

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

April 25, 2024

[REDACTED], PCHA
MILLCREEK MANOR
322 WASHINGTON PLACE
ERIE, PA, 16505

RE: REGENCY SUITES/REGENCY AT
SOUTH SHORE
322 WASHINGTON PLACE
ERIE, PA, 16505
LICENSE/COC#: 44657

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/12/2023, 10/13/2023 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: REGENCY SUITES/REGENCY AT SOUTH SHORE **License #:** 44657 **License Expiration:** 11/03/2023
Address: 322 WASHINGTON PLACE, ERIE, PA 16505
County: ERIE **Region:** WESTERN

Administrator

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

Legal Entity

Name: MILLCREEK MANOR
Address: 322 WASHINGTON PLACE, ERIE, PA, 16505
Phone: [REDACTED] [REDACTED] [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 04/08/1993 **Issued By:** Dept. of Labor & Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 71 **Waking Staff:** 53

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint, Incident **Exit Conference Date:** 10/13/2023

Inspection Dates and Department Representative

10/12/2023 - On-Site: [REDACTED]
10/13/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 70		Residents Served: 54	
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 3			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 54	
Diagnosed with Mental Illness: 30		Diagnosed with Intellectual Disability: 1	
Have Mobility Need: 17		Have Physical Disability: 1	

Inspections / Reviews

10/12/2023 Full
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/12/2023

11/29/2023 - POC Submission
Submitted By: [REDACTED] **Date Submitted:** 11/13/2023
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/06/2023

Inspections / Reviews (*continued*)

01/03/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/27/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/12/2024

04/25/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/12/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. 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

Staff person A made unauthorized charges to resident #1's credit card totaling [REDACTED] from the time period of [REDACTED] to [REDACTED]

Plan of Correction

Accept ([REDACTED] - 01/03/2024)

In response to the violation on 11/2/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/29/2023 by the Administrator after receiving a call from family member regarding unauthorized credit card charges as well as money missing from resident's wallet. Administrator conducted an immediate in-house investigation and in result, Staff member A was suspended pending investigation based on information gathered & received during investigation. DON and administrator deactivated door code for Staff Member A and keys were collected at t time of suspension. Administrator filed a reportable incident to the state and family filed a police report as recommended by administrator. Investigation remains open by Erie City Police.

All staff in building were assigned a virtual Collins Learning training on Abuse and Neglect in a Healthcare Setting on 8/30/2023 and had a completion date of 9/15/2023. Annual Resident Rights training was held with the administrator on 9/6/2023. All staff signed resident rights sheet as part of completion. Staff also were reminded of the current policy on not receiving gifts from residents. All new staff currently receive abuse training in general orientation and resident rights on day one and annually.

At resident council meetings held on August 29th and September 19th,2023 administrator spoke to residents about keeping valuables locked in locked cabinet drawer in their apartment, which is available for all resident's.

Effective 11/30/2023, the administrator will privately interview at least 2 residents daily through 12/31/24 to ensure residents are not feeling neglected, intimidated, physically or verbally abused, mistreated, or subject to corporal punishment or disciplinary action in any way. Findings will be documented and reviewed at quality management review meetings.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented ([REDACTED] - 04/25/2024)

60a - Staff/Support Plan

2. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On [REDACTED] there were 59 residents in the home, including 19 residents with mobility needs. The residents reside on 3 floors in the home. The home's most recent maximum safe evacuation time, as determined by a fire safety expert on 6/27/23, is 10 minutes. On [REDACTED] from [REDACTED], until [REDACTED] on [REDACTED] there were only 2 direct care staff

60a Staff/Support Plan (continued)

working in the home to assist residents to evacuate in the event of an emergency.

On [redacted] there were 54 residents in the home, including 16 residents with mobility needs. The residents reside on 3 floors in the home. The home's most recent maximum safe evacuation time, as determined by a fire safety expert on [redacted], is 10 minutes. On [redacted] from [redacted] until [redacted] and from [redacted] until [redacted] on [redacted] there were only 2 direct care staff working in the home to assist residents to evacuate in the event of an emergency.

