

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

February 14, 2024

[REDACTED], OWNER/ADMINISTRATOR
517 SOUTH 9TH STREET
YOUNGWOOD, PA, 15697

RE: WHITEHEAD PERSONAL CARE
HOME II
517 SOUTH 9TH STREET
YOUNGWOOD, PA, 15697
LICENSE/COC#: 42814

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/01/2023 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: WHITEHEAD PERSONAL CARE HOME II **License #:** 42814 **License Expiration:** 05/28/2024
Address: 517 SOUTH 9TH STREET, YOUNGWOOD, PA 15697
County: WESTMORELAND **Region:** WESTERN

Administrator

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

Legal Entity

Name: DONALD WHITEHEAD
Address: 517 SOUTH 9TH STREET, YOUNGWOOD, PA, 15697
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 12/11/1987 **Issued By:** L & I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 17 **Waking Staff:** 13

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 11/01/2023

Inspection Dates and Department Representative

11/01/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 17 **Residents Served:** 17

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 11 **Are 60 Years of Age or Older:** 14
Diagnosed with Mental Illness: 16 **Diagnosed with Intellectual Disability:** 5
Have Mobility Need: 0 **Have Physical Disability:** 1

Inspections / Reviews

11/01/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/01/2023

12/01/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 02/13/2024
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/08/2023

Inspections / Reviews *(continued)*

01/03/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/18/2024

02/14/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

42s - Privacy

1. Requirements

2600.

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

Description of Violation

Residents #1 and #2 reside in bedroom [REDACTED] on the [REDACTED] floor. At approximately 10:30 a.m., the bed of resident #1 was positioned horizontally to the left along the door wall in bedroom [REDACTED]. However, the bottom of resident #1's bed extends approximately 8" into the opening of the doorway. Due to the bed blocking the doorway, the residents are not able to close the bedroom door to ensure the residents privacy.

Plan of Correction

Directed [REDACTED] - 01/03/2024)

The doors to all the bedrooms and bathrooms open into the hallway. A piece of furniture would not block the door from closing. However, the beds were moved around so that the bed does not extend out. I have attached photos of the doors all opening into the hallway.

Proposed Overall Completion Date: 12/07/2023

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall complete an initial audit of the home to ensure compliance with Regulation 2600.42(s). 1/3/24 [REDACTED]

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall complete a monthly audit of the home to ensure compliance with Regulation 2600.42(s). 1/3/24 [REDACTED]

Directed Completion Date: 01/04/2024

Implemented [REDACTED] - 02/14/2024)

51 - Criminal Background Check

2. Requirements

2600.

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

Description of Violation

Direct care staff person A, hired [REDACTED], did not have a criminal background check completed until [REDACTED]. Direct care staff person A provided unsupervised personal care services to the residents in the home beginning, [REDACTED]

Plan of Correction

Directed [REDACTED] - 01/03/2024)

All criminal background checks will be run before hire by the Administrator. This criminal background check was completed at the time of inspection by the administrator on 11/01/2023.

Proposed Overall Completion Date: 12/12/2023

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall complete an audit of all current staff records to ensure compliance with Regulation 2600.51. 1/3/24 [REDACTED]

51 Criminal Background Check (continued)

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall complete an audit of all new staff records to ensure compliance with Regulation 2600.51. 1/3/24 ■

Directed Completion Date: 01/04/2024

Implemented (■) - 02/14/2024)

65f - Training Topics

3. Requirements

2600.

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

1. Medication self-administration training.

Description of Violation

Direct care staff persons B, C, D, E, F, and G did not receive the required annual training under Medication Self Administration during the 2022 training year.

Plan of Correction

Directed (■) - 01/03/2024)

Medication training is completed yearly with each employee's observations per the medication rules set forth by the train the trainer format. 2600.65.f(1) is covered under the medication training outlined in the training plan. The administrator who is also the certified train the trainer will ensure that each staff members training includes 2600.65 f(1). Attached is the 2022 staff training plan which was located on the bulletin board for 2022. Also attached are Staff Member E training papers from 2022. Those same forms are available for each staff member.

Proposed Overall Completion Date: 12/12/2023

DIRECTED

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall provide all staff persons cited in the violation with the required education related to medication self administration to ensure compliance with Regulation 2600.65(f). Documentation of education shall be kept in accordance with regulation 2600.65(i). 1/3/24 ■

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall audit all current staff training records to ensure compliance with Regulation 2600.65(f). 1/3/24 ■

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall review all staff training records as part of the Quality Management review to ensure compliance with Regulation 2600.65(f). 1/3/24 ■

Directed Completion Date: 01/08/2024

Implemented (■) - 02/14/2024)

65i - Training Record

4. 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.

65i Training Record (continued)

Description of Violation

Direct care staff person A, hired [REDACTED], indicated receiving the direct care staff first day orientation and first 40 hour training; however, the home was unable to provide documentation the training was completed.

Plan of Correction

Directed [REDACTED] - 01/03/2024)

The administrator will be sure that all required training is completed within the appropriate time frame. We were in the process of switching to electronic records and the record was in her file. Please see attached.

Proposed Overall Completion Date: 12/21/2023

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall review and update staff person A's training documents to ensure compliance with Regulation 2600.65(i). 1/3/24 [REDACTED]

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall review all staff training documents to ensure compliance with Regulation 2600.65(i). 1/3/24 [REDACTED]

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall review all staff training records as part of the Quality Management review to ensure compliance with Regulation 2600.65(i). 1/3/24 [REDACTED]

Directed Completion Date: 01/08/2024

Implemented [REDACTED] - 02/14/2024)

66b - Training Plan Content

5. Requirements

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

2. The required training courses for each staff person.

Description of Violation

The home's annual staff training plan for the training year 2022 and 2023, does not include the required annual training topic under 65f (1) on Medication Self Administration.

Plan of Correction

Accept [REDACTED] - 01/03/2024)

Please see the attached training that was completed for each staff member. This includes 2600.65 (f)1, for each staff member. 2600.65 (f)1 is included in the standardized medication training, which is completed during their quarterly medication observations. The administrator will make sure that more detailed documentation is maintained regarding 2600.65(f)1. However, the training is included in quarterly observations.

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

Implemented [REDACTED] - 02/14/2024)

85a - Sanitary Conditions

6. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

85a - Sanitary Conditions (continued)**Description of Violation**

At approximately 11:30 a.m., the bathtub in the common bathroom on the second floor has a heavy concentration of dirt and soap scum around the entire interior of the bathtub from approximately the middle of the sides onto the bottom interior of the bathtub.

Plan of Correction**Directed () - 01/03/2024)**

The bathroom was cleaned immediately. