. The responsible party is the Facility Administrator. Date of Completion 9/20/23

Licensee's Proposed Overall Completion Date: 09/21/2023

Not Implemented ([redacted] - 10/19/2023)

65e - 12 Hours Annual Training

9. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

- 1. Staff person orientation shall be included in the 12 hours of training for the first year of employment.
- 2. On the job training for direct care staff persons may count for 6 out of the 12 training hours required annually.

Description of Violation

Volunteer staff person A received an undetermined amount of training hours in training year 2022.

Plan of Correction

Accept ([redacted] - 10/03/2023)

The facility administrator will make sure that all Staff/ Volunteers will receive 12 hours of annual training related to their job duties.

The facility administrator will keep track of all volunteers/ staff hours of training

All Staff/Volunteers will sign and date documentation when their annual training is received.

The facility administrator will keep all documentation on annual training in a Staff/ Volunteer binder locked away.

The facility administrator will follow their checklist to make sure that all documentation on annual training is up to date

The responsible party is the Facility Administrator Date of Completion 9/19/23

Licensee's Proposed Overall Completion Date: 09/21/2023

Not Implemented ([redacted] - 10/19/2023)

66a - Staff Training Plan

13. Requirements

2600.

66a - Staff Training Plan (continued)

66.a. A staff training plan shall be developed annually.

Description of Violation

The home does not have a staff training plan for 2023.

Plan of Correction

Accept (redacted) - 10/03/2023)

The the facility administrator made sure that a training plan was established for the remainder of 2023.

Benevolent Personal Care Home had created Staff/Volunteer Template on 6/05/2023

The facility administrator will make sure that all staff/volunteers know their roles at Benevolent PCH.

The facility administrator will review, update files monthly, and sign a checklist implemented by Benevolent PCH

A binder will be utilized for record keeping of training for Staff/Volunteer for their annual training.

The facility administrator will make sure that all staff/ volunteer information is locked up safely

Attached copy of the Volunteer training plan for Staff A.

Responsible party is the Facility Administrator. Date of completion was 09/18/2023

Licensee's Proposed Overall Completion Date: 09/21/2023

Implemented (redacted) - 10/19/2023)

89b - Hot Water Temperature

14. Requirements

2600.

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

Description of Violation

On 8/25/2023, at 9:20 am, the hot water temperature at the second-floor bathroom measured 123 degrees Fahrenheit.

Plan of Correction

Accept (redacted) - 09/18/2023)

· Benevolent Personal Care decreased hot water tank temperature on June 5, 2023 per previous violation

· The resident was complaining.

· Benevolent Personal Care Home purchase test water temp gauge.

· The administrator would test water weekly to make sure water temp stayed within 120 degrees.

Responsible party is the Facility Administrator. Date of completion was 09/12/2023

Licensee's Proposed Overall Completion Date: 09/12/2023

89b - Hot Water Temperature *(continued)**Not Implemented* [REDACTED] - 10/18/2023)

102f - Towel/Washcloth/Soap

15. Requirements

2600.

102.f. An individual towel, washcloth and soap shall be provided for each resident.

Description of Violation*A common hand towel was being used in the shared resident's bathroom on the second floor.***Plan of Correction***Accept* [REDACTED] - 10/03/2023)*Each resident has been provided with individual toiletries, including towels and rags.**Benevolent Personal Care Home put sign up in the bathroom to notify all residents to take personal belongings once they are done in the restroom.**The facility administrator will educate staff/ volunteers on how important it is to inspect the bathroom everyday to make sure all resident belongings are out of the bathroom**The facility administrator will inform the residents of the importance of taking their belongings when finished in the bathroom.**Attached photo of the signed in the restroom**• Responsible party is the Facility Administrator. Date of completion was 9/20/2023.***Licensee's Proposed Overall Completion Date:** 09/21/2023*Not Implemented* [REDACTED] - 10/18/2023)

141a 1-10 Medical Evaluation Information

16. 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.

141a 1-10 Medical Evaluation Information (continued)

Description of Violation

Resident 1's medical evaluation did not include the medical information pertinent to diagnosis and treatment in case of an emergency.

Plan of Correction

Accept [redacted] - 10/03/2023)

•This violation was in regard to medical diagnosis, physical or mental health information as well as missing information on medical regime including dosage, frequency, or time of administration. This error was caused by oversight of the Administrator and not having a system in place to double check medical evaluation records. This was corrected by the Administrator reviewing patient files and fixing errors

Benevolent Personal Care Home has sent a request to VA hospital to update Resident 1 medical evaluation. BPCH faxed over documents on 8/30/2023 and 9/07/2023.

The facility Administrator Audit the files 08/30/2023.

To prevent this error from happening again, the Administrator has implemented a "double check" policy where a second person is to conduct a second review of all files.

Responsible party is the Facility Administrator. Date of completion was 09/20/2023

Licensee's Proposed Overall Completion Date: 09/21/2023

Implemented [redacted] - 10/19/2023)

183f - Discontinued Medications

19. 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 medication, 1 tablet of Senna 50 mg belonging to resident 2, was placed inside a plastic plate folded and thrown in the trash. This is not an approved method of destroying medications, according to the Department of Environmental Protection and federal and state regulations.

