

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

February 27, 2024

[REDACTED], REGIONAL DIRECTOR OF OPERATIONS
ARDEN COURTS WARMINSTER OF HATBORO PA LLC
[REDACTED]

RE: ARDEN COURTS (WARMINSTER)
779 WEST COUNTY LINE ROAD
HATBORO, PA, 19040
LICENSE/COC#: 12996

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/23/2023 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: ARDEN COURTS (WARMINSTER) License #: 12996 License Expiration: 06/14/2024
 Address: 779 WEST COUNTY LINE ROAD, HATBORO, PA 19040
 County: BUCKS Region: SOUTHEAST

Administrator

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

Legal Entity

Name: ARDEN COURTS WARMINSTER OF HATBORO PA LLC
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 03/29/2000 Issued By: L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 46 Waking Staff: 35

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint, Incident Exit Conference Date: 11/02/2023

Inspection Dates and Department Representative

10/23/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 60 Residents Served: 23
 Secured Dementia Care Unit
 In Home: Yes Area: Dementia Unit Capacity: 60 Residents Served: 23
 Hospice
 Current Residents: 6
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 20
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 23 Have Physical Disability: 0

Inspections / Reviews

10/23/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/27/2023

01/08/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/20/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/13/2024

Inspections / Reviews *(continued)*

01/12/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/20/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/24/2024

02/27/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/20/2024

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

Resident 1 moved into the memory care unit [REDACTED], and resident 2 moved into the memory care unit [REDACTED]. Resident 2 was on 15 minute checks since he/she was new to the community. Staff overheard resident 2 expressing sexual interest in resident 1. On [REDACTED], both residents were noted to be in the hallway together, approximately at [REDACTED]. During the next 15-minute check, both residents were observed in resident 2's room in the memory care unit. Resident 2 was observed naked laying on top of resident 1, who had his/her brief pulled down to his/her ankle. Both residents' consent to the sex act both residents asked the staff to get out of the room. The facility has supporting both residents to continue the sexual acts. The facility informed both residents families, and they consented to the sexual act. The facility stated in the incident report on [REDACTED] that "staff will give both residents privacy and make necessary accommodations for residents".

Plan of Correction

Accept [REDACTED] - 01/08/2024)

The community is submitting the plan of correction per requirement by the state and does not concede agreement to all citations herein.

The actual POC

1. Resident 1 moved out (unrelated) of the community and Resident 2 there is no evidence of any other relationships at this time
2. ED/Designee will review current residents to determine evidence of potential sexual relationships and discuss with families if any are identified.
3. ED/Designee will educate staff that if any sexual contacts were made, residents will be separated 11/16/23

Proposed Overall Completion Date: 12/21/2023

Licensee's Proposed Overall Completion Date: 12/21/2023

Implemented [REDACTED] - 02/27/2024)

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.

65g Annual Training Content (continued)

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 fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert during training year 2022.

Plan of Correction

Accept (█) - 01/12/2024)

Staff A and other staff was provided annual safety training by a trained fire expert. 12/14/23

Fire safety training will be incorporated in the the onboarding process for all new hires.

ED/BSC or designee will complete monthly audit for 3 months to ensure all staff are up to date with fire safety training.

ED or designee will monitor to ensure staff are up to date with annual fire safety training. ongoing

Licensee's Proposed Overall Completion Date: 01/10/2024

Implemented (█) - 02/27/2024)

82c - Locking Poisonous Materials

3. 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

█ toothpaste, █ deodorant, a bar of soap, and bath salt, with a manufacturer's label indicating "Please keep out of the reach of children; please contact poison control", were unlocked, unattended, and accessible to resident 3. Not all the residents of the home, including resident 3, have been assessed as capable of recognizing and using poisons safely.

Toothpaste, █ mouthwash, and █ Shampoo with a manufacturer's label indicating "Please keep out of the reach of children; please contact poison control", 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.

