

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

November 16, 2023

[REDACTED], DIRECTOR OF COM. RES.  
WOODS SERVICES, INC.  
[REDACTED]  
[REDACTED]

RE: BEECHWOOD CENTER 3  
587 BEECHWOOD CIRCLE  
LANGHORNE, PA, 19047  
LICENSE/COC#: 12965

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/14/2023 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: BEECHWOOD CENTER 3 License #: 12965 License Expiration: 11/01/2023  
Address: 587 BEECHWOOD CIRCLE, LANGHORNE, PA 19047  
County: BUCKS Region: SOUTHEAST

**Administrator**

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

**Legal Entity**

Name: WOODS SERVICES, INC.  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-1 Date: 09/07/1984 Issued By: Labor & Industry

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 16 Waking Staff: 12

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal Exit Conference Date: 09/14/2023

**Inspection Dates and Department Representative**

09/14/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 8 Residents Served: 8

**Secured Dementia Care Unit**

In Home: No Area: Capacity: Residents Served:

**Hospice**

Current Residents: 0

**Number of Residents Who:**

Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 1  
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
Have Mobility Need: 8 Have Physical Disability: 7

**Inspections / Reviews**

**09/14/2023 Full**

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/13/2023

**10/17/2023 - POC Submission**

Submitted By: [REDACTED] Date Submitted: 11/07/2023  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/01/2023

Inspections / Reviews *(continued)*

11/16/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/07/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On [REDACTED], the home's current violation report, dated 11/01/2022, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept ([REDACTED] - 10/17/2023)

On 9/14/23 the Personal Care Home Administrator posted the current licensing violation report dated 11/01/22. The current license inspection summary posting will be added to the environmental checklist for the home. The checklist will be completed monthly starting 11/1/23 by the Personal Care Home Administrator.

Proposed Overall Completion Date: 10/31/2023

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented ([REDACTED] - 11/15/2023)

20b1 - Financial Records

2. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home manages the finances for resident 1. However, the home does not maintain a record of financial transactions prior to [REDACTED]

The home manages the finances for resident 2. However, the home does not maintain a record of financial transactions prior to [REDACTED]

Plan of Correction

Accept ([REDACTED] - 10/17/2023)

Resident 1 and 2's financial records prior to [REDACTED] were locked in a safe in the home. To ensure future accessibility of the financial records, both the Personal Care Home Administrator and Director of Community Residences will have access to the safe in the home.

Licensee's Proposed Overall Completion Date: 10/13/2023

Implemented ([REDACTED] - 11/15/2023)

20b8 - Quarterly Account

3. Requirements

20b8 - Quarterly Account (continued)

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

Resident 1 has not received a quarterly account of financial transactions.

Resident 2 has not received a quarterly account of financial transactions.

Plan of Correction

Accept ( [redacted] - 10/17/2023)

The Personal Care Home Administrator is completing the 3rd quarter account and is providing it by 10/20/23. The Quarterly account is being added to the quarterly supervision report for the Personal Care Home Administrator monitored by the Director of Community Residences starting 11/2023. A training will be held with the Personal Care Home Administrator by the Director of Community Residences on 10/19/23 on the requirements of 2600.20.b

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented ( [redacted] - 11/15/2023)

20b9 - Record Keeping

4. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 9. A copy of the itemized account shall be kept in the resident's record.

Description of Violation

There is no copy of the quarterly account of financial transactions in resident 1's record prior to [redacted]

There is no copy of the quarterly account of financial transactions in resident 2's record prior to [redacted]

Plan of Correction

Accept ( [redacted] - 10/17/2023)

The Personal Care Home Administrator is completing the 3rd quarter account and is providing it by [redacted]. The Quarterly account is being added to the quarterly supervision report for the Personal Care Home Administrator monitored by the Director of Community Residences starting 11/2023. A training will be held with the Personal Care Home Administrator by the Director of Community Residences on 10/19/23 on the requirements of 2600.20.b

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented ( [redacted] 11/15/2023)

63a - First Aid/CPR Training

5. 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.

63a - First Aid/CPR Training (continued)

Description of Violation

On the following dates and times there were 8 residents present in the home. During these times there were no staff present in the home who was certified in obstructed airway techniques and CPR.