Plan of Correction

Accept ([redacted] - 01/03/2024)

In response to the violation on 11/2/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken to correct staffing concerns noted during inspection on 10/12, 10/13, 2023 for the times of 11PM 6AM. DON made necessary alterations on 10/13/23 to the schedule by adding additional staff and offering incentives for those picking up shifts.

On 10/13/2023 the DON, PCHA began to re evaluate staffing needs and is working with the HR Dept to pursue active recruitment of part time and per diem staff to meet these needs.

To enhance the current compliance operations on 11/10/23 the Administrator updated Dept. Managers that they will need to complete Direct Care Staff Training Course no later than 12/31/23.

A full reorganization of schedule/grid will be updated and completed by the DON/PCHA/HR Department by 11/30/2023.

The DON/PCHA will audit all resident DME's and current mobility needs for accuracy for staffing purposes.in staffing hours monthly. Completion date of 11/30/23. Daily audits will be reviewed at quality management meetings and daily Stand Up meetings.

The overall completion date is 12/31/2024.

Effective 10/13/2023 the DON/PCHA will perform Daily, Audits, Scheduling through 12/31/24 to maintain ongoing compliance with ensuring staffing is provided to meet the needs of the residents as specified in the resident's assessment and support plan. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented ([redacted] 04/25/2024)

85a - Sanitary Conditions

3. Requirements

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

Description of Violation

A deceased resident's glucometer was used to measure resident #2's blood glucose levels on the following dates and times:

[redacted] at [redacted], [redacted] at [redacted], [redacted] at [redacted] and [redacted], [redacted] at [redacted], [redacted] at [redacted] and [redacted] at [redacted].

85a Sanitary Conditions (continued)

Plan of Correction

Accept (█ - 01/03/2024)

In response to the violation on 11/2/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/13/2023 by the DON, at time of inspection. Glucometer was immediately disposed 10/13/23 by the DON and PCP was notified with no concerns noted.

To enhance the currently compliant operations:

- 1. The DON provided in person training on 10/16/23 with all medication technicians regarding regulatory compliance on Ch. 2600 Regulation 2600.85(a) emphasizing the need to uphold sanitary conditions and the sharing of glucometers.*
- 2. DON and nursing staff to complete weekly audits of orders of all glucometers and name verification. Audits to begin 10/13/2023 with a completion date of 12/31/2024.*
- 3. DON and nursing to complete monthly Glucometer Quality Control Log where med techs are observed on diabetic care including blood glucose checks, reading in MAR, and discrepancies. Audit started 10/18/23 and will be completed monthly until 12/31/24.*

Effective 10/13/2023 the DON and nursing staff will perform daily, weekly audits, & education through 12/31/2024 to maintain ongoing compliance with sanitary conditions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented (█ - 04/25/2024)

132e - Fire Drill Sleeping Hours

4. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 7/10/23 at 5:00a.m. The previous sleeping hours fire drill was conducted on 12/14/22 at 5:00a.m.

Plan of Correction

Accept (█ - 01/03/2024)

In response to the violation on 11/02/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/07/2023 by the Maintenance Director by updating and highlighting log to remind of the exact month requiring evening drills.

To enhance the currently compliant operations, effective 11/07/2023 the Maintenance Director will schedule a fire drill no later than 12/31/23. This will be monitored monthly through next inspection, with a completion date of 12/31/2024.

Effective 11/07/2023 the Maintenance Director will perform bi annually Fire Drills at least once every six months during sleep hours. First drill to be completed by 12/31/2023 and then again no later than 6/30/2024 to maintain ongoing compliance of holding a fire drill during sleeping hours once every 6 months. Any deficiencies will be corrected immediately, and findings will be documented and reported to the administrator for further review and continuous improvement.

132e - Fire Drill Sleeping Hours (continued)

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented (█) - 04/24/2024)

132f - Alternate Exit Routes

5. Requirements

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

Description of Violation

The stairwells was the only exit route used during the fire drills held from September 2022 to September 2023.

Plan of Correction **Accept** (█) - 01/03/2024)

In response to the violation on 11/02/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/27/2023, the first fire drill following annual survey by the Maintenance Director who noted all exit routes specifically on log indicating other exits are being utilized other than stairwells.

