



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: December 28, 2023

[REDACTED], President & COO
Tithonus Mt. Lebanon LP

[REDACTED]

RE: The Pines of Mt. Lebanon
1537 Washington Road
Pittsburgh, Pennsylvania 15228
License/COC #: 433612

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on August 14, 2023, August 15, 2023, August 23, 2023, September 19, 2023, October 16, 2023, and October 17, 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), mistreatment or abuse of residents being cared for in the facility, failure to submit an acceptable plan to correct noncompliance items, and failure to comply with the acceptable plan to correct noncompliance items, the Department hereby REVOKES your certificate of compliance (license number 433611) dated August 4, 2023 – February 4, 2024, and issues you a SECOND PROVISIONAL license to operate the above facility. A SECOND PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1); (5) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5) (relating to conditions for denial, nonrenewal or revocation). Your SECOND PROVISIONAL license is enclosed and is valid from December 28, 2023 to June 28, 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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
Section:					
141(b)(1)	II	62	\$5	\$310	5 calendar days from mailing date of this letter
183(d)	II	62	\$5	\$310	5 calendar days from mailing date of this letter
187(b)	II	62	\$5	\$310	5 calendar days from mailing date of this letter
225(a)	II	62	\$5	\$310	5 calendar days from mailing date of this letter
231(b)	II	62	\$5	\$310	5 calendar days from mailing date of this letter
184(a)	II	62	\$5	\$310	5 calendar days from mailing date of this letter
185(a)	II	62	\$5	\$310	5 calendar days from mailing date of this letter
187(a)	II	62	\$5	\$310	5 calendar days from mailing date of this letter
187(d)	II	62	\$5	\$310	5 calendar days from mailing date of this letter
16(c)	II	62	\$5	\$310	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate

until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

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

[REDACTED], Workload Manager
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]
[REDACTED]
[REDACTED]
[REDACTED]

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

Facility Information

Name: *THE PINES OF MT. LEBANON* License #: 43361 License Expiration: 02/04/2024
Address: 1537 WASHINGTON ROAD, PITTSBURGH, PA 15228
County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: *TITHONUS MT. LEBANON LP*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/05/1990* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: 4 Total Daily Staff: 86 Waking Staff: 65

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Provisional, Incident* Exit Conference Date: *08/15/2023*

Inspection Dates and Department Representative

08/14/2023 - On-Site: [REDACTED]
08/15/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 112 Residents Served: 66

Secured Dementia Care Unit

In Home: Yes Area: 1 st floor Capacity: 18 Residents Served: 14

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 66
Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 16 Have Physical Disability: 3

Inspections / Reviews

08/14/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/03/2023*

09/12/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *09/22/2023*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/18/2023*

09/20/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *09/22/2023*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/01/2023*

12/08/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: *09/22/2023*
Reviewer: [REDACTED] Follow-Up Type: *Enforcement*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 8/14/23 at 2:15 PM, the 2nd floor Wellness Center was unlocked, unattended and accessible. Numerous resident records were present in the Wellness Center, which included the following resident's medical evaluations, assessments and support plans:

- Resident #1's medical evaluation, dated [REDACTED]/22 and resident #1's assessment and support plan, dated [REDACTED]/22
- Resident #2's medical evaluation, dated [REDACTED]/23
- Resident #3's medical evaluation, dated [REDACTED]/23
- Resident #4's medical evaluations, dated [REDACTED]/22 and [REDACTED]/21 and resident #4's assessment and support plan, dated [REDACTED]/23

REPEAT VIOLATION: 3/27/2023, et. al.

Plan of Correction

Directed [REDACTED] - 09/20/2023)

2600.17 Resident records shall be confidential. Staff has been educated about the confidentiality of resident records. On 8/14/2023 a sign was hung and door to Wellness Dept was secured sign says, "This door must be closed and locked at all times" DON is responsible to make sure the Wellness door is closed and locked at all times, ensuring resident records are kept confidential. Administrator will monitor daily, DON when Administrator is unavailable. Copy of sign attached. Beginning 8/15/2023, DON & Administrator will walk the home daily to ensure resident information is kept secured. Administrator and Med Techs will inspect when DON and/or Administrator is unavailable and . Staff meeting to educate staff on locking resident information is scheduled for 9/21/2023. (DIRECTED: Documentation of the education shall be kept in accordance with 2600.65i. [REDACTED] 9/20/23). Education Material & sign in sheet will be provided upon completion. and submitted by 9/22/2023.

Directed Completion Date: 09/22/2023

Implemented [REDACTED] - 12/08/2023)

81a - Accommodation

2. Requirements

2600.

- 81.a. The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.

Description of Violation

During a social event on 8/10/23 at approximately 6:00 PM, resident #5 left the home unattended and unsupervised, from an unknown door, and walked down the street to a local supermarket. Resident #5 currently wears a wander guard bracelet due to exit-seeking behaviors; however, numerous staff persons indicated they did not hear an audible

81a - Accomodation (continued)

alarm notifying them resident #5's wander guard bracelet was activated and that resident #5 exited the home.

Plan of Correction**Directed** [REDACTED] - 09/20/2023)

2600.81.a Upon resident #5 leaving the home unattended and unsupervised, a service call was placed to IES, Stanley Doors & Sage Technologies to service the Wonder Guard system. On 8/11/2023 Stanley Doors arrived to service the front door for the wonder guard system. On 8/11, 12 & 13/2023 Sage Technologies worked remotely. On 8/31/2023, all doors equipped with wonder guard system were re-programmed and software upgraded by Sage Technologies Documentation Attached. On 8/11/2023, Residents with wonder guards were inspected by Administrator & remotely with [REDACTED] from Sage Technologies. On 8/31/2023 Administrator and [REDACTED] with Sage Technologies in person inspected the residents wonder guards and the wonder guard system. Residents with wonder guards are checked Daily each shift, the wonder guard checks are documented on the MAR. Administrator checks the Wonder guard system weekly beginning 8/11/2023. (DIRECTED: The weekly checks shall include an inspection of all resident wander guard bracelets/pendants and all doors equipped with the wander guard system to ensure operability. [REDACTED] 9/20/23). Staff meeting to educate staff on locking resident information is scheduled for 9/21/2023. (DIRECTED: Documentation of the education shall be kept in accordance with 2600.65i. [REDACTED] 9/20/23). Education sign in sheet will be provided upon completion. by 9/22/2023.

Directed Completion Date: 09/22/2023

Implemented [REDACTED] - 12/08/2023)**133.1 - Exit Signs****3. Requirements**

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

On 8/15/23, the exit door near the ice cream parlor, which exits to the outside, was not labeled as an exit.

On 8/15/23, the double exit doors near the kitchen, which exit to the outside, were not labeled as an exit.

Plan of Correction**Accept** [REDACTED] 09/20/2023)

2600.133.1 Exit Signs will be posted on all exits. Emergency Exit Signs were hung on 8/18/2023. Safety and Maintenance Engineer and Administrator will walk the building daily and monitor to ensure signs are visible. Monitoring began 8/19/2023. Photo of signs attached.

Licensee's Proposed Overall Completion Date: 09/17/2023

Implemented [REDACTED] - 12/08/2023)**141b1 - Annual Medical Evaluation****4. Requirements**

2600.

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

Description of Violation

Resident #5's most recent medical evaluation was completed on [REDACTED]/22.

141b1 - Annual Medical Evaluation (continued)

REPEAT VIOLATION: 3/27/2023, et. al.; 10/13/2022, et. al.

Plan of Correction

Directed (████ - 09/20/2023)

2600.041.b.1 Residents Annual Medical Evaluation will be conducted at least annually. Records were audited on 8/29/2023 by Administrator and Senior Wellness & Operations Specialist after releasing DON from employment with PML on █████/2023 upon finding several records out of compliance. On 8/17/2023 Resident #5's Annual Medical Evaluation was preformed. (DIRECTED: By 9/22/23: A copy of resident #5's new medical evaluation shall be placed in resident #5's record. █████ 9/20/23). Our new DON and/or Administrator will review Residents Medial Evaluation Monthly. On 9/15/2023 a Tickler was created to track Annual Medical Evaluations. Copy of Ticker attached. (DIRECTED: Beginning on 10/1/23: The DON/Administrator shall review the tickler system at least monthly to ensure accuracy of the tickler system and to ensure each resident has a timely medical evaluation completed at least annually. Copies of the new medical evaluations shall be kept in each resident's record. █████ 9/20/23).

Directed Completion Date: 10/01/2023

Not Implemented (████ - 12/08/2023)

183d - Prescription Current

5. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 8/9/23, resident #2's Naproxen Sodium-220 mg tablets were discontinued by the prescriber; however, on 8/15/23, the medication was still present in the home.

REPEAT VIOLATION: 3/27/2023, et. al.

Plan of Correction

Directed (████ - 09/20/2023)

2600.183.d Resident current prescription will be audited by DON or Administrator Daily (Monday-Friday) or by Med Tech/LPN (Sat-Sun) to ensure we are in compliance with all current prescriptions, are on hand at the home. Resident #2 DC'd prescription was removed from medication cart on 8/15/2023.

All employees who pass medications attended a Medication Training covering 2600.187(a)(b)(d), creating a record, info on record, physician orders, medication refusal what to do, where to document, Diagnosis and where documented, medication administrated times, where to record, DHS inspection procedures, following prescriber's directions, documentation of medication errors, safe storage and security procedures, documentation of controlled substances as prescribed by physician, Insulin & Glucometer administrating procedures and procedure of medications that have been discontinued by physican on how to document and how to remove medications from Med Cart, education was done on 8/10/2023 by Regional Wellness & Operations Specialist and Madison Ward Senior Wellness & Operations Specialist. Sign in Sheet attached. Staff education material attached . New DON and/or Administrator audit the MAR/Chart daily. (DIRECTED: The daily audits shall begin on 9/25/23, and shall include a review of at least 5 resident medications daily to ensure only current prescription medications are present in the home in accordance with 2600.183d. █████ 9/20/23). A Tickler Chart auditing MAR, prescription and prescription label was created and audits began on 8/9/2023, by Administrator. Tickler attached.

183d - Prescription Current (continued)

Directed Completion Date: 09/25/2023

Not Implemented () - 12/08/2023)

187b - Date/Time of Medication Admin.

6. 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

The following medications were not documented as administered on resident #5's August 2023 medication administration record (MAR) on 8/4/23 at 9:00 PM:

- Melatonin 3 mg tablet-Take 2 tablets by mouth every night at bedtime
- Quetiapine 25 mg tablet-Take 1 tablet by mouth twice daily

REPEAT VIOLATION: 1/4/2023, et. al.; 10/13/2022, et. al.