[Redacted]

Plan of Correction

Accept ( [Redacted] - 10/17/2023)

The Personal Care Home Administrator completed a training audit on of Beechwood Center 3 on 9/14/23 to identify those staff whose credentials needed to be updated. Schedules were updated on 9/14/23 by the Personal Care Home Administrator to ensure that a CPR certified staff was on each shift. All Staff with outstanding certifications were enrolled for CPR Training. The Personal Care Home Administrator will conduct quarterly audits starting the end of this current quarter 12/2023 , in collaboration with the training department, and enroll as needed all staff whose credentials need to be updated.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented ( [Redacted] - 11/16/2023)

65a - FS Orientation 1st Day

6. 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, whose first day of work was [Redacted], 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 outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Plan of Correction

Accept ( [Redacted] - 10/17/2023)

A fire safety OJT was completed on 3/1/23 for staff A. An orientation checklist has been implemented for all new

65a - FS Orientation 1st Day (continued)

hires for the Personal Care Home Administrators to track and ensure that all needed training is completed prior to the first work day starting 11/1/23.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented ( [redacted] - 11/16/2023)

65b - Rights/Abuse 40 Hours

7. 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

Staff person A hired [redacted] A completed his/her 40th scheduled work hour before [redacted]. However, this staff person did not complete training in the following topics: emergency medical plan.

Staff person B hired [redacted] completed his/her 40th scheduled work hour before [redacted]. However, this staff person did not complete training in the following topics: emergency medical plan.

Plan of Correction

Accept ( [redacted] - 10/17/2023)

Emergency medical plan training is required at Beechwood Center 3 prior to starting in the home and is included in the Emergency Preparedness Planning (EPP) class within orientation. Upon closer review of the training records and start dates of noted employees physically in the home, Staff person A completed EPP on 9/16/22 and physically started in the home on 9/20/22. Staff person B completed EPP on 6/22/23 and physically started in the home on 9/17/23. Beechwood Center 3 will continue to require all new hires to complete the requirements of 2600.65.b before physically starting in the home.

Licensee's Proposed Overall Completion Date: 10/13/2023

Implemented ( [redacted] - 11/16/2023)

65d - Initial Direct Care Training

8. Requirements

2600.

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

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
  - i. Safe management techniques.
  - ii. ADLs and IADLs
  - iii. Personal hygiene.

65d - Initial Direct Care Training (continued)

- iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
- v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
- vi. Implementation of the initial assessment, annual assessment and support plan.
- vii. Nutrition, food handling and sanitation.
- viii. Recreation, socialization, community resources, social services and activities in the community.
- ix. Gerontology.
- x. Staff person supervision, if applicable.
- xi. Care and needs of residents with special emphasis on the residents being served in the home.
- xii. Safety management and hazard prevention.
- xiii. Universal precautions.
- xiv. The requirements of this chapter.
- xv. Infection control.
- xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**Description of Violation**

Direct care staff person A, hired on [REDACTED], began providing unsupervised ADL services before [REDACTED]. However, the staff person did not complete training that included a demonstration of job duties, followed by supervised practice.

**Plan of Correction**

Accept ( [REDACTED] - 10/17/2023)

An audit of DHS certificates was completed on the home by the Director of Licensing on 10/3/23 and all other staff certificates are present.

Staff A to not complete ADL services unsupervised until completion of DHS training course. Course was completed by Staff A on 9/18/23.

To ensure future completion of the DHS training course for all new employees, the class has been included in the new hire orientation provided by Woods Training Department starting on 10/1/23. Director of Licensing and Accreditation to obtain copy of certificate to ensure completion prior to the new hire starting in the home.

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

Implemented ( [REDACTED] - 11/16/2023)

**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:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
  - i. Safe management techniques.
  - ii. ADLs and IADLs
  - iii. Personal hygiene.
  - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
  - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - vi. Implementation of the initial assessment, annual assessment and support plan.
  - vii. Nutrition, food handling and sanitation.
  - viii. Recreation, socialization, community resources, social services and activities in the community.
  - ix. Gerontology.
  - x. Staff person supervision, if applicable.

65d - Initial Direct Care Training (*continued*)

- xi. Care and needs of residents with special emphasis on the residents being served in the home.
- xii. Safety management and hazard prevention.
- xiii. Universal precautions.
- xiv. The requirements of this chapter.
- xv. Infection control.
- xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**Description of Violation**

Direct care staff person A, hired on [REDACTED], began providing unsupervised ADL services before [REDACTED]. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

**Plan of Correction**

Accept [REDACTED] - 10/17/2023)

An audit of DHS certificates was completed on the home by the Director of Licensing on [REDACTED] and all other staff certificates are present.

Staff A to not complete ADL services unsupervised until completion of DHS training course. Course was completed by Staff A on 9/18/23.

To ensure future completion of the DHS training course for all new employees, the class has been included in the new hire orientation provided by Woods Training Department starting on 10/1/23. Director of Licensing and Accreditation to obtain copy of certificate to ensure completion prior to the new hire starting in the home.

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

Implemented [REDACTED] - 11/16/2023)

**10. Requirements**

2600.

