

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

November 16, 2023

[REDACTED], PRESIDENT/CEO  
ELM TERRACE GARDENS  
[REDACTED]

RE: ELM TERRACE GARDENS  
660 N. BROAD ST., 3RD & 4TH FL  
LANSDALE, PA, 19446  
LICENSE/COC#: 12783

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/21/2023, 09/22/2023, 10/03/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

**Name:** *ELM TERRACE GARDENS*      **License #:** *12783*      **License Expiration:** *06/10/2024*

**Address:** *660 N. BROAD ST., 3RD & 4TH FL, LANSDALE, PA 19446*

**County:** *MONTGOMERY*      **Region:** *SOUTHEAST*

**Administrator**

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

**Legal Entity**

**Name:** *ELM TERRACE GARDENS*

**Address:** [REDACTED]

**Phone:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** *Other*      **Date:** *06/11/1996*      **Issued By:** *Borough of Lansdale*

**Staffing Hours**

**Resident Support Staff:** *0*      **Total Daily Staff:** *123*      **Waking Staff:** *92*

**Inspection Information**

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

**Reason:** *Renewal, Complaint, Incident*      **Exit Conference Date:** *10/03/2023*

**Inspection Dates and Department Representative**

*09/21/2023 - On-Site:* [REDACTED]

*09/22/2023 - On-Site:* [REDACTED]

*10/03/2023 - Off-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** *250*      **Residents Served:** *79*

**Secured Dementia Care Unit**

**In Home:** *Yes*      **Area:** *Memory Care Unit*      **Capacity:** *24*      **Residents Served:** *21*

**Hospice**

**Current Residents:** *6*

**Number of Residents Who:**

**Receive Supplemental Security Income:** *0*      **Are 60 Years of Age or Older:** *79*

**Diagnosed with Mental Illness:** *35*      **Diagnosed with Intellectual Disability:** *0*

**Have Mobility Need:** *44*      **Have Physical Disability:** *2*

**Inspections / Reviews**

**09/21/2023 Full**

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** *POC Submission*      **Follow-Up Date:** *10/27/2023*

Inspections / Reviews *(continued)*

10/31/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/07/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 11/05/2023

11/06/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/07/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/10/2023

11/16/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/07/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

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

Description of Violation

On 9/22/2023, the home's regulation book was not posted in a conspicuous and public place in the home.

Plan of Correction

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

See attached.

Regulation immediately printed from online and posted on the bulletin board. Administrator or designee will utilize attached audit tool going forward to ensure that the regulations are posted on the bulletin board on the 3rd floor of Personal Care.

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

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

28e - Death of a Resident

2. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident 1 passed away on [redacted]. Resident 1's personal belongings were removed from his/her room on [redacted]; however, the refund check was dated [redacted].

Resident 2 passed away on [redacted]. Resident 2's personal belongings were removed from his/her room on [redacted] however, the refund check was dated [redacted].

Plan of Correction

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

See attached.

Billing Coordinator immediately did an audit of discharges. Attached is a sample of the more recent refunds. Administrator or designee will complete the attached discharge check list for each discharged resident. The check list will include date of discharge, location discharged to, date room emptied, refund due date, and any additional charges. This information will be communicated to the Billing department. The Billing Coordinator or designee will add refunds to an ongoing spreadsheet to ensure refunds are distributed within the 30 day period.