Plan of Correction

Directed () - 09/20/2023)

2600.187.d Date and Time medication is administered shall be recorded for each resident. On ()/2023 we released our DON from employment with PML, after learning of several employment violations including 2600.187.d. All employees who pass medications attended a Medication Training on 8/10/2023 by Regional Wellness & Operations Specialist and () Senior Wellness & Operations Specialist. Training Covered covering 2600.187(a)(b)(d), creating a record, info on record, physician orders, medication refusal what to do, where to document, Diagnosis and where documented, medication administrated times, where to record, DHS inspection procedures, following prescriber's directions, documentation of medication errors, safe storage and security procedures, documentation of controlled substances as prescribed by physician, Insulin & Glucometer administrating procedures and procedure of medications that have been discontinued by physican on how to document and how to remove medications from Med Cart, education was done on 8/10/2023 by Regional Wellness & Operations Specialist and () Senior Wellness & Operations Specialist. (DIRECTED: Documentation of the education shall be kept in accordance with 2600.65i. () 9/20/23). New DON and/or Administrator will audit the MAR/Chart daily. (DIRECTED: The daily audits shall begin on 9/25/23, and shall include a review of at least 5 resident MAR's daily to ensure accurate medication administration documentation is present on resident MAR's in accordance with 2600.187b. Documentation of the daily audits shall be kept for 2 months. () 9/20/23). Administrator began tracking on 8/9/2023. Tracker, Sign in Sheet and Staff education material attached.

Directed Completion Date: 09/25/2023

Not Implemented () - 12/08/2023)

225a - Assessment 15 Days

7. 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 #6 was admitted to the home's secured dementia care unit (SDCU) on () 23. Resident #6's most recent assessment, dated ()/23, indicates resident #6 requires minimal supervision and requires no supervision in the

225a - Assessment 15 Days (continued)

home; however, resident #6 has exit-seeking behaviors, including on 7/18/23 when resident #6 eloped from the SDCU and was found unsupervised in the home's lobby.

No assessment was completed for resident #7, who was admitted to the home on [REDACTED] 23.

REPEAT VIOLATION: 3/27/2023, et. al.

Plan of Correction**Directed [REDACTED] - 09/20/2023)**

2600. 225.a The Resident Assessment record was audited on 8/29/2023 by Administrator and Senior Wellness & Operations Specialist after releasing DON from employment with PML on [REDACTED]/2023 upon finding several records out of compliance. On 8/17/2023 Senior Wellness & Operations Specialist revised resident #6 assessment to include Secured Unit indicating a significant change in [REDACTED] level of care. On [REDACTED]/2023 Resident #7 moved out of home and returned to [REDACTED] home. We were unable to secure a signed RASP/plan of care. Our new DON and/or Administrator upon each new residents move in will ensure we are in compliance with move in Assessment to ensure we are in compliance. 9/15/2023 DON created a new resident and current resident Tickler, tickler will be updated by 9/22/2023. Copy of Ticker and Admission Check List attached. Completed copy of tickler will be provided on 9/22/2023.

DIRECTED: Beginning on 10/1/23: The administrator/DON shall review at least 5 resident assessments monthly to ensure accuracy, timeliness and completeness. Documentation of the audits shall be kept. [REDACTED] 9/20/23

DIRECTED: By 10/1/23: The administrator/DON shall review all current resident records to ensure each resident has an accurate assessment, completed in their entirety, within 15 days of admission to the home. Documentation of the audits shall be kept. [REDACTED] 9/20/23

DIRECTED: By 10/1/23: The administrator shall develop and implement a new admission checklist to ensure an accurate assessment, completed in its entirety, is completed within 15 days of admission for all newly-admitted residents. Copies of the completed new admission checklists and assessments shall be kept in each resident's record. All staff persons involved in the completion of resident assessments shall be educated on the new checklist by 10/1/23. Documentation of the education shall be kept in accordance with 2600.65i. [REDACTED] 9/20/23

Directed Completion Date: 10/01/2023

Not Implemented [REDACTED] - 12/08/2023)**225c - Additional Assessment****8. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

225c - Additional Assessment (continued)

Description of Violation

During a social event on 8/10/23 at approximately 6:00 PM, resident #5 left the home unattended and unsupervised, from an unknown door, and walked down the street to a local supermarket. Per staff person [REDACTED] the home's administrator, staff members at the supermarket contacted the police because resident #5 appeared confused while at the supermarket. However, according to resident #5's most recent assessment and support plan, dated [REDACTED] 23, resident #5 requires minimal supervision and requires no supervision in the home or when in familiar surroundings, but needs attendance in unfamiliar places. Also, resident #5 currently wears a wander guard bracelet due to exit-seeking behaviors.

Plan of Correction

Directed [REDACTED] - 09/20/2023)

2600.225.c Each Resident Annual Assessment record was audited on 8/29/2023 by Administrator and Senior Wellness & Operations Specialist after releasing DON from employment with PML on [REDACTED]/2023 upon finding several records out of compliance. On 8/17/2023 Senior Wellness & Operations Specialist revised resident #5 assessment to include exit seeking behaviors. Our new DON and/or Administrator will review Assessment Tickler monthly and update resident Assessments quarterly or as needed, a tickler was created on 9/15/2023, this tickler will show each resident in home, the date of move in and the date Annual Assessment is due or when staff, family or PCP see a residents care needs have changed. Tickler will be completed by 9/22/2023. Copy of Ticker and Admission Check List attached. Updated tickler will be submitted on 9/22/2023.

DIRECTED: Beginning on 10/1/23: The administrator/DON shall review at least 5 resident assessments monthly to ensure accuracy, timeliness and completeness. Documentation of the audits shall be kept. [REDACTED] 9/20/23

DIRECTED: By 10/1/23: The administrator shall develop and implement procedures to ensure resident assessments are updated as resident care needs change. Documentation of the new procedures shall be kept. All staff persons involved in completing resident assessments shall be educated on the new procedures by 10/1/23. Documentation of the education shall be kept in accordance with 2600.65i. [REDACTED] 9/20/23

Directed Completion Date: 10/01/2023

Not Implemented [REDACTED] - 12/08/2023)

227a - Support Plan 30 Days

9. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

No support plan was completed for resident #7, who was admitted to the home on [REDACTED]/23.

Plan of Correction

Directed [REDACTED] 09/20/2023)

2600.225.a Each Residents Annual Assessment record was audited on 8/29/2023 by Administrator and Senior Wellness & Operations Specialist after releasing DON from employment with PML on [REDACTED]/2023 upon finding several records out of compliance. On 8/9/2023 Resident #7 moved out and returned home before we could update [REDACTED] Assessment/RASP. Our new DON and/or Administrator will review Assessment/RASP Tickler monthly and

227a - Support Plan 30 Days (continued)

update resident Assessments quarterly or as needed if change in residents physical or mental health , a tickler was created on 9/15/2023, Our new DON began using our Admission Checklist on 9/15/2023. Copy of Ticker and Admission Check List attached. Updated Ticker will be completed by 9/22/2023 and submitted.

DIRECTED: By 10/1/23: The administrator/DON shall review all current resident records to ensure each resident has an accurate support plan, completed in their entirety, within 30 days of admission to the home. Documentation of the audits shall be kept. ■ 9/20/23

DIRECTED: Beginning on 10/1/23: The administrator/DON shall review at least 5 resident support plans monthly to ensure accuracy, timeliness and completeness. Documentation of the audits shall be kept. ■ 9/20/23

DIRECTED: By 10/1/23: The administrator shall develop and implement a new admission checklist to ensure an accurate support plan, completed in its entirety, is completed within 30 days of admission for all newly-admitted residents. Copies of the completed new admission checklists and support plans shall be kept in each resident's record. All staff persons involved in the completion of resident support plans shall be educated on the new checklist by 10/1/23. Documentation of the education shall be kept in accordance with 2600.65i. ■ 9/20/23

Directed Completion Date: 10/01/2023

Not Implemented ■ - 12/08/2023)

227d - Support Plan Medical/Dental**10. 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

During a social event on 8/10/23 at approximately 6:00 PM, resident #5 left the home unattended and unsupervised, from an unknown door, and walked down the street to a local supermarket. Per staff person A, the home's administrator, staff members at the supermarket contacted the police because resident #5 appeared confused while at the supermarket. However, according to resident #5's most recent assessment and support plan, dated ■/23, resident #5 requires minimal supervision and requires no supervision in the home or when in familiar surroundings, but needs attendance in unfamiliar places. Also, resident #5 currently wears a wander guard bracelet due to exit-seeking behaviors.

227d - Support Plan Medical/Dental (continued)

Plan of Correction**Directed** [REDACTED] - 09/20/2023)

2600.227.d Each Resident upon a change in their physical or mental health will have an Assessment conducted by a Physician, PA or RN, updating their support plan. Annual Assessment records were audited on 8/29/2023 by Administrator and Senior Wellness & Operations Specialist after releasing DON from employment with PML on [REDACTED]/2023 upon finding several records out of compliance. On 8/17/2023 Senior Wellness & Operations Specialist revised resident #5 assessment to include exit seeking behaviors. Our new DON and/or Administrator will review Assessment Tickler monthly and update resident Assessments quarterly or as needed if change in residents physical or mental health, PCP appointment will be completed to update residents support plan. A Tickler was created on 9/15/2023, this tickler will show each resident in home, the date of move in and the date Annual Assessment is due. Copy of Ticker and Admission Check List attached.

DIRECTED: Beginning on 10/1/23: The administrator/DON shall review at least 5 resident support plans monthly to ensure accuracy and completeness. Documentation of the audits shall be kept. [REDACTED] 9/20/23

DIRECTED: By 10/1/23: The administrator shall develop and implement procedures to ensure resident support plans are updated as resident care needs change. Documentation of the new procedures shall be kept. All staff persons involved in completing resident support plans shall be educated on the new procedures by 10/1/23. Documentation of the education shall be kept in accordance with 2600.65i. [REDACTED] 9/20/23

Directed Completion Date: 10/01/2023

Not Implemented [REDACTED] - 12/08/2023)

231b - Medical Evaluation

11. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #6 was admitted to the home's SDCU on [REDACTED]/23; however, resident #6's medical evaluation was completed on [REDACTED]/23. Also, resident #6's medical evaluation, dated [REDACTED] 23, does not indicate the need for resident #6 to be served in the SDCU.

REPEAT VIOLATION: 3/27/2023, et. al.

Plan of Correction**Directed** [REDACTED] - 09/20/2023)

2600.231.b A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Resident #6 had an updated DME for Secured Dementia, Physician forgot to check the Secured Dementia Box, this DME was amended on 8/15/2023, attached. (**DIRECTED:** By 9/22/23: A copy of resident #6's updated medical evaluation shall be placed in resident #6's record. [REDACTED] 9/20/23 New DON or Administrator will audit DME's for Secured Dementia

231b - Medical Evaluation (continued)

upon Move In or change to RASP indicating Secured Dementia Unit is needed. Annual Assessment records were audited on 8/29/2023 by Administrator and Senior Wellness & Operations Specialist after releasing DON from employment with PML on [REDACTED]/2023 upon finding several records out of compliance. A Tickler was created on 9/15/2023, this tickler shows each resident in home, the date of move in and the date Annual Medical Evaluation is due, Ticker will be completed by 9/22/2023. Copy of Ticker and Admission Check List attached.

