

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

March 14, 2024

[REDACTED], PERSONAL CARE HOME ADMINISTRATOR
SHENANGO PRESBYTERIAN SENIORCARE
238 SOUTH MARKET STREET
NEW WILMINGTON, PA, 16142

RE: SHENANGO PRESBYTERIAN HOME
238 SOUTH MARKET STREET
NEW WILMINGTON, PA, 16142
LICENSE/COC#: 44034

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/19/2023, 10/20/2023, 10/27/2023 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: SHENANGO PRESBYTERIAN HOME **License #:** 44034 **License Expiration:** 11/03/2024

Address: 238 SOUTH MARKET STREET, NEW WILMINGTON, PA 16142

County: LAWRENCE **Region:** WESTERN

Administrator

██████████ **Phone:** ██████████ **Email:** ██████████

Legal Entity

Name: SHENANGO PRESBYTERIAN SENIORCARE

Address: 238 SOUTH MARKET STREET, NEW WILMINGTON, PA, 16142

Phone: ██████████ **Email:** ██████████

Certificate(s) of Occupancy

Type: C-1 **Date:** 11/10/1981 **Issued By:** Dept of L & I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 61 **Waking Staff:** 46

Inspection Information

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

Reason: Renewal, Incident **Exit Conference Date:** 10/27/2023

Inspection Dates and Department Representative

10/19/2023 - On-Site ██████████

10/20/2023 - On-Site ██████████

10/27/2023 - On-Site ██████████

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 46 **Residents Served:** 38

Secured Dementia Care Unit

In Home: Yes **Area:** Woodside **Capacity:** 14 **Residents Served:** 13

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 38

Diagnosed with Mental Illness: 5 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 23 **Have Physical Disability:** 0

Inspections / Reviews

10/19/2023 Full

Lead Inspector: ██████████ **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/27/2023

Inspections / Reviews (*continued*)

12/14/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 11/30/2023

Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 12/21/2023

12/27/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 12/18/2023

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 01/08/2024

03/14/2024 Document Submission

Submitted By: [REDACTED] Date Submitted: 01/08/2024

Reviewer: [REDACTED] Follow Up Type: Not Required

65f - Training Topics

1. Requirements

2600.

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

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Description of Violation

Staff person A did not receive training in medication self-administration, or instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, during training year 1/1/22 - 12/31/22.

Plan of Correction

Accept [REDACTED] - 12/14/2023)

65f

1. All direct care staff will have medication self-administration training and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan by Dec. 31, 2023.
2. Medication self-administration training and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan will be added into the staff training plan for 2024
3. The Director of Personal Care or designee will complete an audit by October 31, 2024 ensuring that all team members have had the medication self-administration training and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan prior to the end of the year and ensure that those who do not have it, will complete it.
4. PCHA or designee will report findings at quarterly QAPI meeting.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented ([REDACTED] - 03/14/2024)

65g - Annual Training Content

2. Requirements

2600.

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

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

Description of Violation

Staff person A did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a

65g Annual Training Content (continued)

fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, or The Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102) during training year 1/1/22 to 12/31/22.

Staff person B did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, or The Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102) during training year 1/1/22 to 12/31/22.

Plan of Correction

Accept ([redacted] - 12/14/2023)

65g

1. Fire safety training and emergency preparedness procedures and recognition and response to crises and emergency situations is scheduled with fire safety expert on Nov. 30, 2023 and Environmental Services Director to be trained as fire safety expert on that date.
2. Personal care team members, ancillary staff persons, substitute personnel and regularly scheduled volunteers will be trained on fire safety training and emergency preparedness procedures and recognition and response to crises and emergency situations, as well as resident rights and The Older Adult Protective Services Act by Dec. 31, 2023 and annually thereafter.
3. Fire Safety Training and emergency preparedness procedures and recognition and response to crises and emergency situations is already scheduled for 3 times next year to be held for all team members.
 Dates: Thursday, March 7 7 am, 1030 am and 200 pm
 Thursday, June 13 same times
 Thursday, Oct 10 same times
4. The Director of Personal care or designee will complete an audit by Oct. 31, 2024 ensuring that all team members have had the fire safety training and emergency preparedness procedures and recognition and response to crises and emergency situations, as well as resident rights and The Older Adult Protective Services Act prior to the end of the year and ensure that those who do not have it, will complete it.
5. PCHA or designee will report findings at quarterly QAPI meeting.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented ([redacted] - 03/14/2024)

65i - Training Record

3. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of staff training for staff person A does not include source, content or length for training year 1/1/22 1/31/22.