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

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

42b - Abuse

3. Requirements

## 42b Abuse (continued)

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**

According to the progress notes, on [REDACTED], Resident 1 was found near the laundry room laying on her/his back. Resident 1 felt unwitnessed, but staff was able to hear the resident fall from the kitchen. The resident was ambulating without a walker and had an unsteady gait throughout the shift. The resident was dressed completely and had appropriate footwear. Resident 1 was recently monitored for being symptomatic with illness. The resident was noted to have a small hematoma in the back of their head and lower left back pain. The residence, call 911 for transport. When asked by paramedics which way you fell, she stated forward. The resident was alert and responsive when speaking to the EMT team. The resident was noted to have severe pain. Based on the staff interviews, the resident husband went to visit her/his on August 2, 2023, prior to the fall, and when he/she was visiting her/him, their son's called the facility and let a staff person know that his father that was visiting the resident had tested positive for COVID-19. The residence did not place the resident on isolation or quarantine or test the resident for COVID-19, even when the resident presented symptoms and looked weak. Seven residents of the memory care unit that interact with the resident tested positive for COVID-19 were tested positive on August 7, 2023. The home does not require COVID-19 screening before visiting any resident of the facility. Based on the progress notes for [REDACTED], the resident was febrile at [REDACTED] and had general weakness and discomfort.

The prescreen dated [REDACTED] specified that the resident needs care for ambulating, and the RASP dated [REDACTED] stipulates that the resident requires some assistance with ambulation. The resident used a roller walker for assistance with ambulation, and the staff had to ensure that the resident had the roller walker when the resident was ambulating. It also stipulates on the RASP that the staff had to provide supervision to the resident when the resident was inside the home and perform safety checks regularly.

On [REDACTED] when the resident arrived via EMS from Elm Terrace Memory Care, she/he had a hematoma on the occipital portion of [REDACTED] head and was in pain. According to the hospital records, the resident has a small amount of scalp soft tissue swelling at the left vertex. The resident also has a left-sided pubic rami fracture, a left-sided subscapular left femoral head fracture, and a T2 compression fracture. In addition, upon arrival, she/he tested positive for COVID-19. [REDACTED] Hospital communicated with a family member of the resident and decided to transfer the resident to the trauma center for further evaluation and treatment of thoracic spine compression fractures, pelvic fractures, and hip fractures. They also discussed the COVID-positive status and the need for oxygen support at the current time.

Resident 1, expired on [REDACTED], immediate cause of the death based on the death certificate, were failure to thrive, cardiovascular disease and significant contributing factors were multiple injuries.

**Plan of Correction**

Accept ([REDACTED] - 11/06/2023)

Letter sent to families on 8/7/23 to notify of Covid-19 cases and remind them not to come to the facility if symptomatic or positive for Covid-19, letter attached. Signage also posted in common areas to alert visitors when not to visit due to an illness. Policy and Procedures reviewed by the management team following the COVID HAN guidelines attached and changed to as follows: When a resident has a known exposure to Covid-19 the Nurse Supervisor will begin monitoring for symptoms on the shift to shift report. Supervisors will test for Covid-19 24 hours after exposure and again after 5 days. Residents will be isolated if symptomatic or test positive for Covid-19. Covid-19 tests made available to nurse supervisors. Administrator completed training on 11/2/23 with Nursing Supervisors about the updated Covid-19 exposure protocol and resident monitoring. Nurse Supervisor will be responsible for rounding daily to ensure residents are receiving appropriate level of care. Nurse supervisor will be responsible for the shift to shift report daily to document and communicate any resident being monitored for exposure or symptoms

42b - Abuse (continued)

Licensee's Proposed Overall Completion Date: 11/02/2023

Implemented ( ) - 11/16/2023)

42s - Privacy

4. Requirements

2600.

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

Description of Violation

On 9/22/2023, there was a clear plastic container that contained the medication plastic bags with the resident's private information on top of the med cart on the 3rd floor of the personal care unit.

Plan of Correction

Accept ( ) - 10/30/2023)

See attached.

Container immediately removed from cart, private information shredded. Moving forward each Med Tech will dispose private information into the shredder directly or keep in a secured container for privacy before disposal. Clinical Director of designee will monitor carts routinely during rounds and cart audits to ensure private information is not visible.