DIRECTED: Beginning on 10/1/23: The administrator/DON shall review at least 5 resident records monthly for those residents who reside in the SDCU to ensure accuracy, timeliness and completeness of resident medical evaluations. Documentation of the audits shall be kept. LM 9/20/23

DIRECTED: By 10/1/23: The administrator/DON shall review all current resident records for those residents who reside in the SDCU to ensure each resident has an accurate and complete medical evaluation completed by a physician, physician's assistant or certified registered nurse practitioner within 60 days prior to admission, which includes the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a SDCU. Documentation of the audits shall be kept. [REDACTED] 9/20/23

DIRECTED: By 10/1/23: The administrator shall develop and implement a new admission checklist to ensure an accurate medical evaluation, completed in its entirety, is completed within 60 days prior to admission, which includes a diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in the SDCU, for all newly-admitted residents who are admitted to the SDCU. Copies of the completed new admission checklists and medical evaluations shall be kept in each resident's record. All staff persons involved in the completion of resident medical evaluations shall be educated on the new checklist by 10/1/23. Documentation of the education shall be kept in accordance with 2600.65i. [REDACTED] 9/20/23

Directed Completion Date: 10/01/2023

Not Implemented [REDACTED] - 12/08/2023)

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

Facility Information

Name: *THE PINES OF MT. LEBANON* License #: *43361* License Expiration: *02/04/2024*
Address: *1537 WASHINGTON ROAD, PITTSBURGH, PA 15228*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *TITHONUS MT. LEBANON LP*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/05/1990* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *84* Waking Staff: *63*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Fine* Exit Conference Date: *08/23/2023*

Inspection Dates and Department Representative

08/23/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *112* Residents Served: *66*

Secured Dementia Care Unit

In Home: *Yes* Area: *1st fl- Life Stories* Capacity: *18* Residents Served: *11*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *66*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *18* Have Physical Disability: *3*

Inspections / Reviews

08/23/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/15/2023*

Inspections / Reviews (*continued*)

09/18/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 10/05/2023
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/25/2023

09/28/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 10/05/2023
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 10/05/2023

12/08/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 10/05/2023
Reviewer: [REDACTED] Follow-Up Type: Enforcement

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #1's prescribed Acetamin 500 mg Tablet - take 2 tablets 1000mg every 6 hours as needed for pain was discontinued on 8/5/23; however, on 8/23/23, the medication was still available in the medication cart.

REPEAT VIOLATION: 3/27/23

Plan of Correction

Directed [redacted] - 09/28/2023)

2600.183.d Only current prescriptions will be kept in the home. Administrator is auditing the carts daily beginning 8/9/2023. Administrator was on Vacation 8/19-8/27 this assignment was given to LPN, [redacted] during this time. [redacted] did not remove the DC'd medication. [redacted] is no longer employed with us. Our New DON will audit the carts if Administrator is unavailable. Medications Carts were audited upon Administrators return 8/28/2023. On 8/10/2023 all employees received Medication Training covering 2600.187(a)(b)(d) creating a record, info on record, physician orders, medication refusal what to do, where to document, diagnosis and where to document medication administrated times, where to record. DHS inspection procedures, following prescriber's directions, documentation of medication error, safe storage and security procedures, documentation of controlled substances as prescribed by physician, Insulin & Glucometer administrating procedures and procedure of medications that will have been discontinued by physician on how to document and how to remove medication from Med Cart, this education was conducted by Regional Wellness & Operations Specialist & Senior Wellness & Operations Specialist, sign in sheet and education material attached. DON and/or Administrator are auditing the MAR/Chart daily. A Tickler Chart auditing MAR, prescription and prescription label was created and audits began on 8/9/2023 by Administrator, Tickler attached.

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction the administrator shall dispose of the discontinued medication cited in the violation. 9/28/23 [redacted]

Directed Completion Date: 09/29/2023

Not Implemented [redacted] - 12/08/2023)

183e - Storing Medications

2. 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 8/23/23, there was no "open date" indicated on resident #2's prescribed Novolin 70/30 flex pen or the bag it was stored in.

183e - Storing Medications (continued)

Plan of Correction**Directed** [REDACTED] - 09/28/2023)

On 8/10/2023 all employees received Medication Training covering 2600.187(a)(b)(d) creating a record, info on record, physician orders, medication refusal what to do, where to document, diagnosis and where to document medication administrated times, where to record. DHS inspection procedures, following prescriber's directions, documentation of medication error, safe storage and security procedures, documentation of controlled substances as prescribed by physician, Insulin & Glucometer administrating procedures and procedure of medications that will have been discontinued by physician on how to document and how to remove medication from Med Cart, this education was conducted by Regional Wellness & Operations Specialist & Senior Wellness & Operations Specialist, sign in sheet and education material attached. DON and/or Administrator are auditing the MAR/Chart daily. A Tickler Chart auditing MAR, prescription and prescription label was created and audits began on 8/9/2023 by Administrator, Tickler attached.

Within 1 calendar day of receipt of the accepted plan of correction: the administrator shall dispose of the expired medication cited in the violation. 9/28/23 [REDACTED]

Directed Completion Date: 09/29/2023

Not Implemented [REDACTED] - 12/08/2023)

184a - Resident's Meds Labeled

3. Requirements

2600.

- 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
2. The name of the medication.
 3. The date the prescription was issued.
 4. The prescribed dosage and instructions for administration.
 5. The name and title of the prescriber.

Description of Violation

Resident #2 is prescribed Novolin 70/30 FLEXPEN two times daily: – inject subcutaneously 50 units daily in the morning (7:30 a.m.) and Novolin 70/30 FLEXPEN inject subcutaneously sliding scale coverage in accordance with the sliding scale: IF BG is < 120=20 units; IF 120 to 219=40 units; 220-260=48 units; >260=52 units. However, on 8/23/23, there was no pharmacy label on the insulin pen or the zip lock bag indicating the physician instructions, to include, frequency, times, dose and/or the sliding scale. The bag contained a piece of paper with writing indicating, "resident #2's name -Insulin (See directions w/meds.)"

Resident #3 is prescribed Polyeth Glyc Pow 3350 - mix 17 grams in 8oz. water and drink every other day. However, the pharmacy label indicates Polyeth Glyc Pow 3350 - mix 17 grams in 8oz. water and drink daily.

REPEAT VIOLATION: 3/27/23

184a - Resident's Meds Labeled (continued)

Plan of Correction

Accept [redacted] - 09/28/2023)

On 8/10/2023 all employees received Medication Training covering 2600.187(a)(b)(d) creating a record, info on record, physician orders, medication refusal what to do, where to document, diagnosis and where to document medication administrated times, where to record. DHS inspection procedures, following prescriber's directions, documentation of medication error, safe storage and security procedures, documentation of controlled substances as prescribed by physician, Insulin & Glucometer administrating procedures and procedure of medications that will have been discontinued by physician on how to document and how to remove medication from Med Cart, this education was conducted by Regional Wellness & Operations Specialist & Senior Wellness & Operations Specialist, sign in sheet and education material attached. DON and/or Administrator are auditing the MAR/Chart daily. A Tickler Chart auditing MAR, prescription and prescription label was created and audits began on 8/9/2023 by Administrator, Tickler attached.

Licensee's Proposed Overall Completion Date: 09/25/2023

Not Implemented [redacted] - 12/08/2023)

185a - Implement Storage Procedures

4. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On the following dates, resident #2's blood glucose readings recorded on the resident's glucometer did not match the blood glucose readings documented on the resident's August 2023 Medication Administration Record (MAR), to include:

Date	Time	Glucometer	MAR
8/08/23	8:47 a.m.	205	136
8/08/23	10:00 p.m.	148	146
8/10/23	3:37 p.m.	129	no reading
8/12/23	7:10 p.m.	207	204
8/13/23	9:13 a.m.	116	200
8/18/23	7:02 a.m.	137	271

On 8/23/23, resident #4's the Prodigy glucometer was not calibrated. The glucometer indicated a date of 5/28 and time of 5:48. However, the actual date, 8/23/23 and actual time, 4:01 p.m.

REPEAT VIOLATION: 3/27/23

Plan of Correction

Directed [redacted] - 09/28/2023)

2600.185.a Implementing procedure for safe storage, access, security distribution of medications. Resident #2 glucose meter was calibrated on 8/23/2023 to ensure accurate readings and documentation on reading and times. DON or 3rd shift supervisor will calibrate glucometer's weekly. DON will calibrate each blood glucose meter on each new admission within 24hours of moving a resident in for proper medication storage. Glucometer Tracker was created and attached, audits will begin on 9/26/2026 and completed weekly on all residents for a period of 3 months.

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall audit the actual

185a - Implement Storage Procedures (continued)

readings on a resident's glucometer as compared with the documented readings on the resident's medication administration record. This shall be done on a weekly basis (on a 10% sample of) for the residents who receive blood glucose testing. The weekly audits shall occur for a period of (three) months. This will include a 10% sample review shall be completed prior each Quality Management Meetings with the findings reviewed at the meeting.

Directed Completion Date: 09/29/2023

Not Implemented (█) - 12/08/2023)

187a - Medication Record

5. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 8. Frequency of administration.
- 9. Administration times.

Description of Violation

The August 2023 MAR for resident #2, includes Novolin 70/30 INJ FLEXPEN - if BG is < 120-20u; IF 120 to 219-40u; 220-260-48u; >260-52U. However, the MAR does not indicate the prescribed frequency or administration time.

The August 2023 MAR for resident #3 includes Sertraline tablet 50mg - take one tablet by mouth every night at bedtime with administration times of 9:00 a.m. and 9:00 a.m. However, the pharmacy label and physician order indicate Sertraline 50mg tablet - take one tablet every morning.

REPEAT VIOLATION: 3/27/23; et al.

Plan of Correction

Accept (█) - 09/28/2023)

1600.187.a Medication record including administration frequency & times will be kept. On 8/23/2023 PCP updated resident #2's order and a new pharmacy label was received to match the prescribers instructions and the MAR was updated. DON will review each residents prescription within 24 hours and change in order to ensure medications are administered as prescribed. On 8/10/2023 all employees received Medication Training covering 2600.187(a)(b)(d) creating a record, info on record, physician orders, medication refusal what to do, where to document, diagnosis and where to document medication administrated times, where to record. DHS inspection procedures, following prescriber's directions, documentation of medication error, safe storage and security procedures, documentation of controlled substances as prescribed by physician, Insulin & Glucometer administrating procedures and procedure of medications that will have been discontinued by physician on how to document and how to remove medication from Med Cart, this education was conducted by Regional Wellness & Operations Specialist & Senior Wellness & Operations Specialist, sign in sheet and education material attached. DON and/or Administrator are auditing the MAR/Chart daily. A Tickler Chart auditing MAR, prescription and prescription label was created and audits began on 8/9/2023 by Administrator, Ticker is attached.

Licensee's Proposed Overall Completion Date: 09/25/2023

Not Implemented (█) - 12/08/2023)

187d - Follow Prescriber's Orders

6. Requirements

2600.