The home's record of staff training for staff person B does not include source, content or length for training year 1/1/22 1/31/22.

65i Training Record (continued)

Plan of Correction

Accept [redacted] - 12/27/2023)

65i

- 1. The staff training grid will be adapted to include staff person trained, date, source, content, length of each course and specific regulation by Dec. 31, 2023.
- 2. The staff training grid for 2024 will include staff person trained, date, source, content, length of each course and specific regulation.
- 3. The PCHA or designee will audit the staff training grid monthly to ensure all above content is included.
- 4. PCHA or designee will report findings at quarterly QAPI meeting.

12.18.23

- 1. The staff training grid will be adapted to include staff person trained, date, source, content, length of each course and specific regulation by Dec. 31, 2023.
- 2. The staff training grid for 2024 will include staff person trained, date, source, content, length of each course and specific regulation.
- 3. The PCHA or designee will audit the staff training grid monthly, beginning January 2024, to ensure all above content is included.
- 4. PCHA or designee will report findings at quarterly QAPI meeting.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [redacted] - 03/14/2024)

82c - Locking Poisonous Materials

4. 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

On 10/18/23 At 10:30 a.m., 2 spray bottles of X heavy duty multi surface cleaner and one spray bottle of disinfectant cleaner RCT concentrate, both with manufacture's labels indicating "Contact Poison Control if swallowed", was unlocked, unattended, and accessible to residents in the cabinet under the sink in the Woodside Secure Dementia Care Unit (SDCU) kitchenette. Not all the residents of the home, including resident #1, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept [redacted] - 12/27/2023)

82c

- 1. Poisonous materials were removed from underneath the WS Secure dementia neighborhood sink prior to completion of DHS annual survey
- 2. Lock for cabinet underneath the sink was replaced on Oct 21, 2023
- 3. Nursing team will conduct an audit weekly for 3 months to ensure lock is working and poisons are kept locked. The audit will then be done monthly for the remainder of the year.
- 4. PCHA or designee will report findings at quarterly QAPI meeting.
- 5. Safety team also conducts a quarterly audit checking to ensure poisons are kept locked in the secured dementia neighborhood.

82c - Locking Poisonous Materials (continued)

12.18.2023

1. Poisonous materials were removed by Director of Environmental Services from underneath the WS Secure dementia neighborhood sink prior to completion of DHS annual survey
2. Lock for cabinet underneath the sink was replaced on Oct 21, 2023
3. Nursing team will conduct an audit weekly, beginning January 1, 2024, for 3 months to ensure lock is working and poisons are kept locked. The audit will then be done monthly, beginning April 1, 2024, for the remainder of the year.
4. PCHA or designee will report findings at quarterly QAPI meeting.
5. Safety team also conducts a quarterly audit checking to ensure poisons are kept locked in the secured dementia neighborhood.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented (█) - 03/14/2024)

85d - Trash Receptacles

5. 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 10/18/23 at 10:10 a.m., there was a 1/4 full, uncovered, unattended trash can in the common women's bathroom in the 1st floor hallway.

On 10/18/23 at 11:45 a.m., there were four 55-gallon trash cans in the main kitchen which were 1/4 to 3/4 full; however, the lids had an 8" diameter hole cut in them.

Plan of Correction

Accept (█) - 12/27/2023)

85d

1. Trash cans that were not covered were replaced with appropriate trash cans.
2. Maintenance team to be educated to regulation 85d by Dec. 31, 2023
3. Maintenance will do an audit weekly for 3 months to ensure trash cans are covered. The audit will then be done monthly for the remainder of the year.
4. Maintenance director or designee will report findings at quarterly QAPI meeting.

12.18.2023

1. Trash cans that were not covered were replaced with appropriate trash cans by the Director of Environmental Services on November 17, 2023.
2. Maintenance team to be educated to regulation 85d by Dec. 31, 2023 by the Director of Personal Care.
3. Maintenance will do an audit weekly, beginning January 1, 2024, for 3 months to ensure trash cans are covered. The audit will then be done monthly, beginning April 1, 2024, for the remainder of the year.
4. Maintenance director or designee will report findings at quarterly QAPI meeting.