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

Implemented ( ) - 11/16/2023)

51 - Criminal Background Check

5. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

The home does not have a criminal background check for staff member A, who was hired on [redacted]  
The home does not have a criminal background check for staff member B, who was hired on [redacted]

Plan of Correction

Accept ( ) - 11/06/2023)

Policy updated to only utilize the SP4-164 or e-patch system for criminal background checks, see policy attached. Staff Members A & B criminal background done, see attached. Any new employee hired while utilizing the previous system will have a new criminal background check done by the end of November. Director of Human Resources will conduct random audit monthly to check employee files that appropriate background check is completed, audit attached.

Licensee's Proposed Overall Completion Date: 11/02/2023

Implemented ( ) - 11/16/2023)

82c - Locking Poisonous Materials

6. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

█ cream and █ toothpaste, with a manufacturer's label indicating "Keep out of control of children; please contact a poison control center immediately," were unlocked, unattended, and accessible to resident 4. Not all the residents of the home, including resident 4, have been assessed as capable of recognizing and using poisons safely.

█ shave cream, █ mouth rinse, █ toothpaste, █ saline wound wash, █ sanitizer gel, █ antiperspirant deodorant, and █ toothpaste with a manufacturer's label indicating "Keep out of control of children; please contact a poison control center immediately", were unlocked, unattended, and accessible to resident 5. Not all the residents of the home, including resident 5, have been assessed as capable of recognizing and using poisons safely.

The housekeeping room and the laundry where the staff keep the cleaning supplies were unlocked, unattended, and accessible to all the residents on the Memory Care Unit. Not all the residents of the home have been assessed as capable of recognizing and using poisons safely.

Plan of Correction

Accept (█ - 11/06/2023)

These items were immediately removed and secured in a locked closet. Community Educator trained all employees regarding poisonous materials and securing all supply rooms on 9/27/23, 9/28/23, and 9/29/23, see attached. The Med Tech will be responsible for checking resident rooms and common areas daily to ensure poisonous materials are secured. Administrator or designee will conduct a weekly audit to ensure poisonous items are secured for three months and then continue monitoring during monthly rounds indefinitely. Audit tool and training is attached.

Licensee's Proposed Overall Completion Date: 11/02/2023

Implemented (█ 11/16/2023)

85d - Trash Receptacles

7. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 9/22/2023, there was a full, uncovered, unattended trash can in the main kitchen.

Plan of Correction

Accept (█ - 11/06/2023)

All trashcans covered immediately. Dining staff all trained by Community Educator 9/27/23-9/29/23, see attached. Dining Manager or designee will complete a daily audit to ensure trash cans are always covered. Daily audit will be done for three months and then done weekly indefinitely. See attached audit

Licensee's Proposed Overall Completion Date: 11/02/2023

Implemented (█ - 11/16/2023)

86b Bathroom

8. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathrooms in bedrooms A424, PC410, PC311, PC321, D321, D313, D301, and D304 do not have an operable window or ventilation fan. The vents are inoperable, and there is no ventilation in the bathrooms.

Plan of Correction

Accept (██████) /30/2023)

See attached.

Maintenance Department was able to locate the issue and turn on the exhaust fans for all of PC and D building. Contracting company ██████ also in to evaluate and make sure the system is in working order. Maintenance Director or designee will do routine checks on exhaust fans during room rounds.

Licensee's Proposed Overall Completion Date: 10/19/2023

Implemented (██████) - 11/16/2023)

95 Furniture and Equipment

9. Requirements

2600.

95. Furniture and Equipment Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On September 22, 2023, the bathroom sink in bedroom A424 was clogged.

One of the drawers of the furniture cabinet in bedroom 410 was missing on 9/22/2023.

Plan of Correction

Accept (██████) - 10/30/2023)

Bathroom sink repaired immediately. Cabinet Drawer repaired the following week. Maintenance Director or designee will monitor all furniture and equipment during room rounds. Work order system installed to all staff computers so that line staff are able to submit work orders as well.

Licensee's Proposed Overall Completion Date: 10/19/2023

Implemented (██████) 11/16/2023)

96a First Aid Kit

10. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the facility bus does not include a thermometer, goggles, antiseptics, or tweezers.

The first aid kit in the facility van does not include gloves.