Plan of Correction

Accept (█) - 01/08/2024)

Items were immediately removed from residents rooms. Home will install locks on bathroom cabinet. 10/23/23

Direct care staff were educated on locking away poisonous material. 11/16/23

Daily checks will be completed for a four weeks by RSC/ED or designee to ensure poisonous material are locked away. 11/23/23

Weekly rounds will be completed for a month by ED/RSC or designee to ensure poisonous material are locked away. 12/23/23

Biweekly rounds will be completed for a four weeks by ED/RSC designed to ensure poisonous material are locked away. 1/23/24

Proposed Overall Completion Date: 01/23/2024

Licensee's Proposed Overall Completion Date: 01/23/2024

82c Locking Poisonous Materials (*continued*)*Implemented () - 02/27/2024)*

86b Bathroom

4. 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 bathroom in bedrooms 23, 24, 36, and 39 does not have an operable window or ventilation fan. The vent is inoperable, and there is no window in the bathroom.

Plan of Correction*Accept () - 01/08/2024)*

Faulty belt of the exhaust fan caused it to be inoperable. Belt to exhaust was replaced .10/23/23

BSC or designee will inspect exhaust fans in residents rooms monthly for 3 month to ensure ventilation in residents bathrooms. 1/23/24.

Licensee's Proposed Overall Completion Date: 01/23/2024

Implemented () - 02/27/2024)

95 Furniture and Equipment

5. Requirements

2600.

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

Description of Violation

On 10/23/2023, the bathroom sink in RM 36 was clogged.

On 10/23/2023, the bathroom sink faucet in Rm 39 was broken, and water was coming out of the top of the faucet.

Plan of Correction*Accept () - 01/08/2024)*

Bathroom sink room in room 36 was fixed immediately 10/23/23

Bathroom sink faucet sink in room 39 was immediately fixed. 10/30/23

Audit of resident bathroom sink was completed to ensure no other sink is not clogged and faucet was leaking 10/30/23.

BSC/ED or designee will check sink and faucet once a month for 3 months.

Licensee's Proposed Overall Completion Date: 01/30/2024

95 Furniture and Equipment (continued)

Implemented () - 02/27/2024)

102j Towels/Wash Cloths Access

6. Requirements

2600.

102.j. Towels and washcloths shall be in the possession of the resident in the resident's living space unless the resident has access to the home's linen supply.

Description of Violation

On 10/23/2023, resident 5 did not have any towels or other means of hand drying in his/her bathroom.

Plan of Correction

Accept () - 01/08/2024)

Means of hand drying was placed in resident room immediately. 10/23/23

Audit of all resident rooms was completed to ensure means of hand drying is provided. 10/30/23

Staff were trained on importance of providing resident means of hand drying. 11/16/23

ED/RSC or designee will complete daily room checks for 2 weeks and weekly audit for 2 weeks to ensure means of hand drying is provided in resident room. 11/30/23

Proposed Overall Completion Date: 12/30/2023

Licensee's Proposed Overall Completion Date: 12/30/2023

Implemented () - 02/27/2024)

103g Storing Food

7. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

The freezer in the kitchen in the garden unit has ice cream in a box that was opened and unsealed.

Plan of Correction

Accept () - 01/08/2024)

Item in kitchen freezer was disposed of. 10/23/23

Kitchen freezer in all community was checked to ensure food item was not unopen and unsealed. 10/24/24.

Staff was educated and on importance of ensuring items in the freezer/fridge remain covered. 11/16/23

FSC/ED or designee will complete daily checks or fridge for two weeks and weekly checks for two weeks.

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

Implemented () - 02/27/2024)

107b Emergency Procedures

8. Requirements

107b - Emergency Procedures (continued)

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 (████) - 01/08/2024)

Emergency binder was updated to include contact information for each resident. 10/25/23.

Administrative Service Coordinator was educated on importance of updating emergency procedure binder with contact information of resident's designated person. 12/15/23

ED/designee will ensure emergency binder is updated with resident's emergency contact. ongoing.