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

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
  - i. Safe management techniques.
  - ii. ADLs and IADLs
  - iii. Personal hygiene.
  - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
  - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - vi. Implementation of the initial assessment, annual assessment and support plan.
  - vii. Nutrition, food handling and sanitation.
  - viii. Recreation, socialization, community resources, social services and activities in the community.
  - ix. Gerontology.
  - x. Staff person supervision, if applicable.
  - xi. Care and needs of residents with special emphasis on the residents being served in the home.
  - xii. Safety management and hazard prevention.
  - xiii. Universal precautions.
  - xiv. The requirements of this chapter.
  - xv. Infection control.
  - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

65d Initial Direct Care Training (*continued*)**Description of Violation**

Direct care staff person A, hired on [REDACTED], began providing unsupervised ADL services before [REDACTED]. However, the staff person did not complete the following initial direct care staff person training: Safe management techniques, ADLs and IADLs, Personal hygiene, Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities, The normal aging cognitive, psychological and functional abilities of individuals who are older, Implementation of the initial assessment, annual assessment and support plan, Nutrition, food handling and sanitation, Recreation, socialization, community resources, social services and activities in the community, Gerontology, Staff person supervision, if applicable, Care and needs of residents with special emphasis on the residents being served in the home, Safety management and hazard prevention, Universal precautions, The requirements of this chapter, Infection control, Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home

**Plan of Correction**

Accept ([REDACTED] - 10/17/2023)

An audit of DHS certificates was completed on the home by the Director of Licensing on [REDACTED] and all other staff certificates are present.

Staff A to not complete ADL services unsupervised until completion of DHS training course. Course was completed by Staff A on 9/18/23.

To ensure future completion of the DHS training course for all new employees, the class has been included in the new hire orientation provided by Woods Training Department starting on 10/1/23. Director of Licensing and Accreditation to obtain copy of certificate to ensure completion prior to the new hire starting in the home.

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

Implemented ([REDACTED] - 11/16/2023)

## 65f - Training Topics

**11. Requirements**

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

**Description of Violation**

Direct care staff person C did not receive training in medication self administration training, care for residents with dementia and cognitive impairments, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, personal care service needs of the resident, safe management techniques during training year of 6/1/2022 to 5/30/2023.

Direct care staff person D did not receive training in medication self administration training, care for residents with dementia and cognitive impairments during training year 6/1/2022 to 5/31/2023.

65f - Training Topics (continued)

Plan of Correction

Accept (█ - 10/17/2023)

Staff person C completed all missing training on █ Staff person D's training report is indicating completed training for medication self-administration on 10/26/22, dementia training on 8/14/23, and cognitive impairments training on 8/14/23. The Director of Licensing met with the Director of Training on 10/6/23 to review notification capabilities of the Relias training database. A system will be set up in Relias starting 11/1/23 for coming due and overdue alerts to be sent to the Personal Care Home Administrator of the home to ensure timely completion of staff annual training.

Licensee's Proposed Overall Completion Date: 11/01/2023

Implemented (█ - 11/16/2023)

65g - Annual Training Content

12. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person C did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert during training year 6/1/2022 to 5/31/2023.

Plan of Correction

Accept (█ - 10/17/2023)

A fire safety OJT was completed on 10/12/23 for staff A. The Director of Licensing met with the Director of Training on 10/6/23 to review notification capabilities of the Relias training database. A system will be set up in Relias starting 11/1/23 for coming due and overdue alerts to be sent to the Personal Care Home Administrator of the home to ensure timely completion of staff annual training.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented (█ - 11/16/2023)

85a - Sanitary Conditions

13. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On █, at approximately 4:00 pm, a closed urine receptacle filled with about 2 inches of urine was on the bed

85a Sanitary Conditions (continued)

side table in room of resident 2.

Plan of Correction

Accept ( [redacted] - 10/17/2023)

The Personal Care Home Administrator prompted the resident to empty the urinal in the toilet and reminded them to empty it after each use. The Personal Care Home Administrator will conduct weekly walkthroughs to monitor sanitary conditions starting 10/16/23.

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

Implemented [redacted] - 11/16/2023)

102f - Towel/Washcloth/Soap

14. Requirements

2600.

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

Description of Violation

On [redacted], at approximately [redacted], an unlabeled blue wash cloth was hanging in the shower of resident 3's shared bathroom.

Plan of Correction

Accept [redacted] - 10/17/2023)

Staff removed the washcloth and educated the resident on keeping personal items out of common areas on 9/14/23. The Personal Care Home Administrator will conduct weekly walkthroughs to monitor sanitary conditions starting 10/16/23.

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

Implemented [redacted] - 11/16/2023)

132d - Evacuation

15. 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 has a maximum safe evacuation time specified in writing within the past year by a fire safety expert of 3 minutes and 30 seconds. The home had an evacuation time of 3 minutes 36 seconds during the following drills: 4/15/2023 at 2:02 am.