To enhance the currently compliant operations, the Maintenance Director will update the monthly fire drill log immediately after each fire drill to ensure all specific exit routes used are indicated. This will be completed monthly by Maintenance Director. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes by PCHA at monthly quality assurance meetings.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented (█) - 04/24/2024)

132g - Fire Drills Days/Times

6. Requirements

2600.
132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely holds fire drills with additional staff persons present as evidenced by the following drills: On 10/24/22 at 2:30p.m. with 13 staff participating, on 11/28/22 at 9:30a.m. with 12 staff participating, on 12/14/22 at 5:00a.m. with 5 staff participating, on 1/18/23 at 10:00a.m. with 11 staff participating; on 2/24/23 at 1:00p.m. with 14 staff participating; on 3/28/23 at 3:30p.m. with 10 staff participating; on 4/10/23 at 10:30a.m. with 9 staff participating; on 5/25/23 at 9:45a.m. with 11 staff participating, on 6/27/23 at 10:00a.m. with 10 staff participating, on 7/10/23 at 5:00a.m. with 5 staff participating; on 8/28/23 at 10:00a.m. with 8 staff participating; and on 9/28/23 at 2:30p.m. with 9 staff participating. However, the home regularly has fewer staff scheduled as evidenced by the following schedule: On 9/24/23, there were only 2 staff in the home from 11:00p.m. to 6:00a.m. and on 10/8/23 there were only 2 staff in the home from 12:00p.m. to 2:00p.m. and from 10:30p.m. to 6:00a.m.

132g - Fire Drills Days/Times (continued)

Plan of Correction

Accept [REDACTED] - 01/03/2024)

In response to the violation on 10/12/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/01/2023 by the Director of Nursing and Personal Care Home Administrator to add additional staff to the 11:00p.m. to 6a.m. shift scheduling three to five resident aides effective 11/2/2023 and a newly hired LPN.

To enhance the currently compliant operations, on 11/2/2023 the Maintenance Director will schedule a fire drill to third shift in addition to bi-annual which is due by 12/31/23.

The maintenance director/PCHA will continue to perform monthly, annual, bi-annual fire drills through 12/31.2024 to maintain ongoing compliance. Fire drills will be reviewed at quality assurance meetings. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [REDACTED] - 04/24/2024)

141a - Medical Evaluation

7. 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.

Description of Violation

The medical evaluation for resident #3 was not complete within 60 days prior to admission or within 30 days after admission of the resident.

Plan of Correction

Accept [REDACTED] - 01/03/2024)

In response to the violation on 11/02/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken by the DON initiating a audit of all DME'S to ensure of completion 60 days prior to admission and no more than 30 days after.

DON will begin monthly audits effective 11/2/2023 of all medical evaluations and will develop a spreadsheet to assist with tracking residents and their due dates with a completion date of 11/30/2023. On 11/10/2023, the DON/PCHA developed admissions checklist to include medical evaluation to ensure evaluations are completed 60 days before admission or within 30 days after.

The overall completion date is 12/31/2024.

Effective 11/02/2023 the DON will perform monthly Audits, reviews through 11/30/2023 to maintain ongoing compliance with The DON will ensure each resident has 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. Monthly audits will continue and any deficiencies will be corrected immediately, any findings will be documented and reviewed internally for continuous improvement purposes.

141a - Medical Evaluation *(continued)*

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented (█) - 04/24/2024)

141a 1-10 Medical Evaluation Information

8. 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 #2's medical evaluation, dated █, does not include Height, Weight, Pulse Rate, Blood Pressure, Temperature, Health Status, Cognitive functioning and Mobility level.

Resident #3's medical evaluation, dated █, does not include Height, Pulse Rate, Temperature, Medical Professional Name, and Medical Professional License Number.

Resident #4's medical evaluation, dated █, does not include Weight.

Plan of Correction

Accept (█) - 01/03/2024)

In response to the violation on 11/2/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/02/2023 by the DON initiating a full audit of all medical evaluations to ensure all required information is listed in its entirety for compliance. Resident's #2, #3, and #4 are updated with a completion date of 11/10/2023.