Plan of Correction

Accept (██████) - 10/30/2023)

See attached.

Missing supplies immediately added to the first aid kits in the vehicles. Pull tight security tag added to the kits to

96a - First Aid Kit (continued)

alert that an item has been taken, tag can easily be removed but not reused ensuring supply used will be replaced along with the tag. First aid kits added to driver's check list. The Director of Resident Services or designee will also monitor the first aid kits to ensure they have the supplies needed. Picture of items and audit tool attached

Licensee's Proposed Overall Completion Date: 10/19/2023

Implemented [redacted] - 11/16/2023)

103b - Clean/Sanitized Kitchen Surfaces

11. Requirements

2600.

103.b. Kitchen surfaces must be of a nonporous material and cleaned and sanitized after each meal.

Description of Violation

On 9/22/2023, the dementia unit kitchen sink and fridge doors were dirty and filthy with food residue.

Plan of Correction

Accept [redacted] - 10/30/2023)

See attached.

Kitchens immediately cleaned. Training provided to dietary services. Dining Manager or designee will be responsible for cleaning the kitchen after each meal service. The housekeeper will also monitor and clean in-between meals as needed.

Licensee's Proposed Overall Completion Date: 10/19/2023

Implemented [redacted] - 11/16/2023)

103c - Food Protected

12. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 9/22/2023, there were six ice cream containers uncovered and stored in the ice cream freezer.

Plan of Correction

Accept [redacted] - 11/06/2023)

Ice Cream lids immediately put on the containers. Dining employees trained by Community Educator 9/27/23-9/29/23, see attached. Dining manager or designee will audit ice cream freezer daily for three months starting in October, then weekly indefinitely, audit attached

Licensee's Proposed Overall Completion Date: 11/02/2023

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

103e - Left Overs

13. Requirements

2600.

103e Left Overs (continued)

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was an unlabeled, undated jar of juice and a piece of cake in the main kitchenette on the memory care unit. There were two unlabeled, undated bags of bread in the freezer that were in the loading zone in the main kitchen. There was an unlabeled, undated tray with 6 pieces of chicken, a container with pieces of chicken, two bags of seasoning frozen chicken, frozen hamburgers, two trays of beef, a tray of white rice, bags of frozen foods, seven trays of puree food, a tray of plastic bowls of fruits, a bag of green beans, orange and grape jars of juice, trays of salad plates, and a bag of pepperoni in the main kitchen freezer and fridge.

Plan of Correction

Accept (█ - 11/06/2023)

These items immediately discarded. Training provided to all dietary staff regarding food safety and labeling on 9/27/23 9/29/23, see attached. Dining Manager or designee will be responsible for labeling all food being stored. Dining Manager or designee will monitor and audit all storage areas beginning in October to ensure food items are labeled daily for three months then weekly indefinitely, see attached audit.

Licensee's Proposed Overall Completion Date: 11/02/2023

Implemented (█ - 11/16/2023)

103f - Refrigerator/Freezer Temps

14. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 9/22/2023 at 9:40 a.m., the temperature in the personal care unit in the 4th floor freezer was 19 degrees Fahrenheit.

On 9/22/2023 at 9:45 a.m., the temperature in the personal care unit in the 3rd floor fridge was 49 degrees Fahrenheit.

On 9/22/2023, the temperature in the main kitchen fridge was 59 degrees Fahrenheit.

Plan of Correction

Accept (█ - 11/06/2023)

See attached.

Refrigerators inspected and two immediately replaced with back up refrigerators. Two new refrigerators ordered and delivered on 10/13/23. Dietary staff trained on food safety including refrigerator temperatures on 9/27/23 9/29/23, see attached. Dining Manager or designee will monitor and document refrigerator temperatures twice a day indefinitely. Audit tool and trainings attached.