Licensee's Proposed Overall Completion Date: 12/14/2023

Implemented (████) 02/27/2024)

107c - Food/Water 3 Day Supply

9. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 10/23/2023, the home served 23 residents, requiring the facility to maintain at least a 3-day supply of nonperishable food. However, the sole food in the emergency supply was expired: two cans of Campbell's soup, shredded coconut, six cans of tuna, and six cans of fruit.

Plan of Correction

Accept (████) 01/08/2024)

Expired food was disposed of. 10/23/23

FSC complete audit of food in community to ensure there are no expired food in the community. 10/25/23.

FSC will use the first in, last out (FILO) technique to prevent having a expired food from being overlooked. ongoing.

Licensee's Proposed Overall Completion Date: 12/13/2023

Implemented (████) 02/27/2024)

141a 1-10 Medical Evaluation Information

10. 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 4's and 7's medical evaluations did not include medical information pertinent to diagnosis and treatment in case of an emergency.

Resident 6's medical evaluation did not include a general physical examination by a physician, physician’s assistant, or nurse practitioner; medical information pertinent to diagnosis and treatment in case of an emergency; allergies; or health status.

Plan of Correction

Accept (██████) 01/08/2024)

A new medical evaluation for Resident 4 and 7's was completed.

A new medical evaluation was completed for resident 6 which indicates general physical examination by a physician, physician’s assistant, or nurse practitioner; medical information pertinent to diagnosis and treatment in case of an emergency; allergies; or health status.

Audit of medical evaluation was completed to ensure all medical evaluation include medical information pertinent to diagnosis and treatment in case of an emergency and to include general physical examination by a physician, physician’s assistant, or nurse practitioner; medical information pertinent to diagnosis and treatment in case of an emergency; allergies; or health status.

ED and RSC will ensure medical evaluations are properly completed in its entirety. Ongoing.

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

Implemented (██████) - 02/27/2024)

182c Medication Administration

11. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber’s orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.

182c - Medication Administration (continued)

- 4. Crush or split the medication as ordered by the prescriber.
- 5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- 6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
- 7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

On [REDACTED], the home did not compare the medication label and MAR for resident 7, when administering the residents [REDACTED]. The resident was administered their PRN [REDACTED] on [REDACTED] in error.

Plan of Correction

Accept [REDACTED] - 01/08/2024)

Reportable was completed for medication error for resident 7. 12/12/23
Medication technician and nurses were educated on five rights of medication administration and how to identify medication errors and proper reporting procedure. 1/12/23.
Weekly medication cart audit will be completed for 2 weeks and monthly medication cart audit will be completed to ensure medication are administered as prescribed. ongoing.

Licensee's Proposed Overall Completion Date: 12/13/2023

Implemented [REDACTED] - 02/27/2024)

183e - Storing Medications

12. Requirements

- 2600.
- 183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 10/23/2023, there was 1 bottle of [REDACTED] eye drops for resident 8, with no opening date. According to the manufacturer's instructions, eye drops should be discarded 28 days after opening.

On 10/23/2023, there were 1 bottle of [REDACTED] eye drops for resident 9, with no opening date. According to the manufacturer's instructions, eye drops should be discarded 28 days after opening.

Plan of Correction

Accept [REDACTED] - 01/08/2024)

Nurse was educated about dating eye drop when opened and with expiration date. 10/24/23.
Medication cart audit was completed to ensure no expired eyedrop was in building. 10/30/23
Weekly medication cart audit will be completed for four weeks and monthly medication cart audit will be completed to ensure medication are administered as prescribed. ongoing.

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

Implemented [REDACTED] - 02/27/2024)

185a Implement Storage Procedures

13. Requirements

2600.

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

Description of Violation

On 10/22/2023, the glucometer for resident 9 was not calibrated to the correct date and time. Resident 9's glucometer displayed 10/22/2023, [REDACTED] on 10/23/2023 at [REDACTED]. The first reading on the glucometer was displayed as [REDACTED] but the log said [REDACTED] for resident [REDACTED]

Plan of Correction

Accept [REDACTED] - 01/08/2024)

Glucometer was replaced with a new one. 10/23/23.