187d - Follow Prescriber's Orders (*continued*)

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

Description of Violation

On 8/23/23, the following scheduled 9:00 a.m., medications prescribed for resident #5 were not administered until approximately 11:00 a.m., to include:

- *Ace Self-Adhesive Mis bandage 3"*
- *Bumetanide 2mg Tablet*
- *Carvedilol 6.25mg Tablet*
- *Diphen/Atrop 2.5mg Tablet (2 tabs)*
- *Ferosul 325mg Tablet*
- *Pregabalin Cap 25mg (controlled)*
- *Spirolact 50mg Tablet*
- *Therems-M Tablet*
- *Vitamin B-12 1000mcg Tablet (2 tabs)*
- *Vitamin D3 50 mcg Capsule*

AND Bumetanide 2 mg Tablet scheduled at 12:00 p.m.; however, administered at 1:29 pm.

On 8/23/23, the following scheduled 9:00 a.m., medications prescribed for resident #6 were not administered until approximately 11:00 a.m., to include:

- *Acidophilus Tablet*
- *Escitalopram 10mg Tablet*
- *Ipratropium/Sol Albuterol*
- *Levothyroxin 50mcg Tablet*
- *Pantoprazole 40mg Tablet*
- *Preservision ARED's Capsule*
- *Repaglinide 2mg Tablet*
- *Tamsulosin 0.4mg Capsule*
- *Trelegy Ellipta 100/62.5/25mcg*
- *Vitamin B-12 100mcg Tablet*
- *Senna 8.5mg Tablet*

On 8/23/23, the following scheduled 9:00 a.m., medications prescribed for resident #7 were not administered until approximately 11:00 a.m., to include:

- *Artificial Drops Tears*
- *Aspirin Low Dose 81mg EC Tablet*
- *Eliquis 2.5mg Tablet*
- *Furosemide 20mg Tablet*
- *Pot Chloride tab 10meq ER Tablet*

Resident #2 was prescribed Stimulant LX tablet 8.6-50mg - take two tablets by mouth twice daily (9:00 a.m. and 9:00 p.m.). However, on 8/1/23 at 9:00 a.m. and 9:00 p.m., the medication was not administered due to not being available in the home.

Repeat Violation: 3/27/23, et al.

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Accept [redacted] 09/28/2023)

2600.187.d The home shall follow the directions of the prescriber. On 8/23/2023 Administrator was on Vacation and we did not have a DON. We had 2 MedTechs working, passing medications when [redacted] from DHS arrived for an inspection. During Resident #5, 6, 7 med pass the Med Tech was auditing the cart with the DHS representative and unable to pass these medications at the time directed by the prescriber. On 8/23/2023, the PCP was notified along with the Resident and Responsible Party. We do not feel we will have this issue again due to hiring a new DON. Resident #2 medication was provided by family for [redacted] respite stay, the family was notified we did not have the medication in house, this medication was DC'd by the PCP. DON will review each residents prescription within 24 hours and change in order to ensure medications are administered as prescribed. On 8/10/2023 all employees received Medication Training covering 2600.187(a)(b)(d) creating a record, info on record, physician orders, medication refusal what to do, where to document, diagnosis and where to document medication administrated times, where to record. DHS inspection procedures, following prescriber's directions, documentation of medication error, safe storage and security procedures, documentation of controlled substances as prescribed by physician, Insulin & Glucometer administrating procedures and procedure of medications that will have been discontinued by physician on how to document and how to remove medication from Med Cart, this education was conducted by Regional Wellness & Operations Specialist & Senior Wellness & Operations Specialist, sign in sheet and education material attached. DON and/or Administrator are auditing the MAR/Chart daily. A Tickler Chart auditing MAR, prescription and prescription label was created and audits began on 8/9/2023 by Administrator, Tickler attached.

Licensee's Proposed Overall Completion Date: 09/25/2023

Not Implemented [redacted] - 12/08/2023)

227g -Support Plan Signatures

7. Requirements

2600.

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

Description of Violation

On 8/23/23, the support plan, dated 6/26/23, for resident #2 was not signed by the assessor or the resident.

Plan of Correction

Accept [redacted] - 09/28/2023)

2600.227.g Support plan shall be signed and dated by individual and responsible party. On 8/23/2023 resident #2 was given [redacted] RASP to sign, [redacted] refused. [redacted] POA was out of the state on Vacation. Our new DON is creating a tickler file to track resident RASP. This will be completed by 9/22/2023. Each Resident Annual Assessment record was audited on 8/29/2023 by Administartor and Senior Wellness & Operaitons Specialist after releasing DON from employment with PML on [redacted]/2023 upon finding several records out of compliance. Our new DON and or/Administrator will review Assessment/RASP Tickler monthly and update residents Assessments quarterly or as needad if change in residnets physical or mentail health, a tickler was created o 9/15/2023. Our new DON gegan using our Admission Checkslit on 9/*15/2023. Copy of Tickler and Admission Check List attached, Updated Tickle completed 9/22/2023, all Assessments & RASPS with signatures will be completed by 10/1/2023.

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

Not Implemented [redacted] - 12/08/2023)

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

Facility Information

Name: *THE PINES OF MT. LEBANON* License #: *43361* License Expiration: *02/04/2024*
Address: *1537 WASHINGTON ROAD, PITTSBURGH, PA 15228*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *TITHONUS MT. LEBANON LP*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/05/1990* Issued By: *Dept of L&I*

Staffing Hours

Resident Support Staff: Total Daily Staff: *77* Waking Staff: *58*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *09/19/2023*

Inspection Dates and Department Representative

09/19/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *112* Residents Served: *59*

Secured Dementia Care Unit

In Home: *Yes* Area: *Life Stories* Capacity: *18* Residents Served: *11*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *59*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *18* Have Physical Disability: *3*

Inspections / Reviews

09/19/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/08/2023*

Inspections / Reviews (*continued*)

10/10/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 11/01/2023
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/17/2023

10/23/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 11/01/2023
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 10/28/2023

12/08/2023 - Document Submission

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

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 9/6/23, resident #1 reported to direct care staff during the 2:00 p.m.-10:00 p.m. shift that direct care staff person A grabbed [REDACTED] right elbow roughly when getting [REDACTED] out of bed recently and that [REDACTED] was still in pain. Staff person [REDACTED] the home's administrator, was notified of this allegation of abuse on 9/6/23; however, the home did not report the allegation to the Area Office of the Aging.

On 9/18/23, resident #2 reported to staff person C that direct care staff person A was rough with [REDACTED] when pulling on [REDACTED] clothes and was mean to [REDACTED]; however, the home did not report the allegation to the Area Office of the Aging.

Plan of Correction

Accept [REDACTED] - 10/23/2023)

On 9/6/2023 Administrator investigated the allegation of resident #1 elbowing being grabbed roughly, upon speaking with resident #1, [REDACTED] would not name an employee, resident stated that while getting dressed [REDACTED] banged [REDACTED] elbow. On 9/18/2023 Staff person C & B spoke resident #2 and [REDACTED] POA, resident #2 could not say which staff person was rough with [REDACTED] just reported that people were talking outside of [REDACTED] door, POA was unaware of any issues. We are conducting a Resident Rights, Neglect & Abuse Training Class or all Staff on 10/19/2023. Sign and training material to follow.

Revision:

- The Administrator at the time of the inspection is no longer employed at The Pines of Mt. Lebanon. I am unable to verify that [REDACTED] reported everything to the appropriate departments.
- Per our policy, Administrator going forward will report all allegations of abuse to APS and DHS immediately and comply with the requirements regarding restrictions on staff persons.
- Staff person will be suspended immediately upon notification pending investigation, per our policy. Staff re-educated regarding abuse and reporting process on October 19, 2023. [REDACTED] with Gateway Hospice facilitated the training. (32 staff members attended- sign in sheet and presentation attached.) All of those not in attendance will be followed up with individually by October 25, 2023, by the RWD. EOO or RWD will monitor Abuse Reporting- The monitoring will include date, residents name and room number, APS notified, DHS notified, MD notified, Family Notified, Investigation started. This will be done weekly for 3 months, then every other week for 2 months, then monthly for 1 month. Documentation will be maintained. Administrator will interview 5 staff members weekly through 12/31/23 to monitor for concerns for resident safety and to ensure good customer service and most importantly timely reporting should issues arise. All new team members will continue to receive training regarding resident abuse and the reporting requirements/policy/process during orientation.

Licensee's Proposed Overall Completion Date: 10/20/2023

Not Implemented [REDACTED] - 12/08/2023)

15b - Supervisor Plan

2. Requirements

15b - Supervisor Plan (continued)

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 9/6/23, resident #1 reported to direct care staff during the 2:00 p.m.-10:00 p.m. shift that direct care staff person A grabbed [redacted] right elbow roughly when getting [redacted] out of bed recently and that [redacted] was still in pain. Staff person [redacted] the home's administrator, was notified of this allegation of abuse on 9/6/23; however, the home did not immediately suspend the staff person involved.

Plan of Correction

Directed [redacted] - 10/23/2023)

On 9/6/2023 Administrator investigated the allegation of resident #1 elbowing being grabbed roughly, upon speaking with resident #1, [redacted] would not name an employee, resident stated that while getting dressed [redacted] banged [redacted] elbow. Administrator will call OAPSA upon any allegation brought to [redacted] attention moving forward and will suspend any staff involved. We are conducting a Resident Rights, Neglect & Abuse Training Class or all Staff on 10/19/2023. Sign and training material to follow.

Revision:

-The employee involved in this allegation was suspended on [redacted]-2023 pending investigation and then terminated.

All new team members will continue to receive training regarding about and the reporting requirements/policy/process during orientation.

Per our policy, any team member that is named for alleged abuse will be suspended immediately and not permitted to return until the conclusion of the investigation at which time next steps regarding the team member's employment will be determined based on the findings of the investigation(s).

Proposed Overall Completion Date: 10/20/2023

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall audit all allegations of abuse to ensure any staff person alleged of abuse is immediately suspended or placed on a plan of supervision approved by the Department and the Area Agency on Aging.

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons on the requirements of Regulation 2600.15(b). Documentation of education shall be kept in accordance with Regulation 2600.65(i). [redacted] 10/23/23

Directed Completion Date: 10/28/2023

Implemented [redacted] - 12/08/2023)

15d - Resident Abuse-Notification

3. Requirements

2600.

15.d. The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

Description of Violation

On 9/6/23, an investigator from the Older Adult Protective Services Agency (OAPSA) came to the home to investigate

15d - Resident Abuse-Notification (continued)

allegations of abuse and neglect involving resident #3, resident #4, resident #5, and resident #6; however, the home did not notify the residents and the residents' designated persons.

Plan of Correction**Directed [REDACTED] - 10/23/2023)**

On 9/6/2023 OAPSA came to the home to investigate allegations of abuse and neglect, Administrator did not notify the residents and designated persons, Administrator did not want to influence what the designated persons would say to OAPSA. Moving forward Administrator will call designated persons if OAPSA is investigating complaints. We are conducting a Resident Rights, Neglect & Abuse Training Class for all Staff on 10/19/2023. Sign and training material to follow.