Licensee's Proposed Overall Completion Date: 11/02/2023

Implemented (█ - 11/16/2023)

15. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

103f - Refrigerator/Freezer Temps (*continued*)**Description of Violation**

*There was no thermometer in the ice cream freezer in the loading zone near the main kitchen.*

**Plan of Correction**

Accept (████ 10/30/2023)

*Ice cream freezer immediately cleaned out and defrosted. Thermometer found in the bottom of the freezer. New digital, easy to read thermometers purchased for every refrigerator and freezer. Dining Manager or designee responsible for documenting temperatures twice a day, if thermometer is missing, back-up thermometers available to replace immediately.*

**Licensee's Proposed Overall Completion Date:** 10/19/2023

Implemented (████ 11/16/2023)

## 103i - Outdated Food

**16. Requirements**

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

**Description of Violation**

*There were three bags of bread in the freezer in the loading zone near the main kitchen with expiration dates of September 13, 2023.*

**Plan of Correction**

Accept (████ - 10/30/2023)

*These three bags were immediately discarded. USDA states that bread may be frozen for 3 months. Until further guidance is given, Dietary Manager or designee is discarding bread and no longer freezing.*

**Licensee's Proposed Overall Completion Date:** 10/19/2023

Implemented (████ - 11/16/2023)

## 107b - Emergency Procedures

**17. Requirements**

2600.

107.b. The home shall have written emergency procedures that include the following:

1. Contact information for each resident's designated person.
2. The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
3. Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
4. Means of transportation in the event that relocation is required.
5. Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
6. Alternate means of meeting resident needs in the event of a utility outage.

**Description of Violation**

*The home's written emergency procedures do not include the contact information for each resident's designated person.*

**Plan of Correction**

Accept (████ 10/30/2023)

*See attached.*

*Emergency contact list immediately printed. Administrator or designee will check routinely to ensure the list is located in the binders at the nurses station and update with admissions and discharges.*

107b Emergency Procedures (*continued*)

Licensee's Proposed Overall Completion Date: 10/19/2023

Implemented [REDACTED] - 11/16/2023)

## 132d - Evacuation

## 18. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

## Description of Violation

*The home does have a maximum safe evacuation time specified in writing since June 26, 2023, by a fire safety expert of 13 minutes. The home exceeded the evacuation time during the following drills: 7/14/2023, 8/1/2023, and 9/19/2023.*

## Plan of Correction

Accept [REDACTED] - 11/06/2023)

*Administrator contacted fire safety expert to return and clarify discrepancies and requesting a new letter. Director of Maintenance going forward will alarm both the Personal Care building and the Memory Care building at the same time during monthly fire drills, giving one time for all units. This process will begin with the November fire drill and continue indefinitely or until otherwise directed by the fire expert.*

Licensee's Proposed Overall Completion Date: 11/02/2023

Implemented [REDACTED] - 11/16/2023)

## 141a 1-10 Medical Evaluation Information

## 19. 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 6 medical evaluation did not include the medical information pertinent to diagnosis and treatment in case of an emergency and body positioning and movement stimulation for residents, if appropriate.*

*Resident 7 medical evaluation did not include the medical information pertinent to diagnosis and treatment in case of an emergency.*

141a 1-10 Medical Evaluation Information (continued)

Plan of Correction

Accept [redacted] - 11/06/2023)

Resident 6 & 7 DME corrected, see attached. Community Educator provided training on DME 9/26/23-9/29/23, see attached. Clinical Director or designee will oversee the completion of annual DME. Random monthly chart audit will be completed by Administrator or designee to ensure completion of DME indefinitely, see attached.

Licensee's Proposed Overall Completion Date: 11/02/2023

Implemented [redacted] - 11/16/2023)

183d - Prescription Current

20. 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 9/22/2023, [redacted], one tablet by mouth twice a day prescribed for resident 8, was in the home's med cart; however, the medication was discontinued.

Plan of Correction

Accept [redacted] - 10/31/2023)

See attached.