Licensee's Proposed Overall Completion Date: 12/18/2023

Implemented (█) - 03/14/2024)

91 Telephone Numbers

6. Requirements

2600.

91. Emergency Telephone Numbers Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

On 10/18/23 at 10:20 a.m., there were no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the pantry kitchenette on the 1st floor.

On 10/18/23 at 12:10 p.m., there were no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the ground floor staff dining room.

Plan of Correction

Accept [redacted] - 12/27/2023)

91

- 1. Emergency telephone numbers were put by the telephones in the pantry and staff dining room prior to completion of DHS annual survey.
- 2. All phones accessible to personal care residents were checked to ensure all had emergency info posted on or near the phone.
- 3. Nursing and maintenance team members will be educated to regulation 91 regarding emergency numbers.
- 4. A member of the safety committee will monitor the pantry and staff dining room to ensure the emergency numbers are available monthly using the audit tool beginning December 2023
- 5. Results will be reported at quarterly QAPI meeting.

12.18.2023

- 1. Emergency telephone numbers were put by the telephones in the pantry and staff dining room prior to completion of DHS annual survey by the Director of Environmental Services.
- 2. All phones accessible to personal care residents were checked by the Director of Personal Care on November 27, 2023, to ensure all had emergency info posted on or near the phone.
- 3. Nursing and maintenance team members will be educated to regulation 91 regarding emergency numbers by the Director of Personal Care by December 31, 2023.
- 4. A member of the safety committee will monitor the pantry and staff dining room to ensure the emergency numbers are available monthly using the audit tool beginning December 2023
- 5. Results will be reported at quarterly QAPI meeting.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented ([redacted]) - 03/14/2024)

102i Soap Dispenser

7. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

On 10/18/23 at 11:00a.m., a used and unlabeled bar of blue soap was in the top cabinet drawer of the 2nd floor spa room next to the tub.

102i - Soap Dispenser (continued)

Plan of Correction

Accept [redacted] - 12/27/2023)

102i

- 1. The used and unlabeled bar of soap was disposed of in the garbage prior to completion of DHS annual survey.
- 2. All soap will be labeled with resident names or kept in their rooms for individual use.
- 3. Nursing will do a weekly audit for 3 months to ensure all soap is labeled and used appropriately. The audit will then be done monthly for the remainder of the year.
- 4. PCHA or designee will report findings at quarterly QAPI meeting.

12.18.2023

- 1. The used and unlabeled bar of soap was disposed of in the garbage prior to completion of DHS annual survey by nursing team member.
- 2. All soap will be labeled with resident names or kept in their rooms for individual use by December 15, 2023 by the Personal Care Home Administrator or designee.
- 3. Nursing will do a weekly audit, beginning January 1, 2024, for 3 months to ensure all soap is labeled and used appropriately. The audit will then be done monthly, beginning April 1, 2024, for the remainder of the year.
- 4. PCHA or designee will report findings at quarterly QAPI meeting.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [redacted] - 03/14/2024)

103f - Refrigerator/Freezer Temps

8. 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 10/18/23 At 11:45 a.m. there was no thermometer in the refrigerator section of the side-by-side refrigerator/freezer in the 2nd floor kitchenette.

Plan of Correction

Accept [redacted] - 12/27/2023)

103f

- 1. A thermometer was placed in the refrigerator in the 2nd floor kitchenette prior to completion of DHS annual survey.
- 2. All dining team will be educated to regulation 103f by Dec. 31, 2023
- 3. An audit will be completed by Dining services director or designee daily beginning Dec. 1, 2023 and completed for 1 month and then done weekly for the remainder of the year to ensure all refrigerator/freezers have thermometers and are at the appropriate temperatures and report at quarterly QAPI meeting.

12.18.2023

- 1. A thermometer was placed in the refrigerator in the 2nd floor kitchenette prior to completion of DHS annual survey by the Director of Dining Services.
- 2. All dining team will be educated to regulation 103f by Dec. 31, 2023 by the Personal Care Home Administrator

103f - Refrigerator/Freezer Temps (continued)

or designee.