Revision:

- The Administrator at the time of the inspection is no longer employed at The Pines of Mt. Lebanon.

Families/residents were notified by the former Administrator.

- 9-19-2023 [REDACTED] (Area General Manager) re-educated the EOO/RWD in regards to the immediate to report any suspected abuse to the residents POA, MD, APS and DHS.

EOO or RWD will monitor Abuse Reporting- The monitoring will include date, residents name and room number, APS notified, DHS notified, MD notified, Family Notified, Investigation started. This will be done weekly for 3 months, then every other week for 2 months, then monthly for 1 month. Documentation will be maintained.

All new team members will continue to receive training regarding resident abuse and the reporting requirements/policy/process during orientation.

Staff re-educated regarding abuse and reporting process on October 19, 2023. [REDACTED] with Gateway Hospice facilitated the training. (32 staff members attended- sign in sheet and presentation attached.) All of those not in attendance will be followed up with individually by October 25, 2023, by the RWD.

Please refer to 15 a. for attachment on Abuse training.

Proposed Overall Completion Date: 10/20/2023

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall audit all allegations of abuse to ensure the resident and the resident's designated person are notified of suspected abuse or neglect involving the resident. Documentations of notifications shall be kept. [REDACTED] 10/23/23

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons on the requirements of Regulation 2600.15(d). Documentation of education shall be kept in accordance with Regulation 2600.65(i). [REDACTED] 10/23/23

Directed Completion Date: 10/28/2023

Not Implemented [REDACTED] - 12/08/2023)**16c - Written Incident Report****4. Requirements**

2600.

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

16c - Written Incident Report (continued)

Description of Violation

On 9/6/23, resident #1 reported to direct care staff during the 2:00 p.m.-10:00 p.m. shift that direct care staff person A grabbed [REDACTED] right elbow roughly when getting [REDACTED] out of bed recently and that [REDACTED] was still in pain. Staff person [REDACTED], the home's administrator, was notified of this allegation of abuse on 9/6/23; however, the home did not report the allegation to the Department.

On 9/6/23, an investigator from the Older Adult Protective Services Agency (OAPSA) came to the home to investigate allegations of abuse and neglect involving resident #3, resident #4, resident #5, and resident #6; however, the home did not report the allegation to the Department.

REPEAT VIOLATION: 1/4/2023 et al.

Plan of Correction

Directed ([REDACTED] - 10/23/2023)

On 9/6/2023 OAPSA came to the home to investigate allegations of abuse and neglect, Administrator did not notify DHS, Administrator assumed that until the investigation by OAPSA was concluded and informed of the claims being substantiated or unsubstantiated, that would direct a report to DHS. Moving forward Administrator will report any complaints. We are conducting a Resident Rights, Neglect & Abuse Training Class for all Staff on 10/19/2023. Sign and training material to follow.

Revision:

- The Administrator at the time of the inspection is no longer employed at The Pines of Mt. Lebanon.

Families/residents were notified by the former Administrator.

- 9-19-2023 [REDACTED] (Area General Manager) re-educated the EOO/RWD in regards to the immediate to report any suspected abuse to the residents POA, MD, APS and DHS.

EOO or RWD will monitor Abuse Reporting- The monitoring will include date, residents name and room number, APS notified, DHS notified, MD notified, Family Notified, Investigation started. This will be done weekly for 3 months, then every other week for 2 months, then monthly for 1 month. Documentation will be maintained.

All new team members will continue to receive training regarding resident abuse and the reporting requirements/policy/process during orientation.

Staff re-educated regarding abuse and reporting process on October 19, 2023. [REDACTED] with Gateway Hospice facilitated the training. (32 staff members attended- sign in sheet and presentation attached.) All of those not in attendance will be followed up with individually by October 25, 2023, by the RWD.

See 15 a attachments of Abuse Training.

Proposed Overall Completion Date: 10/20/2023

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall audit all reportable incidents and conditions to ensure the reporting is in accordance with Regulation 2600.16(c). [REDACTED] 10/23/23

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons on the requirements of Regulation 2600.16(c). Documentation of education shall be kept in accordance with Regulation 2600.65(i). [REDACTED] 10/23/23

Directed Completion Date: 10/28/2023

16c - Written Incident Report (*continued*)*Not Implemented* [REDACTED] - 12/08/2023)

23a - Activities of Daily Living Assistance

5. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #7's most recent assessment, dated [REDACTED]/23, indicates the resident requires physical assistance with transferring from bed/chair and with toileting, and prompting/cueing assistance when ambulating; and the resident's most recent support plan, dated [REDACTED]/23, indicates the home's care team will provide physical assistance with transferring and toileting, and standby assistance when ambulating. However, on 9/8/23 at approximately 7:23 a.m., the resident fell coming out of [REDACTED] bathroom, pushed [REDACTED] pendant for help, and waited on the floor on [REDACTED] left side next to [REDACTED] recliner for 44 minutes for assistance to arrive. In addition, on multiple dates and times including the following, the resident was left waiting for toileting assistance for excessive periods of time, causing [REDACTED] to soil [REDACTED]

- on 9/4/23, at 10:45 p.m., wait time of 1 hour 12 minutes
- on 9/10/23 at 8:53 p.m., wait time of 1 hour 13 minutes

Plan of Correction*Directed* [REDACTED] - 10/23/2023)

Our new Resident Wellness Director is updating resident Assessments and RASPs to indicate correct ADL for each resident. We are conducting a Resident Rights, Neglect & Abuse Training Class for all Staff on 10/19/2023. Sign and training material to follow.

Revision:

- RWD has developed a tickler system for ensuring all RASP are updated and current with Resident's needs. New EOO will provide a training on 10/27 to all Direct Care Staff on where RASP are located, how to read them and review of ADL's. Training will also include call bell response times and expectations surrounding monitoring of the call bells and use of our call bell system. Call bell response times will be reviewed by EOO (administrator)/Designee daily to monitor for extended response times so that proper education or troubleshooting can occur. EOO will monitor tickler and review 5 RASP per month via the Tickler for 6 months to ensure the RASP are current and complete. EOO will privately interview 4 residents each month for 6 months to ensure they are not neglected or abused in any way. EOO will establish a list of questions for these private interviews. Documentation will be maintained.

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall privately interview 3 residents a week to ensure the residents are receiving the care and services as indicated in the resident's assessment and support plan. Documentation of interviews shall be kept. [REDACTED] 10/23/23.

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all direct care staff persons on each of the resident's assessments and support plans. Documentation of education shall be kept in accordance with Regulation 2600.65(i). [REDACTED] 10/23/23

23a - Activities of Daily Living Assistance (continued)

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all direct care staff persons on providing care and services based on each of the resident's assessments and support plans. Documentation of education shall be kept in accordance with Regulation 2600.65(i). [REDACTED] 10/23/23

Directed Completion Date: 10/28/2023

Not Implemented ([REDACTED] - 12/08/2023)

42b - Abuse**6. Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 9/6/23, resident #1 reported to direct care staff during the 2:00 p.m.-10:00 p.m. shift that direct care staff person A grabbed [REDACTED] right elbow roughly when getting [REDACTED] out of bed recently and that [REDACTED] was still in pain. Staff person A indicated that [REDACTED] had pulled the resident up by [REDACTED] arm in an incorrect manner and had pushed the resident up with [REDACTED] elbow.

On 9/18/23, resident #2 reported to staff person C that direct care staff person A was rough with [REDACTED] when pulling on [REDACTED] clothes recently and was mean to [REDACTED]. The resident stated that a few days ago, the staff pulled up [REDACTED] pants high above [REDACTED] waist. Resident #2 stated [REDACTED] was afraid of falling because [REDACTED] has a very unsteady gait and gets upset when the staff teases [REDACTED].

Resident #4 reported that within the past 2 weeks, direct care staff person A was assisting [REDACTED] in transferring to the bathroom. While the resident was using the bathroom, staff person A asked the resident for some of [REDACTED] Gatorade. The resident stated that [REDACTED] felt [REDACTED] had no choice but to give [REDACTED] some since [REDACTED] was in a vulnerable position, and responded - You can take the one that is already open. I didn't drink from the bottle. That stuff is so expensive. Instead, staff person A went around the corner to the resident's kitchenette, obtained a full Gatorade bottle, and returned to the open bathroom door where [REDACTED] showed the resident the full bottle, opened it up and drank it while the resident was still in the bathroom. Resident #4 was very upset and angry after this incident.

Plan of Correction

Directed ([REDACTED] - 10/23/2023)

On 9/6/2023 Administrator investigated the allegation of resident #1 elbowing being grabbed roughly, upon speaking with resident #1, [REDACTED] would not name an employee, resident stated that while getting dressed [REDACTED] banged [REDACTED] elbow. On 9/18/2023 Staff person C & B spoke resident #2 and [REDACTED] POA, resident #2 could not say which staff person was rough with [REDACTED] just reported that people were talking outside of [REDACTED] door, POA was unaware of any issues. We also spoke with Resident #4 and [REDACTED] designated person. Staff person A was suspended pending an investigation and terminated upon conclusion of the investigation. We are conducting a Resident Rights, Neglect & Abuse Training Class or all Staff on 10/19/2023. Sign and training material to follow.

Revision:

- The Administrator at the time of the inspection is no longer employed at The Pines of Mt. Lebanon.
 - Staff re-educated regarding abuse and reporting process on October 19, 2023. [REDACTED] with Gateway Hospice facilitated the training. (32 staff members attended- sign in sheet and presentation attached.) All of those not in attendance will be followed up with individually by October 25, 2023 by RWD.
- EOO or RWD will monitor Abuse Reporting- The monitoring will include date, residents name and room number,

42b - Abuse (continued)

APS notified, DHS notified, MD notified, Family Notified, Investigation started. This will be done weekly for 3 months, then every other week for 2 months, then monthly for 1 month. Documentation will be maintained. All new team members will continue to receive training regarding resident abuse and the reporting requirements/policy/process during orientation. Refer to 15a for attachment on Abuse Training.

Proposed Overall Completion Date: 10/20/2023

DIRECTED

Within 1 calendar day of the receipt of the accepted plan of correction: The monitoring EOO and RD monitoring submitted in the home's plan of correction shall continue indefinitely. [REDACTED] 10/23/23

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall privately interview 3 residents a week to ensure the residents are not neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. Documentation of interviews shall be kept. [REDACTED] 10/23/23.

Directed Completion Date: 10/28/2023

Not Implemented ([REDACTED] - 12/08/2023)

183b - Meds and Syringes Locked**7. Requirements**

2600.

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

Description of Violation

At 11:27 a.m., the medication carts in the hallway outside of room #123 were unlocked, unattended, and accessible with various medications for multiple residents stored in the cart, including:

- resident #9's lisinopril, glipizide, cetirizine, and allopurinol
- resident #10's gabapentin, furosemide, and finasteride
- resident #11's sertraline and acetaminophen 500mg

Plan of Correction

Directed ([REDACTED] 10/23/2023)

All employees passing medications have been trained on proper procedure on locking medications, this staff member made a mistake, [REDACTED] did not double check the cart was locked before [REDACTED] walked away.