To enhance the currently compliant operations on 11/2/2023 the DON implemented a full medical evaluation audit reviewing the following items: reasoning for DME, correct and compliant time frame, DME filled out in entirety, resident and PCP signature, & comparison of diagnoses to resident support plan.

Effective 11/2/2023 the DON will perform monthly audits through 12/31/2024 to maintain ongoing compliance with ensuring a resident's medical evaluation is completed by a physician, physician assistant, or certified register nurse practitioner within 60 days of admission or within 30 days after. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented (█) - 04/25/2024)

141b1 - Annual Medical Evaluation

9. 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]. The resident's previous medical evaluation was completed on [REDACTED]

Plan of Correction

Accept ([REDACTED] - 01/03/2024)

In response to the violation on by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/02/2023 by the DON to initiate an immediate audit of all medical evaluations to ensure dates are compliant with regulatory guidelines.

To enhance the currently compliant operations the DON initiated a full audit of all medical evaluations by 11/30/23.

1. DON and PCHA will re-educate PCP in regard to the importance of the medical evaluation being completed timely and completely. PCHA will generate letter containing guidelines that will be accompanied with each medical evaluation that is faxed or sent with resident to appointment, effective 11/30/2023.
2. DON and her nursing team will continue monthly audits to ensure compliance with annual evaluations, with a completion date of 11/30/2024.

The overall completion date is 11/30/2024.

Effective 11/10/2023 the DON/PCHA /Nursing will perform monthly checks through 12/31/2024 ensuring each resident has a medical evaluation at least annually. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented ([REDACTED] - 04/25/2024)

183d - Prescription Current

10. 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 #2 was prescribed [REDACTED] - Give 1 tablet daily by mouth every morning and at bedtime for [REDACTED], which was discontinued [REDACTED]. However, on [REDACTED], the medication was still present in the home.

Resident #4 was prescribed [REDACTED] - Give 1 capsule by mouth one time a day for pain until [REDACTED] Re-evaluate when completed and give 1 capsule by mouth every 48 hours. for pain for 14 administrations. However, on [REDACTED] the medication was still present in the home.

Plan of Correction

Accept ([REDACTED] - 11/29/2023)

In response to the violation on 10/12/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/12/2023 by the DON. Director of Nursing disposed of Resident #2's [REDACTED] On 10/12/23, DON removed Resident #4's [REDACTED] from the cart and disposed.

183d Prescription Current (continued)

To enhance the currently compliant operations:

1. The DON and designated LPN's will complete a MAR/Med Cart evaluation by 11/30/2023, with a completion date of 11/30/2023.
2. Effective on 11/02/2023 the DON, LPN will audit medication cart and all medication administration records monthly with a completion date of 11/03/2024.

The overall completion date is 11/03/2024.

Effective 11/02/2023 the DON, LPN will perform monthly audits through 11/03/2024 to maintain ongoing compliance. Effective 11/2/23, DON and designated LPN will assist with consistent MAR and medication record audits monthly ensuring only current prescription, OTC, sample and CAM for individuals living in the home will be kept in the home. Any deficiencies must be corrected immediately and documented and reviewed for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/03/2024

Implemented ([REDACTED])/25/2024)

187a - Medication Record

11. Requirements

2600.

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

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
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 #4 is prescribed [REDACTED] tablet, take 2 tablets by mouth daily and take 1 or 2 tablets daily as needed for constipation if having difficulty passing stools. However, the resident's October 2023 medication administration record (MAR) indicates [REDACTED], give 2 tablets by mouth two times a day for [REDACTED].

Resident #4 is prescribed [REDACTED] tablet, take 1/2 tablet by mouth daily for [REDACTED]. However, the resident's October 2023 MAR indicates [REDACTED], give 1 tablet by mouth one time a day for unspecified [REDACTED] and [REDACTED]. Give [REDACTED].