Nurse were educated on when properly calibrate glucometer. 11/16/23

Glucose monitoring sheet will be monitored for 4 weeks and monthly for 2 months. 1/14/23

Licensee's Proposed Overall Completion Date: 12/16/2023

Implemented ([REDACTED] - 02/27/2024)

14. 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

Resident 10 is prescribed [REDACTED] suppository as needed. On 10/23/2023, the medication was not available in the home.

Plan of Correction

Accept [REDACTED] - 01/08/2024)

Medication for resident 10 was reordered. 10/23/23.

Medication error for resident 7 was completed. 12/20/23.

Medication cart audit was completed to ensure home has all prescribed medication are available in home.

Medication staff and nurse were educated on how to reorder medications. 11/16/23

Monthly medication cart audit will be completed on an ongoing basis.

Licensee's Proposed Overall Completion Date: 12/13/2023

Implemented ([REDACTED] - 02/27/2024)

187b Date/Time of Medication Admin.

15. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident 7 is prescribed [REDACTED] twice daily. Resident 7's medication administration record does not include the initials of the staff person who administered it on 10/16/2023 at 5:00 p.m.

Resident 7 is prescribed [REDACTED] every day. Resident 7's medication administration record does not include

187b Date/Time of Medication Admin. (continued)

the initials of the staff person who administered it on [REDACTED]

Resident 9 is prescribed [REDACTED] every evening. Resident 9's medication administration record does not include the initials of the staff person who administered it on [REDACTED]

Resident 9 is prescribed [REDACTED]. Resident 9's medication administration record does not include the initials of the staff person who administered on [REDACTED] and [REDACTED].

Resident 11 is prescribed [REDACTED] twice daily. Resident 11's medication administration record does not include the initials of the staff person who administered on [REDACTED].

Resident 11 is prescribed [REDACTED] by mouth every day. Resident 11's medication administration record does not include the initials of the staff person who administered on [REDACTED].

Plan of Correction

Accept [REDACTED] - 01/08/2024)

Medication technicians and Nurse were educated on 5 rights and signing off on Medication Administration record after administering medication. 11/16/23

MAR checks will be completed weekly for four weeks, biweekly for four weeks and monthly during medication cart audit.

Licensee's Proposed Overall Completion Date: 01/10/2024

Implemented [REDACTED] - 02/27/2024)

187d - Follow Prescriber's Orders**16. Requirements**

2600.

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

Description of Violation

Resident 7 is prescribed [REDACTED] twice a day. However, resident 7 was administered [REDACTED] on [REDACTED].

Plan of Correction

Accept [REDACTED] - 01/08/2024)

Medication error was completed for resident 7. 12/20/23.

Medication technician and nurses were educated on following prescribers orders.

Medication technician and nurses were educated on how to identify medication errors and properly reporting procedure. 10/24/23

Medication cart audit will be completed weekly for two weeks and monthly afterwards to ensure medications are administered as prescribed. ongoing monitoring.

Licensee's Proposed Overall Completion Date: 12/14/2023

Implemented [REDACTED] - 02/27/2024)

17. Requirements

2600.

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

187d - Follow Prescriber's Orders (continued)

Description of Violation

Resident 9 is prescribed [redacted] However, this medication was not administered to resident 9 because the medication was not available in the home.

Plan of Correction

Accept [redacted] - 01/08/2024)

Medication for resident 9 was reordered. 10/23/23.

Medication error for resident 9 was completed. 12/20/23.

Medication cart audit was completed to ensure home has all prescribed medication are available in home.10/31/23

Medication staff and nurse were educated on how to reorder medications. 11/16/23

Monthly medication cart audit will be completed on an ongoing basis.