3. An audit will be completed by Dining services director or designee daily beginning Dec. 1, 2023 and completed for 1 month and then done weekly for the remainder of the year to ensure all refrigerator/freezers have thermometers and are at the appropriate temperatures and report at quarterly QAPI meeting.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented (█) - 03/14/2024)

131f - Fire Extinguisher Inspection

9. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

On 10/18/23, the fire extinguisher in the SDCU kitchenette had not been inspected by a fire safety expert since June 2022.

On 10/18/23, the fire extinguisher in the 2nd floor kitchenette had not been inspected by a fire safety expert since June 2022.

On 10/18/23, the Ansul fire extinguisher system in the main kitchen did not indicate the date the system was last inspected by a fire safety expert.

Plan of Correction

Accept (█) - 12/27/2023)

131f

- 1. Fire extinguishers were inspected on by a fire safety expert on 11/30/2023 and the date of the inspection is on the extinguisher.
- 2. Maintenance director will check monthly fire extinguishers monthly and schedule annual inspections of all fire extinguishers by 12/31/2023.
- 3. An audit will be done by the safety committee quarterly to ensure all fire extinguishers are in compliance and report at quarterly QAPI meeting.

12.18.2023

- 1. Fire extinguishers were inspected on by a fire safety expert and the date of the inspection is on the extinguisher.
- 2. Maintenance director will schedule annual inspections of all fire extinguishers.
- 3. An audit will be done by the safety committee quarterly, beginning January 1, 2024, to ensure all fire extinguishers are in compliance and report at quarterly QAPI meeting.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented (█) - 03/14/2024)

184a - Resident's Meds Labeled

10. Requirements

184a Resident's Meds Labeled (continued)

2600.

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 [REDACTED] - Inject via pen 24 units once per day and 28 units at bedtime; however, the pharmacy label only indicates 28 units at bedtime.

Plan of Correction

Accept [REDACTED] - 12/27/2023)

184a

1. Nursing did apply a change of direction label to correct the label to say 24 units in AM and 28 units at bedtime.
2. Pharmacy was contacted on Nov. 30, 2023 to have them correct the issue. They are going to send two pens with labels for each today and will do so going forward.
3. LPN and Med techs will be educated to correct labeling and process by 12-31-2023
4. PCHA or designee will audit all med labels 1x/week at med changeover and report at quarterly QAPI meeting.

12.18.2023

1. Nursing did apply a change of direction label to correct the label to say 24 units in AM and 28 units at bedtime on Thursday, November 30, 2023.
2. Pharmacy was contacted by LPN on Nov. 30, 2023 to have them correct the issue. They are going to send two pens with labels for each today and will do so going forward.
3. LPN and Medtechs will be educated by Personal Care Home Administrator or designee to correct labeling and process by 12-31-2023
4. PCHA or designee will audit all med labels 1x/week at med changeover and report at quarterly QAPI meeting.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [REDACTED] - 03/14/2024)

185a Implement Storage Procedures

11. 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

The home's medication storage policy indicates, "Medications are stored in a locked medication cart and/or cabinet that is accessible only by authorized personnel." Most resident medications are packaged in individual packets that are labeled with the resident name and include all medications to be administered to the resident on a specific date at a specific time. On [REDACTED], local law enforcement found the following 11 resident medication packets, along with 3

185a Implement Storage Procedures (continued)

loose pills, in staff person C's car, off the home's property. Staff person C signed each resident's medication administrator record (MAR), indicating the medication was administered; however, it was not.

Packet #1

Resident #3

[REDACTED]

Packet #2

Resident #4

[REDACTED]

Packet #3

Resident #5

[REDACTED]

Packet #4

Resident #1

[REDACTED]

Packet #5

Resident #6

[REDACTED]

Packet #6

Resident #1

[REDACTED]

Packet #7

Resident #7

[REDACTED]

Packet #8

Resident #7

[REDACTED]

Packet #9

Resident #7

[REDACTED]

185a - Implement Storage Procedures (continued)

[Redacted]

Packet #10

Resident #8 - [Redacted]

Packet #11

Resident #9 - [Redacted]

Plan of Correction

Directed ([Redacted] - 12/27/2023)

185a

1. Staff person C was terminated on [Redacted]
2. HR educated to DHS regulations and will follow procedures for background checks.
3. Vice President of HR at PSCN will review background checks prior to applicant hiring and report at quarterly safety meeting.
4. PCHA or designee will review all background checks prior to applicant hiring and report at quarterly QAPI meeting.