Plan of Correction

Accept [redacted] 10/03/2023)

- All staff/volunteers will be trained how to properly dispose of medications or discontinued medications
- If a resident refuses to take medication staff/ volunteers will notify the facility administrator.
- The facility administrator will notify the primary care doctor that the resident is refusing to take that medication within a 24 hour period.
- If a resident has discontinued medication the facility administrator will reach out to their pharmacy to see if they participate in the drug take back programs.
- All staff /volunteers will document on the back of the MAR why the patient refused to take their medication. The

183f - Discontinued Medications (continued)

refusal documentation would consist of the patient name, the medication, the time the medication should be taken, the dose, and route.

- If a staff/ volunteer dispose of medication first staff will remove medication, second the staff/volunteer will then mix the medication with either coffee grounds or dirt, third staff/volunteer will place the medication and mixture in a container can, or a pill pack pouch to dispose of in the trash can (After waiting next Staff/ Volunteer start shift before disposing. All staff/ volunteers received additional training how importance of two staff members being presented anytime medication is being disposed of.
- After medication is disposed of all .Staff/volunteers will document their initials on the MAR
- Responsible party is the Facility Administrator. Date of completion was 09/18/2023

In addition to the above plan of correction: the administrator will in-service all staff on this procedure within 3 calendar days of receipt of the accepted pan of correction. [REDACTED]

Licensee's Proposed Overall Completion Date: 09/21/2023

Implemented [REDACTED]/19/2023)

187a - Medication Record

20. 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.

187a - Medication Record (continued)

- 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 2 is prescribed Amlodipine 10 mg tablet, Aspirin 81 mg chewable, Senna 50 mg tablet, Metoprolol Succinate 25 mg tablet, Januvia 100 mg tablet, Famotidine 20 mg tablet, Pravastatin 80 mg tablet, Risperidone Risperdal 1 mg tablet, Valproic Acid 250 mg, and Invega Sustenna 156 mg injection. However, the resident's August 2023 medication administration record does not indicate the purpose of the medication or the name and initials of the staff person administering the medication.

Plan of Correction

Accept [redacted] - 10/03/2023)

The facility administrator revised and corrected the MAR for Resident #2. The MAR includes The resident #2 name, drug allergies,name of the medications/purpose for (Amlodipine 10 mg tablet, Aspirin 81 mg chewable, Senna 50 mg tablet, Metoprolol Succinate 25 mg tablet, Januvia 100 mg tablet, Famotidine 20 mg tablet, Pravastatin 80 mg tablet, Risperidone Risperdal 1 mg tablet, Valproic Acid 250 mg, and Invega Sustenna 156 mg injection),strength, dosage form, dose, how many times its given to Resident#2,duration of therapy, special precautions, diagnosis or purpose for the medication PRN,date and time of medication administration. If a volunteer/ staff gives medication the name and the initials of the person that administers the medication will sign the MAR.

The facility administrator will review all MAR and update any information

All staff/volunteer will use the implemented check list whenever medication needs to be administered

Attached is the corrected MAR that indicates the purpose of the medication

Responsible party is the Facility Administrator. Date of completion was 09/20/2023

Licensee's Proposed Overall Completion Date: 09/21/2023

Implemented [redacted] - 10/19/2023)

187b - Date/Time of Medication Admin.

21. Requirements

- 2600.
- 187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On 8/25/2023, at 9:00 am, resident 2 was administered Amlodipine 10 mg tablet, Aspirin 81 mg chewable, Metoprolol Succinate 25 mg tablet, Januvia 100 mg tablet, Famotidine 20 mg tablet, and Valproic Acid 250 mg. Volunteer staff person A, who administered the medications, did not sign the MAR. Staff person B signed the MAR on 8/25/2023 at a later time instead of volunteer staff person A.

187b - Date/Time of Medication Admin. (continued)

Plan of Correction

Accept [REDACTED] - 09/19/2023)

Staff A was in the process of being trained by the Staff B who has successfully completed the trainer to trainer course.

Staff B was running late and asked Staff A to give Resident 2 [REDACTED] medication.

Staff B took full responsibility for making that decision. Staff B arranged for Staff A to be trained to administer medication to residents. Staff A passed the medication administration training 8/29/2023.

Staff B signed her name and explained what happened that day by putting a circle around her name. Staff B wrote an explanation about everything on the back of the MAR.

Benevolent personal care home will only allow staff or volunteers that are medication administration trained to administer medication to all residents

Responsible party is the Facility Administrator. Date of completion was 09/12/2023

Licensee's Proposed Overall Completion Date: 09/12/2023

Implemented [REDACTED] - 10/19/2023)

187c - Refusal of Medication

22. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On 8/25/2023, at 9:00 am, resident 2 refused to take a scheduled dose of Senna 50mg tablet. The home did not document the refusal in the resident record or report to the prescriber within 24 hours.