Revision:

- The Administrator at the time of the inspection is no longer employed at The Pines of Mt. Lebanon. Unable to locate [REDACTED] corrective action.

RWD will re-educate all LPN's and MedTech's on locking the meds and syringes up when not at the cart. This re-education will be done 10/23 and 10/24 by the RWD.

RWD will perform random cart audits 3 times a week for 2 months then 1 time a week for a month. RWD will check carts to ensure they are locked, and all meds and syringes are kept locked. Documentation will be maintained.

Proposed Overall Completion Date: 10/20/2023

183b - Meds and Syringes Locked (continued)

DIRECTED

Within 1 calendar day of the receipt of the accepted plan of correction: The administrator shall ensure prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes the medications in the medication carts in the hallway outside of room #123. █ 10/23/23

Directed Completion Date: 10/28/2023

Not Implemented (█ - 12/08/2023)

183d - Prescription Current

8. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #3's memantine 5mg was in the home's second floor medication cart; however, the medication was discontinued on 9/14/23.

REPEAT VIOLATION: 3/27/2023 et al.

Plan of Correction

Accept (█ - 10/23/2023)

Residents #3 Memantine 5mg was not removed from the med cart when DC'd on 9/14, Administrator is human and missed removing the Medication when █ Audited the Cart on 9/17 and on 9/18 Administrator got called to to work the floor and the cart did not get audited on 9/18. Administrator will make sure all DC'd Medication has been removed in a timely manner moving forward.

Revised:

- The Administrator at the time of the inspection in no longer employed at The Pines of Mt. Lebanon. Unable to locate █ corrective action. █ reported that █ removed the medication from the cart.

RWD will re-educate all LPN's and MedTech's on removing all discontinued medication the day it is discontinued.

This re-education will be done 10/23 and 10/24 by the RWD.

Medication carts will be audited on a weekly basis by the LPN's and med techs and audit forms submitted to the RWD. RWD will audit 1 cart each week. The audits will be done using the companies cart audit tool. Documentation will be maintained.

Licensee's Proposed Overall Completion Date: 10/20/2023

Not Implemented (█ - 12/08/2023)

227g -Support Plan Signatures

9. 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 #7's support plan, dated █/23, is not signed by anyone.

227g -Support Plan Signatures (continued)

Plan of Correction**Directed** [REDACTED] **10/23/2023)**

We separated from our previous DON on [REDACTED]/2023 for various reasons one was Support Plans not being signed by resident or designated person. We hired a new DON on [REDACTED]/2023 and [REDACTED] has been auditing our wellness department. We are currently auditing our Support plans this will be completed by 10/31/2023. Documentation will be provided on resident by 10/31/2023.

Revisited:

- The Administrator at the time of the inspection is no longer employed at The Pines of Mt. Lebanon. The RWD has developed a tickler system and is auditing the RASPs. All Residents will have an updated RASP by October 31, 2023. It will be signed by the assessor and the resident/responsible party. A column has been added to the tickler to show signatures obtained. After October 31st, RASPs will be updated quarterly (or per current policy) as well as with significant changes or at the department request. Signatures will be obtained and continue to be logged on the tickler as they are completed.

Proposed Overall Completion Date: 10/20/2023

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall obtain all of the required signatures for resident #7's support plan. [REDACTED] 10/23/23

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons responsible to complete resident support plans on the requirements of regulation 2600.227(g). Documentation of education shall be kept in accordance with Regulation 2600.65(i). JK 10/23/23

Directed Completion Date: 10/28/2023

Not Implemented ([REDACTED] - 12/08/2023)

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

Facility Information

Name: *THE PINES OF MT. LEBANON* License #: 43361 License Expiration: 02/04/2024
Address: 1537 WASHINGTON ROAD, PITTSBURGH, PA 15228
County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: *TITHONUS MT. LEBANON LP*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: 06/05/1990 Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 75 Waking Staff: 56

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Provisional, Incident, Monitoring* Exit Conference Date: 10/17/2023

Inspection Dates and Department Representative

10/16/2023 - On-Site: [REDACTED]
10/17/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 112 Residents Served: 62

Secured Dementia Care Unit

In Home: Yes Area: *1st floor, Life Stories* Capacity: 18 Residents Served: 11

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 62
Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 13 Have Physical Disability: 3

Inspections / Reviews

10/16/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 11/11/2023

11/14/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/08/2023
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/20/2023

11/21/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 12/08/2023
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/01/2023

12/08/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 12/08/2023
Reviewer: [REDACTED] Follow-Up Type: Enforcement

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #2's assessment and support plan, dated [REDACTED]/23, indicates resident #2 requires the assistance of 2 staff persons to transfer in/out of bed/chair with use of an assistive device. On 9/30/23, staff person A was transferring resident #2 with the use of an assistive device without the assistance of a second staff member. During the transfer, staff person A grabbed the back of resident #2's neck causing the resident neck pain. Staff person A routinely transfers resident #2 without assistance of a second staff person.

Plan of Correction**Directed [REDACTED] - 11/21/2023)****2600.23- Activities of Daily Living**

-Administrator shall privately interview 3 residents a week- The interview will be done to ensure the residents are receiving the care and services indicated in the residents individual RASP. The interviews will be done weekly starting November 12, 2023, for 6 months ending May 11, 2024. (See attached) (DIRECTED: Documentation of the resident interviews shall be kept. [REDACTED] 11/21/23).

- Administrator will educate all wellness staff the week of 11-12-2023 on Residents RASP and will have all education with all wellness staff completed by 11/25/2023 and documentation of staff education will be kept in accordance with 2600.65i. Administrator will educate/re-educate wellness staff on the importance of why a RASP is done, the reason staff is to follow the RASP and where the RASP are located.

- Administrator will maintain a list of Residents that are a 2 person assist on the Wellness Bulletin board beginning 11/12/2023. This list will be updated weekly by the Administrator.

-Beginning 11/11/2023 all new wellness hires will be educated on Resident Abuse/Neglect and Residents rights and Hoyer training. This is a PowerPoint presentation that was presented by Gateway Hospice Educator. All current staff that have not completed the Abuse/Neglect and Residents rights and Hoyer training will have their training completed by 11/30/2023 and documentation of the staff education will be kept in accordance with 2600.65i.

-Staff person A was immediately suspended pending investigation. Past Administrator reported [REDACTED] spoke with staff person A in regard to being terminated. New administrator could not locate documentation from that occurrence and attempted to call Staff person A on 10/19, 10/20 and 10/21/ 2023. On [REDACTED]/2023 staff person A returned Administrators call and staff person A was notified of termination. A termination letter was sent on [REDACTED]/2023 to staff person A.

Proposed Overall Completion Date: 11/20/2023

Directed Completion Date: 11/30/2023

Not Implemented ([REDACTED] - 12/08/2023)

141a 1-10 Medical Evaluation Information

2. 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 #3's medical evaluation, dated [REDACTED]/23, does not include resident #3's height. This section of resident #3's medical evaluation is blank.

Page 1 of resident #5's medical evaluation indicates the date resident #5 was evaluated was on [REDACTED]/23; however, the 2nd page of resident #5's medical evaluation indicates the date resident #5 was evaluated was on [REDACTED]/23.

Plan of Correction**Directed [REDACTED] - 11/21/2023)**

2600.141 a - Medical Evaluation Information

- The administrator obtained a new DME for Resident # 3 and Resident # 3 on 11/7/2023. Resident went to hospital on [REDACTED] and returned on [REDACTED]/2023. (DIRECTED: A copy of resident #3's new medical evaluation shall be kept in resident #3's record. [REDACTED] 11/21/23).

- Resident # 5 received a new DME on 10/30/2023 (DIRECTED: A copy of resident #5's new medical evaluation shall be kept in resident #5's record. [REDACTED] 11/21/23).

-Administrator will review all current residents DME's beginning 10/19/2023 and completing by 11-17-2023 for proper completion and immediately address any issues found.

-EOO and /or designee will conduct monthly audits of all residents that moved in the month prior to ensure compliance beginning October 19, 2023, for 6 months ending May 31, 2024. (see attached)

- a new admission tracking sheet to ensure timely and complete DME's are obtained in accordance with 2600.141a will be initiated on every new admit starting 10/19/2023. (DIRECTED: By 11/27/23: All staff persons responsible for the completion of resident medical evaluations shall be educated on the new admission tracking sheet.

Documentation of the education shall be kept in accordance with 2600.65i. Copies of the completed new admission tracking sheet shall be kept in each newly-admitted resident's record. [REDACTED] 11/21/23).

The Marketer is responsible for obtaining a DME upon move in for every new resident. The Resident Wellness Director is responsible for ensuring a new DME is completed yearly and with significant changes in accordance with 2600.651. The Resident Wellness Director was trained upon hire and training will be kept in accordance with 2600.651.

141a 1-10 Medical Evaluation Information (continued)

Proposed Overall Completion Date: 11/20/2023

Directed Completion Date: 11/27/2023

Not Implemented (█ - 12/08/2023)

141b1 - Annual Medical Evaluation

3. Requirements

2600.

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

Description of Violation

Resident #10's most recent medical evaluation, signed by the medical professional on █/23, does not include the date resident #10 was evaluated, the date the form was completed or the body positioning/movement section. These sections of resident #10's medical evaluation are blank. Also, the medication addendum section indicates "see attached list"; however, nothing is attached.

REPEAT VIOLATION: 3/27/2023, et. al.

Plan of Correction

Directed █ - 11/21/2023)

2600.141 b.1. A resident shall have a medical evaluation: At least Annually.

- A ticker system has been created by the RWD on October 1st, 2023, by month of move in- showing move in date, move in DME date and Next Annual DME due date.

- The tickler system will be updated with each move in and the EOO will be reviewing the tickler monthly for the previous month to ensure all DME's were obtained for that month. (DIRECTED: The monthly reviews of the tickler system conducted by the EOO shall begin on 11/27/23 and be conducted monthly thereafter to ensure each resident has a medical evaluation, completed in its entirety, at least annually. █ 11/21/23).

-All residents charts will be completely audited by 11/30/2023 to ensure they have an accurate DME at least annually. - This will be done by the EOO.

- The EOO obtained a new DME for the resident and will ensure resident receives a yearly DME and the DME is filled in completely.

- Resident 10 received a new DME on 11/9/2023. (DIRECTED: A copy of resident #10's new medical evaluation shall be kept in resident #10's record. █ 11/21/23).

Proposed Overall Completion Date: 11/20/2023

Directed Completion Date: 11/30/2023

Not Implemented (█ - 12/08/2023)

184a - Resident's Meds Labeled

4. Requirements

2600.

184a - Resident's Meds Labeled (continued)

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #2 is prescribed Haloperidol 2mg/ml-Take 1 mg (0.5 ml) by mouth 3 times daily at 9:00 AM, 3:00 PM and 9:00 PM, and 1 mg (0.5ml) every 4 hours as needed. However, the pharmacy label indicates Haloperidol 2 mg/ml-Take 1 mg (0.5ml) by mouth 3 times daily.