This medication was not discontinued. Medication was changed from twice a day to once a day. Resident receives medications from the VA and they would not replace the medication. Med Techs were given a label which is attached to cover instructions when a change occurs to refer to the order. Community education trained staff in new process. Clinical Director or designee will monitor during cart audits. Education sheet attached

Licensee's Proposed Overall Completion Date: 10/19/2023

Implemented [redacted] 11/16/2023)

185a - Implement Storage Procedures

21. 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 [redacted]  
On [redacted]  
On [redacted]  
  
On [redacted]  
On [redacted]  
On [redacted]

Plan of Correction

Accept [redacted] - 10/31/2023)

See attached.

Clinical Director went through all blood glucose reads to make corrections as needed. Clinical Director or designee will audit glucometers weekly. Community Educator reviewed glucose checks with Med Techs and audits with

185a - Implement Storage Procedures (continued)

supervisors. Education sheet attached

Licensee's Proposed Overall Completion Date: 10/19/2023

Implemented [redacted] - 11/16/2023)

224a - Preadmission Screen Form

22. Requirements

2600.

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

Description of Violation

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

Plan of Correction

Accept [redacted] - 11/06/2023)

See attached.

Resident 10 prescreen corrected immediately. Community educator provided training on Prescreens [redacted] - [redacted] see attached. Administrator or designee will be responsible for completing Prescreen in full within 30 days of new admission. Administrator or designee will do random monthly chart audit to ensure completed documentation is in the chart indefinitely, see attached audit.

Licensee's Proposed Overall Completion Date: 11/02/2023

Implemented [redacted] - 11/16/2023)

225c - Additional Assessment

23. 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 10's most recent assessment was completed on [redacted]

Plan of Correction

Accept [redacted] - 11/06/2023)

Resident 10 RASP finalized was on [redacted] Typo on the RASP listed the Last assessment date [redacted] on the Date assessment finalized accidentally, see attached. Resident 10 RASP finalized date corrected to match the date reviewed and signed which was [redacted] see attached. RASPs will be reviewed for typos and completion in monthly chart audit completed by Administrator or designee, see attached.

Licensee's Proposed Overall Completion Date: 11/02/2023

Implemented [redacted] - 11/16/2023)

227d - Support Plan Medical/Dental

24. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident 11, [REDACTED], indicates the resident has a need for a no-added [REDACTED] diet. The resident's support plan, dated [REDACTED] does not document how this need will be met.

Plan of Correction

Accept ([REDACTED] - 11/06/2023)

Resident 11 RASP corrected immediately. Community Educator training provided on RASP [REDACTED], see attached. Clinical Director or designee will be responsible for completion on RASPs. Administrator or designee will monitor RASPs for accuracy and completion during monthly chart audit indefinitely, see attached audit.

Licensee's Proposed Overall Completion Date: 11/02/2023

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

227g -Support Plan Signatures

25. Requirements

2600.

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

Description of Violation

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

Plan of Correction

Accept ([REDACTED] - 11/06/2023)

Resident 11 RASP updated. Resident 11 asked to review changes and declined to participate, this is documented, see attached. Daughter did participate and sign. RASP education provided by Community Educator [REDACTED] see attached. Clinical Director or designee will be responsible for completion on RASPs. Administrator or designee will monitor RASP for completion during monthly chart audits indefinitely, see attached audits.

Licensee's Proposed Overall Completion Date: 11/02/2023

Implemented ([REDACTED] 11/16/2023)

252 - Record Content

27. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.

252 Record Content *(continued)*

7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

**Description of Violation**

*Resident 3's and resident 12's records do not include color of hair or color of eyes.*

**Plan of Correction**

Accept [REDACTED] 10/31/2023)

*See attached.*

*Resident 3 and 12 had hair and eye color listed on their electronic record. The electronic record for the secured dementia unit did not have the listed information transfer to the facesheet but every resident had information listed in their record. Resident 3 & 12 screen shot attached along with report of all residents. Going forward, correction made to the PointClickCare system so this information pulls onto the facesheet*

**Licensee's Proposed Overall Completion Date: 10/19/2023**

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