Plan of Correction

Accept [REDACTED] - 10/03/2023)

• All Staff/volunteers will receive training on how to properly dispose of medication and document when residents refuse their medication the resident's medication will be marked as a refusal on the MAR with staff initials circled.

• Staff will document on the MAR with their initials circled which stands for on the Benevolent PCH MAR that medication was not given

• Staff will notify the administrator about the resident refusing to take their medication

• The facility administrator will notify the primary care doctor within 24 hrs that the resident is refusing to take their medication.

187c - Refusal of Medication (continued)

- Staff / Volunteers will document on the back of the MAR why that resident refused the medication and sign their initials.
- Staff / Volunteers were educated on the importance of having two staff members needing to be present when disposing of medication.
- Staff / volunteers will dispose of medication by taking the medication out and either putting the medication in a mixture of coffee grounds or dirt.
- Staff/Volunteers will place the medication and mixture in a can, container, or a pill pack pouch and place it the trash
- Benevolent PCH has implemented a document for residents who refuse to take their medications. The resident must sign the refusal and it will be held in that residents file.
- The facility administrator will be responsible for the ongoing compliance of this regulation. 09/20/2023

Licensee's Proposed Overall Completion Date: 09/21/2023

Implemented [redacted] - 10/19/2023)

190a - Completion Medication Course

23. 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

Volunteer staff person A, who has not successfully completed the Department-approved medication administration course, administered medications to residents, including the following: On 8/25/2023, at 9:00 am, Amlodipine 10 mg tablet, Aspirin 81 mg chewable, Metoprolol Succinate 25 mg tablet, Januvia 100 mg tablet, Famotidine 20 mg tablet, and Valproic Acid 250 mg to resident 2.

Plan of Correction

Accepted [redacted] - 09/19/2023)

- Staff A has been removed from the schedule effective 08/25/2022.
- Staff A completed the medication administration training on 08/29/2023
- Benevolent Personal Care home would not allow any volunteer or staff would administrator medication with them completing completed a Department-approved medications administration course that includes the passing of the Department’s performance-based competency test
- The facility administrator will be responsible for the ongoing compliance of this regulation. 9/12/2023

190a - Completion Medication Course (continued)

Licensee's Proposed Overall Completion Date: 09/12/2023

Implemented (█) - 10/19/2023)

224a - Preadmission Screen Form

24. 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 3's preadmission screening form, dated █/2023, does not include the level of supervision needed.

Plan of Correction

Accept (█) - 10/03/2023)

Resident #3 pre admission screening form was dated █023 from a previous violation from 06/23/2023 that was corrected.

The facility administrator will review all information on the pre-admission screening forms carefully.

The facility administrator will check all preadmission screening to make sure all residents information is dated and signed in every appropriate place.

The facility administrator will audit files on a monthly basis to ensure that all information is accurate and up to date.

The facility administrator will revert back to an implemented checklist that was created when viewing a resident pre screening form

The facility administrator will be responsible for the ongoing compliance of this regulation. 9/20/2023

Licensee's Proposed Overall Completion Date: 09/21/2023

Not Implemented (█) - 10/18/2023)

225a - Assessment 15 Days

25. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident 1's assessment, dated █/23, does not include formal support information in Part I: Resident Information, date assessment and support plan finalized in Part II: Assessment and Support Plan Information .

Resident 3's assessment, dated █/23, does not include formal support information in Part I: Resident Information, date assessment and support plan finalized in Part II: Assessment and Support Plan Information .

225a - Assessment 15 Days (continued)

Plan of Correction**Accept** [REDACTED] - 09/19/2023)

- Resident #1 assessment that was dated on [REDACTED]/2023 was a correction from a previous violation that was f dated for 6/23/2023. The violation was corrected on 6/7/2023.
- Resident #3 assessments that were dated on [REDACTED] 2023 was a correction from a previous violation that was f dated for 6/23/2023. The violation was corrected on 6/7/2023.
- The facility administrator will refer back to an implemented checklist that Benevolent Personal Care has created for support plans use.
- The facility administrator will audit residents' records monthly to insure that the residents' information does not need to be updated.
- The facility administrator will ensure to the follow policies that are in place when finalizing a support plan

The facility administrator will be responsible for the ongoing compliance of this regulation. 9/12/2023

Licensee's Proposed Overall Completion Date: 09/12/2023

Implemented [REDACTED] - 10/19/2023)

254c - Records Storing

26. Requirements

2600.

254.c. Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

Description of Violation

On 8/25/2023, the MAR book with all resident's information was available to everyone in the home in the dining room area.

Plan of Correction**Accept** ([REDACTED] - 09/19/2023)

All staff/volunteers that are trained by the Standard Administration Training will ensure that The MAR is stored in a locked area at all times after documentation is done.

The facility administrator will enforce how important it is to keep all residents' information confidential.

The facility administrator will be responsible for the ongoing compliance of this regulation. 9/12/2023

254c - Records Storing *(continued)*

Licensee's Proposed Overall Completion Date: 09/12/2023

Implemented [REDACTED] - 10/19/2023)