Resident #3 is prescribed Tamsulosin HCL 0.4 mg capsule-Take 1 capsule by mouth at 9:00 AM and 9:00 PM; however, the pharmacy label indicates Tamsulosin HCL 0.4 mg capsule-Take 1 capsule by mouth once a day.

Resident #6 is prescribed Novolog Flexpen 100u/ml-Inject subcutaneously twice daily in accordance with the sliding scale: below 150=0 units; 151-200=3 units; 201-250=6 units; 251-300=9 units; 301-350=12 units; 351-400=15 units; greater than 400=18 units & call MD; however, the pharmacy label indicates Novolog Flexpen 100 u/ml-Inject 20 units subcutaneously 3 times daily with meals.

REPEAT VIOLATION: 3/27/2023, et. al.

Plan of Correction

Directed (█ - 11/21/2023)

2600.184a Residents Meds Labeled.

- Corrections made to Resident# 6, Resident #3 and Resident # 2 medication labels. All corrections were made on 10/16/2023 and pharmacy sent over new labels- this was done by the RWD.
- LPN's/ Med techs will audit the med carts to include all labels on the medication match what is written on the MAR and anything that is inaccurate is clarified by the physician's order and the pharmacy-weekly beginning the week of 11/12/2023 and will continue to audit the medication carts weekly.
- Administrator/RWD and/or designee will audit the carts monthly the last week of every month. This will be a full cart audit to ensure all medication labels match the MAR, all medication times are accurate, any loose pills are removed from the cart and discarded in the sharp's container. Cart Audit forms are used and will be maintained in POC binder. (DIRECTED: The administrator monthly audits shall begin on 11/27/23 and be conducted monthly thereafter. █ 11/21/23).
- All LPN's/MedTech's were reeducated on the proper medication procedures- the need to ensure that all medication labels match the MAR and physicians' orders, procedures for updating pharmacy labels upon receipt of new/change orders and removing all discontinued medications from the cart. This training was done between October 23 and October 30,2023 by the administrator and documentation of the education will be kept in accordance with 2600.65i.

Proposed Overall Completion Date: 11/21/2023

184a - Resident's Meds Labeled (*continued*)

Directed Completion Date: 11/27/2023

Not Implemented [REDACTED] - 12/08/2023)

185a - Implement Storage Procedures

5. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation*On 10/17/23, resident #7's glucometer was not set to the current date and time.**On 10/17/23, resident #11's glucometer was not set to the current date and time.***Plan of Correction****Accept** [REDACTED] - 11/21/2023)*2600 185.a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of all medications and medical equipment by trained staff personnel.**-Resident # 7 and 11's glucometers were set to the current date and time on 10/17/2023 by the RWD.**-Night supervisor will check glucometers nightly to ensure all glucometers are set to the right date and time beginning 11/12/2023. This will be the procedure nightly going forward indefinitely.**-The Administrator/RWD and/or designee will review the glucometer book weekly beginning 10/23/2023 to ensure the time and dates on all glucometers are in compliance and initial the bottom of the weekly sheet for 3 months ending February 29th, 2024.**- all qualified staff qualified to administer medications were reeducated the week of 11/4/2023 on ensuring that glucometers have the correct date and time every time they use the glucometer. Documentation of the education will be kept in accordance with 2600.65i.*

Licensee's Proposed Overall Completion Date: 11/21/2023

Not Implemented [REDACTED] - 12/08/2023)

187a - Medication Record

6. 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.

187a - Medication Record (continued)

9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #3 is prescribed Novolin 70/30 flex pen insulin inject twice daily as follows:

- *At 8:00 AM-Inject 50 units subcutaneously once daily before breakfast: (if blood sugar is less than 120, give ½ dose. If blood sugar is 220-260, add 8 units. If blood sugar is greater than 260, add 12 units)*
- *At 5:00 PM-Inject 40 units subcutaneously once daily before dinner: (if blood sugar is less than 120, give ½ dose. If blood sugar is 220-260, add 8 units. If blood sugar is greater than 260, add 12 units)*

However, resident #3's October 2023 medication administration record (MAR) does not include the number of units of insulin that were administered to resident #3 daily on 10/1/23 through 10/16/23.

Plan of Correction

Directed [REDACTED] - 11/21/2023)

2600.187.a Medication Record

*- LPN's/ Med techs will audit the med carts weekly beginning the week of 11/12/2023 and will continue to audit the medication carts weekly. *Med Cart Audit Sheets are in the med cart (top drawer) **

(DIRECTED: The weekly LPN/med tech audits shall also include a weekly review of all residents prescribed insulin to ensure accurate and complete insulin administration is present on each resident's MAR, which includes ensuring documentation of the number of units of insulin administered are present on each resident MAR, and are accurate in accordance with prescribers' orders. [REDACTED] 11/21/23)

Each Med Passer/LPN must turn audit sheets once weekly to the EOO/RWD

** 'Hanging Fruit' – checks to be done daily on the Med Cart*

o Loose pills on bottom of drawers

o Medications/creams without labels/stickers, identifying the Resident, must be added (if order is present)

o No loose powder on bottom of drawers

o Eye drops must have open date – discard and reorder after 28 days

1. Remove Expired Medications (Blister packs)

a. Look for the expiration date on the pharmacy label – if the expiration date has passed, remove medication from cart and reorder

b. If the pharmacy label has no expiration date, check the original fill date – if the date is one year beyond the date filled, remove medication from cart and reorder

c. Please note that some pharmacy labels (Giant Eagle) have a 'use by' date as well

2. Remove Expired Medications (Bottles)

a. Look for the expiration date on the pharmacy label – if the expiration date has passed, remove medication from cart and reorder

b. If the pharmacy label has no expiration date, check the original fill date – if the date is one year beyond the date

187a - Medication Record (continued)

filled, remove medication from cart and reorder

c. Please note that some pharmacy labels (Giant Eagle) have a 'use by' date as well

d. If a pharmacy label is not present on the bottle, please go by manufacturer's expiration date on the bottle (i.e., bottles from home) – if expired, please remove and reorder

3. Remove Expired Medications (Nose Sprays)

a. Look for the expiration date on the pharmacy label – if the expiration date has passed, remove medication from cart and reorder

b. If the pharmacy label has no expiration date, check the original fill date – if the date is one year beyond the date filled, remove medication from cart and reorder

c. Please note that some pharmacy labels (Giant Eagle) have a 'use by' date as well

d. If a pharmacy label is not present on the bottle, please go by manufacturer's expiration date on the bottle – if expired, please removed and reorder

e. Labels are available if needed in the medication cart (top drawer)

4. Eye Drops

a. All eye drops must have a written 'opened date' on the bottle

b. Eye drops must be discarded 28 days after the 'opened date'

c. If eye drops are beyond 28 days after the opened date, they must be removed from the cart and reordered

d. Labels are available if needed in the medication cart (top drawer)

5. PRN Medications

a. PRN's MUST be available in the home - always

b. If a PRN is not available, please reorder

6. 'Refer to MAR' labels

a. Must be used any time there is a change in the physician's order to a medication

b. Must be present on ALL medications without a pharmacy label (particularly medications brought in from home)

c. Labels are available if needed in the medication cart (top drawer)

7. Pharmacy label vs. Physician's order

a. All pharmacy labels must match MAR verbatim before administering all medications

b. Ensure that pharmacy label and MAR match

i. If a discrepancy is found on the label vs. the physician's order, bring medication to charge/RWD for resolution

8. Residents who are temporarily 'out of community'

a. Turn Resident's medication cards around so that the back is facing you

9. Discontinued Medications

a. Must be immediately removed from cart – no exceptions

b. As a personal care home, we are not permitted to store medications on the cart or in the home for future use
- Administrator/RWD and/or designee will audit the carts monthly the last week of every month. This will be a full cart audit to ensure all medication labels match the MAR, all medication times are accurate, any loose pills are removed from the cart and discarded in the sharp's container. Cart Audit forms are used and will be maintained in POC binder. The Administrator/ RWD or designee will print the completed MARS the first week of every month

187a - Medication Record (continued)

Beginning December 1, 2023, and will review 5 Residents MARS to ensure accuracy and completeness in accordance with 2600.187a

-Night supervisor will check glucometers nightly to ensure all MARS properly have the recorded number of units given. beginning 11/12/2023. This will be the procedure nightly going forward indefinitely.

-The Administrator/RWD and/or designee will review the glucometer book weekly beginning 10/23/2023 to ensure all glucometers are in compliance and all MARS for Residents have the number of units of insulin a resident receives recorded for 3 months ending February 29th, 2024.

-10-17-2023 The RWD called pharmacy and had the MAR for Resident # 3 corrected to include the number of units received after reviewing with DHS during site visit- All other residents receiving insulin MARs were reviewed at this time by the RWD to ensure all number of units given were being documented.

DIRECTED: By 12/1/23: All staff persons qualified to administer medications shall be reeducated on the home's medication administration procedures, which includes ensuring accurate and complete documentation on resident MAR's of resident blood sugar readings and number of units of insulin that are administered to each resident. Documentation of the education shall be kept in accordance with 2600.65i. [redacted] 11/21/23

Proposed Overall Completion Date: 11/21/2023

Directed Completion Date: 12/01/2023

Not Implemented [redacted] - 12/08/2023)

225a - Assessment 15 Days

7. 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 #8's assessment, dated [redacted]/23, does not include numerous diagnoses indicated on resident #8's medical evaluation, dated [redacted]/23, to include left tibia fracture, ambulatory disfunction and deep vein thrombosis.

Resident #9's assessment, dated [redacted]/23, does not include numerous diagnoses indicated on resident #9's medical evaluation, dated [redacted]/23, to include hypertension, osteoporosis, major depressive disorder and mild cognitive impairment.

REPEAT VIOLATION: 3/27/2023, et. al.

Plan of Correction

Directed ([redacted] - 11/21/2023)

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.

- Resident # 8 and #9 -New RASP were completed and medical diagnosis were updated and included on the RASP.

225a - Assessment 15 Days (continued)

Resident #8 Has a RASP done on 10/2/2023 by [REDACTED] LPN, it had not been filed in the chart at the time of DHS inspection. Resident number 9 a new RASP was completed on 11/19/2023 by [REDACTED] LPN (DIRECTED: Copies of the new assessments for resident #8 and #9 shall be placed in each resident's record. [REDACTED] 11/21/23).

-Administrator/RWD and/ or designee will ensure all new admits have a complete RASP during new move in chart review and RASP dates will be updated for all new admits on the Tickler. There will be no end date as this will be done indefinitely for all admits. New admission tracking sheet will be completed with every new move in beginning 10/19/2023. (DIRECTED: By 11/27/23: All staff persons responsible for the completion of resident assessments shall be educated on the new admission tracking sheet. Documentation of the education shall be kept in accordance with 2600.65i. Copies of the completed new admission tracking sheet shall be kept in each newly-admitted resident's record. [REDACTED] 11/21/23).

The Administrator will review all new admits within 10 days of admit ensuring timely and complete RASPs are obtained in accordance with 2600.225a. (DIRECTED: The administrator reviews shall begin on 11/27/23. [REDACTED] 11/21/23).