Licensee's Proposed Overall Completion Date: 12/16/2023

Implemented [redacted] - 02/27/2024)

190a - Completion Medication Course

18. 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 A, who has not successfully completed the Department-approved medication administration course, administered [redacted] capsule medication to resident 7 on [redacted], [redacted]

Plan of Correction

Accept [redacted] - 01/08/2024)

Staff person A was relieved of medication administration assignment until certificate is renewed. 10/23/23

Staff audit was completed to ensure all medication certified staff have updated department approved medication administration training certificate.10/30/23

RSC/ED will monitor staff medication administration training certificate are up to date. ongoing

Licensee's Proposed Overall Completion Date: 12/14/2023

Implemented [redacted] - 02/27/2024)

201 - Positive Interventions

19. Requirements

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Resident 1 and 2 were observed having sex. However, both residents are residents of the memory care unit. The home

201 - Positive Interventions (continued)

did not implement positive interventions to eliminate the behavior.

Plan of Correction

Accept [REDACTED] - 01/08/2024)

The community is submitting the plan of correction per requirement by the state and does not concede agreement to all citations herein.

The actual POC

1. Resident 1 moved out (unrelated) of the community and Resident 2 there is no evidence of any other relationships at this time
2. ED/Designee will review current residents to determine evidence of potential sexual relationships and discuss with families if any are identified.
3. ED/Designee will educate staff that if any sexual contacts were made, residents will be separated.

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

Implemented [REDACTED] - 02/27/2024)

224a - Preadmission Screen Form**20. 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 7'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] - 01/08/2024)

Determination of prescreened was completed to reflect home is able to care for resident. 11/1/23

An audit of resident preadmission screening was completed to ensure preadmission screening for all residents had determination section completed. 10/30/23

Wellness staff, and RSC were educated on how to complete preadmission screening. 11/16/23

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

Implemented [REDACTED] - 02/27/2024)

227c - Support Plan Revision**21. Requirements**

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

The DME resident 6, dated [REDACTED] indicates the resident has a need for a mechanical soft diet. The resident's support plan, dated [REDACTED] does not document how this need will be met.

The DME for resident 7, dated [REDACTED], indicates that the resident has a need for a puree diet. The resident support plan, dated [REDACTED], does not document how this need will be met.

227c Support Plan Revision (continued)

Plan of Correction

Accept () - 01/08/2024)

Support plan for resident 6 was updated to indicate how home will meet residents dietary needs. 10/30/23.

Audit of all resident support plan was completed to ensure home indicates how residents needs will be met 11/20/23

ED/RSC will monitor support plan for resident indicates how home will meet residents needs. ongoing.

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

Implemented () - 02/27/2024)

227d - Support Plan Medical/Dental

22. 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 support plan for residents 1 and 2 doesn't have the date the assessment was finalized or when the support plan was finalized.

The support plan for resident 4, was dated () However, it was scratched out and corrected as (), and it doesn't have any initials or reason for the correction.

The support plan for resident 6, dated () indicates that the resident has a need for engaging in social and leisure activities, aggression, communication, judgement, and understanding. However, it does not specify how this need will be met.

Plan of Correction

Accept () - 01/08/2024)

Support plan for resident 1 and 2 was dated to reflect date assessment and support plan was finalized. 10/23/23.

Audit of all resident assessment and support plan was completed to ensure dates support plans and assessment was finalized were indicated. 11/30/23.

Support plan for resident 4 was updated.

Support plan for resident 6 was updated to indicate how home will meet resident need for engaging in social and leisure activities, aggression, communication, judgement and understanding. 11/30/23

Audit of all resident support plans was completed to ensure home indicates plan to meet resident needs. 11/30/23

ED and RSC will ensure all support plan will indicate date of assessment and support plan was finalized. ED and

227d Support Plan Medical/Dental (continued)

RSC will ensure support plan indicates how resident needs will be met. ongoing

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

Implemented (█) - 02/27/2024)

227g -Support Plan Signatures**23. 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 4 participated in the development of his/her support plan on █ However, the resident did not sign the support plan or has a reason for a refusal.

Plan of Correction

Accept (█) - 01/08/2024)

Resident's inability to sign support plan was indicated 10/23/23.

Audit of residents RASP was completed to ensure residents ability to participate is indicated. 11/10/23.

ED and RSC will ensure residents ability to participate in support plan is indicated. ongoing.

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

Implemented (█) - 02/27/2024)