187a Medication Record (continued)

Resident #4 is prescribed [REDACTED], insert [REDACTED] rectally every 3 days as needed for [REDACTED] if no bowel movement after 3 days. However, the resident's October 2023 MAR indicates [REDACTED], insert 1 [REDACTED] rectally one time a day for Illeus.

Resident #4 is prescribed [REDACTED], apply to affected area topically 4 times a day as needed for pain. However the resident's October 2023 MAR indicates [REDACTED] apply to affected area topically 3 times a day for [REDACTED]

Resident #4 is prescribed [REDACTED] capsule Take 1 capsule by mouth twice a day for [REDACTED]. However, this medication is not listed on the resident's October 2023 MAR, and has not been administered to the resident since 8/8/23.

Resident #4 is prescribed [REDACTED], apply 1 patch topically daily for pain. Wear patch for 12 hours then discard patch and leave off for 12 hours. However, this medication is not listed on the resident's October 2023 MAR and has not been administered to the resident since [REDACTED]

Plan of Correction

Accept ([REDACTED] - 01/03/2024)

In response to the violation on 11/02/2023 by the Pennsylvania Bureau of Human Services Licensing, immediate action was taken on 11/10/2023. The Director of Nursing updated Resident # 4's MAR to reflect the correct dosages for [REDACTED]. Resident #4's [REDACTED] was not added back to the MAR. Completion date of 11/10/23.

To enhance the compliance of operations, Director of Nursing or designated LPN will complete a MAR/Med Cart audit with a completion date of 11/30/2023. Effective 12/01/2023 the LPN/DON will complete monthly MAR and med cart audits throughout year to ensure for compliance in keeping a medication record for each resident for whom medications are administered, that includes, including resident's name, and drug allergies, and name of medication, and strength, and dosage form, and dose, and route of administration, and frequency of administration, and administration times, and duration of therapy, if applicable, and special precautions, if applicable, and diagnosis or purpose for the medication, including pro re nata (PRN), and date and time of medication administration, and name and initials of the staff person administering the medication, and resident's name, and drug allergies, and name of medication, and strength, and dosage form, and dose, and route of administration, and frequency of administration, and administration times, and duration of therapy, if applicable, and special precautions, if applicable, and diagnosis or purpose for the medication, including pro re nata (PRN), and date and time of medication administration, and name and initials of the staff person administering the medication, and resident's name, and drug allergies, and name of medication, and strength, and dosage form, and dose, and route of administration, and frequency of administration, and administration times, and duration of therapy, if applicable, and special precautions, if applicable, and diagnosis or purpose for the medication, including pro re nata (PRN), and date and time of medication administration, and name and initials of the staff person administering the medication. Any deficiencies will be corrected immediately, documented and reviewed internally for continuous improvement. Completion date of 12/31/2024

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented ([REDACTED] - 04/25/2024)

187d - Follow Prescriber's Orders

12. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed [REDACTED] checks 4 times a day using prescribed [REDACTED], 1 strip in vitro before meals and at bedtime for [REDACTED]. However, the blood glucose check was not completed on the resident [REDACTED] because the prescribed [REDACTED] were not available in the home.

Resident #4 is prescribed [REDACTED] capsule -Take 1 capsule by mouth twice a day for nerve pain. However, this medication is not listed on the resident's October 2023 MAR, and has not been administered to the resident since 8/8/23.

Resident #4 is prescribed [REDACTED], apply 1 patch topically daily for pain. Wear patch for 12 hours then discard patch and leave off for 12 hours. However, this medication is not listed on the resident's October 2023 MAR and has not been administered to the resident since 8/3/23.

Plan of Correction

Accept ([REDACTED] - 01/03/2024)

In response to the violation on 10/12/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/12/2023 by the DON and Resident # 2's strips were re-ordered and arrived 10/13/23. Resident # 4's [REDACTED] was discharged as per current med list on [REDACTED] and removed from MAR on [REDACTED]. Resident #4's [REDACTED] confirmed as an active order and put on MAR. Resident # 4's new medication list will be updated by 11/30/23.