132d - Evacuation (continued)

Plan of Correction

Accept ( ) - 10/17/2023)

The Director of Community Residents will be training all Personal Care Home Administrators responsible for fire drills of requirement 2600.132.d on 10/19/23. A protocol is being put in place by the Director of Community Residences for a repeat fire drill within 24 hours should a drill fail starting 10/19/23. The fire drills will be monitored monthly by the Director of Community Residences starting 11/1/23.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented ( ) - 11/16/2023)

132f - Alternate Exit Routes

16. Requirements

- 2600.
- 132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The front entrance was the only exit route used during the fire drills held from 5/23/2023 to 8/23/2023.

Plan of Correction

Accept ( ) - 10/17/2023)

The Director of Community Residences will be monitoring the monthly fire drills and utilizing the DHS fire drill log to track exit routes starting on 11/1/23. Should a home utilize the same exit route, the Director of Community Residences will alert the Personal Care Home Administrator to ensure that the exit varies for the drill the following month.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented ( ) 11/16/2023)

144c1 - Smoking Area Guidelines

17. Requirements

- 2600.
- 144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
  1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home's designated smoking area has two fabric covered chairs that are not fire resistant.

Plan of Correction

Accept ( ) - 10/17/2023)

The two fabric chairs were removed from the smoking area by the Personal Care Home Administrator on 9/14/23. Monitoring of the smoking area will be added to the monthly environmental check lists completely by the Personal Care Home Administrator starting 11/1/23.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented ( ) - 11/16/2023)

162c - Menus Posted

18. Requirements

162c - Menus Posted (continued)

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 9/15/2023 was posted on refrigerator in the kitchen. However, it was not in conspicuous and public place in the home. Menu for the following week was not posted.

Plan of Correction

Accept (█ - 10/17/2023)

The two week menu was posted by the Personal Care Home Administrator on 9/14/23. Monitoring of the two week menu will be added to the monthly environmental check lists completely by the Personal Care Home Administrator starting 11/1/23.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented (█ - 11/16/2023)

183e - Storing Medications

19. 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

On 9/14/2023, 2 vials of █, were on the medication cart. One vial was open, and undated, prescription label reads discard 6 weeks after opening. The other vial was unopened and sealed. According to the manufacturer's instructions vial must remain refrigerated prior to opening, the unopened vial was not being refrigerated.

Plan of Correction

Accept (█ - 10/17/2023)

Latanoprost was reordered and date placed on open vial on 9/14/23 by the LPN. Staff will be trained on proper maintenance and storage by nursing on 10/17/23. The staff/Nurses administering the medications will be required to complete a weekly medication cart check starting 10/8/23 to prevent future violations. Assigned Nurses will additionally be required to complete random cart checks for compliance starting 10/15/23. The importance of proper labeling will be placed as a standing agenda item by the Nursing Manager starting 10/31/23 and will be reviewed at Nursing staff meetings monthly.

Licensee's Proposed Overall Completion Date: 10/31/2023

Implemented (█ - 11/16/2023)

185a - Implement Storage Procedures

20. 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.

185a - Implement Storage Procedures (continued)

Description of Violation

Resident 4 is prescribed [redacted] as needed. On 9/14/2023 this medication was not available in the home.

Plan of Correction

Accept ( [redacted] - 10/17/2023)

PRN [redacted] was placed in the cart on 9/14/23 by the LPN.

The staff/Nurses administering the medications will be required to complete a weekly medication cart check starting 10/8/23 to prevent future violations. Assigned Nurses will additionally be required to complete random cart checks for compliance starting 10/15/23.

Licensee's Proposed Overall Completion Date: 10/15/2023

Implemented ( [redacted] - 11/16/2023)

187d - Follow Prescriber's Orders

21. Requirements

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

Description of Violation

Resident 4 is prescribed [redacted] at bedtime. However, this medication was not available in the home on [redacted]

Plan of Correction

Accept ( [redacted] - 10/17/2023)

Medication was reordered on 09/14/23 by the LPN.

The staff/Nurses administering the medications will be required to complete a weekly medication cart check starting 10/8/23 to prevent future violations. Assigned Nurses will additionally be required to complete random cart checks for compliance starting 10/15/23.

Licensee's Proposed Overall Completion Date: 10/15/2023

Implemented ( [redacted] - 11/16/2023)

224a - Preadmission Screen Form

22. 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 2's preadmission screening form, dated [redacted] 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 ( [redacted] - 10/17/2023)

The preadmission screening form is listed on the internal transfer checklist that the Care Coordination team uses as a tool to ensure that all the necessary documentation is completed when a participant moves from one PCH to another. A new care coordination team is in place at this time. The care coordination team was re-trained on the use of this tool to ensure thorough completion of documentation on 10/6/23. In addition, administrative support staff

224a - Preadmission Screen Form (continued)

have been trained to monitor for completeness and errors prior go uploading in the EHR (Electronic Health Record) on 10/6/23.

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

Implemented ( [REDACTED] - 11/16/2023)