12.18.2023

1. Staff person C was terminated on [Redacted]
2. HR educated to DHS regulations and will follow procedures for background checks.
3. Vice President of HR at PSCN will review background checks prior to applicant hiring and report at quarterly safety meeting.
4. PCHA or designee will review all background checks prior to applicant hiring and report at quarterly QAPI meeting.

Proposed Overall Completion Date: 12/31/2023

Directed:

By 1/5/24, weekly thereafter for 1 month, then monthly for 3 months, the administrator or designee qualified to administer medication shall observe all staff qualified to administer medication conduct a medication pass, to include signing off on the resident MAR and ensuring the medication is administered to the correct resident, in accordance with the prescriber's orders. Documentation of observations shall be kept.

SQ 12/27/23

Directed Completion Date: 01/04/2024

Implemented ([Redacted] - 03/14/2024)

186b - Medication Used by Resident

12. Requirements

186b - Medication Used by Resident (continued)

2600.

186.b. Prescription medications shall be used only by the resident for whom the prescription was prescribed.

Description of Violation

On [redacted] at [redacted] staff person D [redacted] to resident #10, which was prescribed for and belongs to resident #11.

Plan of Correction

Directed ([redacted] - 12/27/2023)

186b

- 1. Resident, family and doctor notified of med error at the time it happened.
- 2. Nursing team monitors vitals for 3 days and notifies doctor of any changes.
- 3. Education provided to staff person D of proper medication administration (5 rights).
- 4. All LPN's and Medtechs will be re-educated to the 5 rights of medication administration by Dec. 31, 2023.
- 5. PCHA or designee will monitor all med errors and report at quarterly QAPI meeting.

12.18.2023

- 1. Resident, family and doctor notified of med error at the time it happened.
- 2. Nursing team monitors vitals for 3 days and notifies doctor of any changes.
- 3. Education provided to staff person D of proper medication administration (5 rights).
- 4. All LPN's and Medtechs will be re-educated to the 5 rights of medication administration by Dec. 31, 2023.
- 5. PCHA or designee will monitor all med errors and report at quarterly QAPI meeting.

Proposed Overall Completion Date: 12/31/2023

Directed:

By 1/5/24, weekly thereafter for 1 month, then monthly for 3 months, the administrator or designee qualified to administer medication shall observe all staff qualified to administer medication conduct a medication pass, to include signing off on the resident MAR and ensuring the medication is administered to the correct resident, in accordance with the prescriber's orders. Documentation of observations shall be kept.

SQ 12/27/23

Directed Completion Date: 01/04/2024

Implemented ([redacted] - 03/14/2024)

187a - Medication Record

13. Requirements

2600.

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

Description of Violation

The home's medication storage policy indicates, "Medications are stored in a locked medication cart and/or cabinet

187a Medication Record (continued)

that is accessible only by authorized personnel." Most resident medications are packaged in individual packets that are labeled with the resident name and include all medications to be administered to the resident on a specific date at a specific time. [REDACTED] local law enforcement found the following 11 resident medication packets, along with 3 loose pills, in staff person C's car, off the home's property. Staff person C signed each resident's MAR, indicating the medication was administered; however, it was not.

Packet #1

Resident #3 [REDACTED] m.

Packet #2

Resident #4 [REDACTED]

Packet #3

Resident #5 [REDACTED]

Packet #4

Resident #1 [REDACTED]

Packet #5

Resident #6 [REDACTED]

Packet #6

Resident #1 [REDACTED]

Packet #7

Resident #7 [REDACTED]

Packet #8

Resident #7 [REDACTED]

187a Medication Record (continued)

Packet #9

Resident #7

Packet #10

Resident #8

Packet #11

Resident #9

Plan of Correction

Accept (redacted) - 12/27/2023)

187a

- 1. Staff person C was terminated on (redacted).
- 2. All LPN's and Medtechs will be re educated to DHS regulation 187a by Dec. 31, 2023.
- 3. PCHA or designee will review MAR weekly to ensure completion and report at quarterly QAPI meeting.