To enhance the currently compliant operations, effective 11/02/2023 the DON and the nursing staff will complete a MAR/Cart audit with a completion by 11/30/23 to ensure all medications are on in the cart and on medication administration record. The DON or assigned LPN will complete a full cart audit each month with a completion of 12/31/2024 and will identify each month any items that are not compliant and fix and report immediately.

The Director of Nursing will continue and oversee audits ensuring is following the directions of the prescriber. Any deficiencies will be documented and reviewed for continuous improvement. Completion date of 12/31/2024

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented ([REDACTED] - 04/25/2024)

225a - Assessment 15 Days

13. 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

225a - Assessment 15 Days (continued)

Resident #6's assessment, dated [REDACTED] does not include the diagnoses of diagnosis of [REDACTED], [REDACTED] as indicated on the resident's medical evaluation, dated [REDACTED]

Plan of Correction

Accept ([REDACTED] - 01/03/2024)

In response to the violation on 11/02/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/09/2023 by the DON to complete Resident #6's support plan to include all diagnoses by 11/30/2023.

To enhance the currently compliant operations, the DON will schedule monthly RASP/Medical Evaluation audit of all current residents to look for inconsistencies and add any additional diagnoses acquired.

The overall completion date is 12/31/2024.

Effective 11/10/2023 the DON will perform monthly reviews, audits through 11/10/2023 to maintain ongoing compliance with Effective 11/10/23 the DON will perform monthly audits of medical evaluations and RASP's to identify any inconsistencies through 11/3/2024 to maintain ongoing compliance with ensuring each resident has 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. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented ([REDACTED] - 04/24/2024)

225c - Additional Assessment

14. 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 #2's assessment, dated [REDACTED], was not updated to include the diagnoses of [REDACTED], [REDACTED], as indicated on the resident's medical evaluation, dated [REDACTED]

Resident #3's assessment, dated [REDACTED] was not updated to include the diagnoses of [REDACTED], [REDACTED], [REDACTED], as indicated on the resident's medical evaluation, dated [REDACTED]

Resident #4's assessment, dated [REDACTED] was not updated to include the diagnosis of [REDACTED], as indicated on the resident's medical evaluation, dated [REDACTED].

Resident #5's assessment, dated [REDACTED], was not updated to include the diagnosis of [REDACTED], as indicated on

225c - Additional Assessment (continued)

the resident's medical evaluation, dated [REDACTED].

Repeat Violation: 10/4/22 et al

Plan of Correction

Accept ([REDACTED] - 01/03/2024)

In response to the violation on 11/07/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/9/2023 by the DON to begin revisions and updates to Resident #2, Resident #3, and Resident #4 RASP to reflect all diagnosis's that are indicated on the medical evaluation completed by PCP. Completion date by 11/30/2023.

To enhance the currently compliant operations, effective 11/02/2023 the DON and nursing staff will complete monthly audits of all current resident RASP's & Medical Evaluations to ensure medical diagnosis's match both the medical evaluation and RASP. DON will schedule care plan reviews for significant changes, annual reviews, at the request of the Department, and upon cause to believe that an update is required. Any deficiencies noted will be corrected immediately, documented, and reviewed internally for continuous improvement.

Completion date of 12/31/24

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented ([REDACTED] - 04/25/2024)

227g -Support Plan Signatures

15. 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 #3's support plan, dated [REDACTED] was not signed by the assessor or resident, nor does it indicate the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

Resident #4's support plan, dated [REDACTED] was not signed by the assessor or resident, nor does it indicate the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

Plan of Correction

Accept ([REDACTED] - 01/03/2024)

In response to the violation on 11/02/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/02/2023 by the Director of Nursing to Resident # 3's support plan dated [REDACTED] Support plan was presented, reviewed, and signed by resident on [REDACTED] Resident # 4's support plan was signed and presented by administrator to inspector on day of inspection. Signature and date of [REDACTED] noted on RASP and in compliance.

Effective 11/07/2023 the DON/PCHA, Nursing, and nursing will perform monthly audits and conduct care plans regularly to maintain ongoing compliance ensuring individuals participate in the development of the support plan, sign and date plan of care,. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2024

227g -Support Plan Signatures (*continued*)

Implemented ([REDACTED] - 04/24/2024)