- Administrator and Senior Wellness Operations Specialist are auditing all Residents charts to ensure an assessment is completed for each resident. This is being tracked on a tickler ensure completed RASPs are obtained in accordance with 2600.225a. This began on 10/19/2023 and will be completed by 11/30/2023.

Proposed Overall Completion Date: 11/21/2023

Directed Completion Date: 11/30/2023

Not Implemented [REDACTED] - 12/08/2023)

225c - Additional Assessment

8. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #3's most recent assessment, dated [REDACTED]/23, does not include numerous diagnoses indicated on resident #3's most recent medical evaluation, dated [REDACTED]/23, to include cerebral hemorrhage, depression and diabetes.

Resident #5's most recent assessment was completed on [REDACTED]/22.

Resident #10's most recent assessment was completed on [REDACTED]/22.

Plan of Correction

Directed ([REDACTED] - 11/21/2023)

2600.225 c. Additional Assessment

- Resident # 5 on 10/30/2023 and #10 on 10/1/2023(This was in the to be filed pile) and Resident # 3 on 11/7/2023- New RASP were completed and medical diagnosis were updated and included on the RASP. (DIRECTED: Copies of the new assessments for residents #3, #5 and #10 shall be placed in each resident's record. [REDACTED] 11/21/23).

-Administrator/RWD and/ or designee will ensure all new admits have a complete RASP during new move in chart review and RASP dates will be updated for all new admits on the Tickler. There will be no end date as this will be

225c - Additional Assessment (continued)

done indefinitely for all admits. New admission tracking sheet will be completed with every new move in beginning 10/19/2023. The Administrator will review all new admits within 10 days of admit ensuring timely and complete RASPs are obtained in accordance with 2600.225a. (DIRECTED: The administrator reviews shall begin on 11/27/23. [REDACTED] 11/21/23).

- Administrator and Senior Wellness Operations Specialist are auditing all Residents charts to ensure an assessment is completed for each resident. This is being tracked on a tickler ensure completed RASPs are obtained in accordance with 2600.225a. This began on 10/19/2023 and will be completed by 11/30/2023.

- A ticker system has been created by the RWD on October 1st, 2023, by month of move in- showing move in date, move in DME date and Next Annual DME due date.

- The tickler system will be updated with each move in and the EOO will be reviewing the tickler monthly for the previous month to ensure all DME's were obtained for that month. (DIRECTED: The monthly reviews of the tickler system conducted by the EOO shall begin on 11/27/23 and be conducted monthly thereafter to ensure each resident has an assessment, completed in its entirety, at least annually. [REDACTED] 11/21/23).

Proposed Overall Completion Date: 11/21/2023

Directed Completion Date: 11/30/2023

Not Implemented ([REDACTED] - 12/08/2023)

227a - Support Plan 30 Days

9. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

According to numerous staff persons, resident #1 requires the assistance of 2 staff persons to transfer in/out of bed/chair; however, resident #1's support plan, dated [REDACTED]/23, indicates resident #1 requires the assistance of 2 staff persons to transfer in/out of bed/chair and also indicates resident #1 transfers in/out of bed/chair with moderate assistance of 1 staff person.

Resident #9's support plan does not include the date the support plan was completed, so it is unable to be determined if resident #9's support plan was completed within 30 days of admission. Resident #9 was admitted to the home on [REDACTED]/23.

Plan of Correction

Directed [REDACTED] - 11/21/2023)

2600.227.a. Support Plan 30 days

- A new RASP was completed for Resident #9 on 11/19/2023 by MW LPN (DIRECTED: A copy of resident #9's new support plan shall be placed in the resident's record. [REDACTED] 11/21/23).

-Administrator/RWD and/ or designee will ensure all new admits have a complete RASP during new move in chart review and RASP dates will be updated for all new admits on the Tickler. There will be no end date as this will be done indefinitely for all admits.

Resident # 1 had a new RASP completed on 10/1/2023 by [REDACTED] LPN but wasn't yet filed in [REDACTED] chart. Resident is an assist of one getting in and out of bed and an assist of 2 when getting showered. This is also documented on the 2

227a - Support Plan 30 Days (continued)

people assist list hanging in the wellness office. (DIRECTED: By 11/25/23: The administrator shall ensure resident #1's updated support plan is placed in resident #1's record. [REDACTED] 11/21/23).

-Administrator/RWD and/ or designee will ensure all new admits have a complete RASP during new move in chart review and RASP dates will be updated for all new admits on the Tickler. There will be no end date as this will be done indefinitely for all admits. New admission tracking sheet will be completed with every new move in beginning 10/19/2023. (DIRECTED: By 11/27/23: All staff persons responsible for the completion of resident support plans shall be educated on the new admission tracking sheet. Documentation of the education shall be kept in accordance with 2600.65i. Copies of the completed new admission tracking sheet shall be kept in each newly-admitted resident's record. [REDACTED] 11/21/23).

The Administrator will review all new admits within 10 days of admit ensuring timely and complete RASPs are obtained in accordance with 2600.225a. (DIRECTED: The administrator reviews shall begin on 11/27/23. [REDACTED] 11/21/23).

- Administrator and Senior Wellness Operations Specialist are auditing all Residents charts to ensure an assessment is completed for each resident. This is being tracked on a tickler ensure completed RASPs are obtained in accordance with 2600.225a. This began on 10/19/2023 and will be completed by 11/30/2023.

- A ticker system has been created by the RWD on October 1st, 2023, by month of move in- showing move in date, move in DME date and Next Annual DME due date.

- The tickler system will be updated with each move in and the EOO will be reviewing the tickler monthly for the previous month to ensure all DME's were obtained for that month. (DIRECTED: The monthly reviews of the tickler system conducted by the EOO shall begin on 11/27/23 and be conducted monthly thereafter to ensure each resident has a support plan, completed in its entirety, within 30 days of admission. [REDACTED] 11/21/23).

- A new RASP is completed for all Residents with a significant change- Significant changes are recorded on the tickler.

Proposed Overall Completion Date: 11/21/2023

Directed Completion Date: 11/30/2023

Not Implemented [REDACTED] - 12/08/2023)

227g -Support Plan Signatures**10. 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 #1's support plan, dated [REDACTED]/23, is not signed by the assessor or by resident #1, and does not indicate if resident #1 was unable to participate, declined to participate, refused to sign or was unable to sign.

Resident #2's support plan, dated [REDACTED]/23, is not signed by the assessor or by resident #2, and does not indicate if

227g -Support Plan Signatures (continued)

resident #2 was unable to participate, declined to participate, refused to sign or was unable to sign.

Resident #8's support plan, dated [REDACTED]/23, is not signed by the assessor or by resident #8, and does not indicate if resident #8 was unable to participate, declined to participate, refused to sign or was unable to sign.

Resident #9's support plan, dated [REDACTED]/23, is not signed by the assessor or by resident #9, and does not indicate if resident #9 was unable to participate, declined to participate, refused to sign or was unable to sign.

Resident #10's support plan, dated [REDACTED]/22, is not signed by resident #10 and does not indicate if resident #10 was unable to participate, declined to participate, refused to sign or was unable to sign.

Plan of Correction**Directed [REDACTED] - 11/21/2023)****227 g Support Plan Signatures**

-Administrator/RWD and/ or designee will ensure all new admits have a complete RASP- including signature by the assessor and resident- during new move in chart review and RASP dates will be updated for all new admits on the Tickler. There will be no end date as this will be done indefinitely for all admits.

. New admission tracking sheet will be completed with every new move in beginning 10/19/2023. (DIRECTED: By 11/27/23: All staff persons responsible for the completion of resident support plans shall be educated on the new admission tracking sheet. Documentation of the education shall be kept in accordance with 2600.65i. Copies of the completed new admission tracking sheet shall be kept in each newly-admitted resident's record. [REDACTED] 11/21/23). The Administrator will review all new admits within 10 days of admit ensuring timely and complete RASPs to include signature by the assessor and resident are obtained in accordance with 2600.225a. (DIRECTED: The administrator reviews shall begin on 11/27/23. [REDACTED] 11/21/23).

- Administrator and Senior Wellness Operations Specialist are auditing all Residents charts to ensure an assessment is completed for each resident including signature by the assessor and resident. This is being tracked on a tickler ensure completed RASPs are obtained in accordance with 2600.225a. (DIRECTED: The review of all current resident support plans shall be completed by 11/30/23. [REDACTED] 11/21/23).

- A new RASP was completed for Resident #9 on 11/19/2023 by [REDACTED] LPN and will be signed on 11-21-2023

-Administrator/RWD and/ or designee will ensure all new admits have a complete RASP during new move in chart review and RASP dates will be updated for all new admits on the Tickler. There will be no end date as this will be done indefinitely for all admits.

Resident # 1 had a new RASP completed on 10/1/2023 by [REDACTED] LPN but wasn't yet filed in [REDACTED] chart. Resident is an assist of one getting in and out of bed and an assist of 2 when getting showered. This is also documented on the 2 people assist list hanging in the wellness office. Signatures obtained on 10/1/2023.

-Administrator/RWD and/ or designee will ensure all new admits have a complete RASP. This began on 10/19/2023 and will be completed by 11/30/2023.

- A ticker system has been created by the RWD on October 1st, 2023, by month of move in- showing move in date, move in RASP date and Next Annual RASP due date.

- The tickler system will be updated with each move in and the EOO will be reviewing the tickler monthly for the previous month to ensure all RASP were obtained for that month and signed by the assessor and resident. (DIRECTED: The monthly reviews of the tickler system conducted by the EOO shall begin on 11/27/23 and be conducted monthly thereafter to ensure each resident support plans are signed by all individuals who participated in the development of the support plan. [REDACTED] 11/21/23).

-Resident # 2 new RASP will be completed by 11/30/2023 and will be signed by assessor and resident.

- Resident # 8 had a new RASP complete with signatures by assessor and resident on 10-2-2023. The RASP was in

227g -Support Plan Signatures (continued)

the to be filed pile.

-Resident # 10- New RASP completed including signatures by accessor and resident on 11-3-2023.

DIRECTED: By 11/30/23: The administrator shall ensure the current support plans for residents #1, #2, #8, #9 and #10 are signed by the assessor and the resident. A notation shall be documented on each resident support plan if the resident was unable to participate, declined to participate, refused to sign or was unable to sign. Copies of the completed support plans shall be kept in each resident's record. [REDACTED] 11/21/23).

DIRECTED: By 11/30/23: All staff persons responsible for the completion of resident support plans shall be reeducated that resident support plans must be signed by all individuals who participated in the development of resident support plans, which includes the assessor. The education shall also include ensuring documentation is present on each resident support plan if the resident was unable to participate, declined to participate, refused to sign or was unable to sign. Documentation of the education shall be kept in accordance with 2600.65i. [REDACTED] 11/21/23

Proposed Overall Completion Date: 11/21/2023

Directed Completion Date: 11/30/2023

Not Implemented [REDACTED] - 12/08/2023)