12.18.2023

- 1. Staff person C was terminated on (redacted).
- 2. All LPN's and Medtechs will be re educated to DHS regulation 187a by Dec. 31, 2023 by the Personal Care Home Administrator or designee.
- 3. PCHA or designee will review MAR weekly beginning January 1, 2024, to ensure completion and report at quarterly QAPI meeting.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented (redacted) - 03/14/2024)

187d - Follow Prescriber's Orders

14. Requirements

2600.

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

Description of Violation

The home's medication storage policy indicates, "Medications are stored in a locked medication cart and/or cabinet that is accessible only by authorized personnel." Most resident medications are packaged in individual packets that are labeled with the resident name and include all medications to be administered to the resident on a specific date at a specific time. On (redacted) local law enforcement found the following 11 resident medication packets, along with 3 loose pills, in staff person C's car, off the home's property. Staff person C signed each resident's MAR, indicating the medication was administered; however, it was not.

187d - Follow Prescriber's Orders (continued)

Packet #1

Resident #3 - [REDACTED]

Packet #2

Resident #4 - [REDACTED]

Packet #3

Resident #5 - [REDACTED]

Packet #4

Resident #1 - [REDACTED]

Packet #5

Resident #6 - [REDACTED]

Packet #6

Resident #1 - [REDACTED]

Packet #7

Resident #7 - [REDACTED]

Packet #8

Resident #7 - [REDACTED]

Packet #9

Resident #7 - [REDACTED]

187d - Follow Prescriber's Orders (continued)

Packet #10

[Redacted]

Packet #11

Resident #9 - [Redacted]

Plan of Correction

Directed [Redacted] - 12/27/2023)

187d

- 1. Staff person C was terminated on [Redacted]
- 2. All nursing and Medtechs will be re-educated to DHS regulation 187d by Dec. 31, 2023.
- 3. PCHA or designee will review MAR weekly to ensure completion and report at quarterly QAPI meeting.

12/18/2023

- 1. Staff person C was terminated on [Redacted]
- 2. All nursing and Medtechs will be re-educated to DHS regulation 187d by Dec. 31, 2023 by Personal Care Home Administrator or designee.
- 3. PCHA or designee will review MAR weekly, beginning January 1, 2024 to ensure completion and report at quarterly QAPI meeting.
- 4. The Administrator or MedTech trainer will observe all staff qualified to administer medications as they conduct a medication pass, to include ensure the medication is administered to the correct resident.

Proposed Overall Completion Date: 12/31/2023

Directed:

By 1/5/24, weekly thereafter for 1 month, then monthly for 3 months, the administrator or designee qualified to administer medication shall observe all staff qualified to administer medication conduct a medication pass, to include signing off on the resident MAR and ensuring the medication is administered to the correct resident, in accordance with the prescriber's orders. Documentation of observations shall be kept.

SQ 12/27/23

Directed Completion Date: 01/04/2024

Implemented ([Redacted] - 03/14/2024)

15. Requirements

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

Description of Violation

Resident #11 is prescribed [Redacted] - Take two 5mg tablets four times per day. However, on [Redacted] at [Redacted], staff person D administered this medication to resident #10 instead of resident #11.

187d Follow Prescriber's Orders (continued)

Plan of Correction

Directed [REDACTED] - 12/27/2023)

187d

- 1. Staff person C was terminated on [REDACTED]
- 2. All nursing and Medtechs will be re educated to DHS regulation 187d by Dec. 31, 2023.
- 3. PCHA or designee will review MAR weekly to ensure completion and report at quarterly QAPI meeting.

12.18.2023

- 1. Staff person C was terminated on [REDACTED]
- 2. All nursing and Medtechs will be re educated to DHS regulation 187d by Dec. 31, 2023 by Personal Care Home Administrator or designee.
- 3. PCHA or designee will review MAR weekly, beginning January 1, 2024 to ensure completion and report at quarterly QAPI meeting.
- 4. The Administrator or MedTech trainer will observe all staff qualified to administer medications as they conduct a medication pass, to include ensure the medication is administered to the correct resident.

Proposed Overall Completion Date: 12/31/2023

Directed:

By 1/5/24, weekly thereafter for 1 month, then monthly for 3 months, the administrator or designee qualified to administer medication shall observe all staff qualified to administer medication conduct a medication pass, to include signing off on the resident MAR and ensuring the medication is administered to the correct resident, in accordance with the prescriber's orders. Documentation of observations shall be kept.

SQ 12/27/23

Directed Completion Date: 01/04/2024

Implemented [REDACTED] - 03/14/2024)

190a - Completion Medication Course

16. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person C completed the Modified Medication Administration Training Course on 5/2/23; however, the staff person did not complete the Standard Medication Administration Training Course prior to 7/31/23. Staff person C administered medication to multiple residents on multiple dates and times, to include:

Resident #1:

[REDACTED]

Resident #6:

[REDACTED]

190a Completion Medication Course (continued)

Resident #8:

[Redacted]

Plan of Correction

Accept ([Redacted] - 12/27/2023)

190a

1. Staff person C was terminated on [Redacted]
2. HR educated to DHS regulations and will follow procedures for background checks.
3. Shenango on the Green will offer team members Medtech training and certification on site and not accept Medtech certifications from other communities.
4. Medtech trainer or designee will train all Medtechs on site and report at quarterly QAPI meeting.

12.18.2023

1. Staff person C was terminated on [Redacted]
2. HR educated on November 30, 2023, to DHS regulations and will follow procedures for background checks.
3. Shenango on the Green will offer team members Medtech training and certification on site and not accept Medtech certifications from other communities, beginning November 30, 2023.
4. Medtech trainer or designee will train all potential aides to be MedTechs on site, as needed, beginning November 30, 2023, and report at quarterly QAPI meeting.
5. Personal Care Home Administrator or designee will audit all staff files, for those who pass medications, to ensure they have completed the Standard Medication Administration Training Course and current annual practicum by December 20, 2023. Personal Care Home Administrator or designee will complete this audit quarterly in 2024. Beginning January 1, 2024.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented ([Redacted] - 03/14/2024)

224a - Preadmission Screen Form

17. 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 #12'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] - 12/27/2023)

224a

224a - Preadmission Screen Form (continued)

- 1. Resident #12's preadmission screen was completed on [REDACTED] to indicate that the need of the resident could be met by the services provided by the home.
- 2. An audit of all preadmission screens was done on November 28, 2023 to ensure completion.
- 3. All LPN's were educated to regulation 224a.
- 4. Director of PC or designee will review all preadmission screens going forward to ensure completion and report at quarterly QAPI meeting.

12.18.2023

- 1. Resident #12's preadmission screen was completed on [REDACTED] to indicate that the need of the resident could be met by the services provided by the home.
- 2. An audit of all preadmission screens was done on [REDACTED], by the Personal Care Home Administrator and nursing team to ensure completion.
- 3. All LPN's were educated to regulation 224a on November 30, 2024 by the Personal Care Home Administrator.
- 4. Director of PC or designee will review all preadmission screens, beginning November 30, 2023, to ensure completion and report at quarterly QAPI meeting.
- 5. Personal Care Home Administrator or designee will complete screening forms and review to ensure completion prior to any resident admissions, beginning December 15, 2023.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented ([REDACTED] - 03/14/2024)

227g -Support Plan Signatures

18. 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 #2's support plan, dated [REDACTED], was not signed by the assessor or the 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] - 12/27/2023)

227g

- 1. Resident #2's support plan was signed by assessor and resident on November 21, 2023.
- 2. An audit of all support plans was done on [REDACTED] to ensure completion assessor and resident had signed.
- 3. All LPN's were educated to regulation 227g
- 4. Director of PC or designee will review all support plans going forward to ensure completion and report at quarterly QAPI meeting.

12.18.2023

- 1. Resident #2's support plan was signed by assessor and resident on November 21, 2023.
- 2. An audit of all support plans was done on November 28, 2023, by the Personal Care Home Administrator and nursing to ensure completion assessor and resident had signed.
- 3. All LPN's were educated to regulation 227g on November 30, 2023.
- 4. Director of PC or designee will review all support plans quarterly, beginning January 1, 2024, to ensure

227g -Support Plan Signatures (continued)

completion and report at quarterly QAPI meeting.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [REDACTED] - 03/14/2024)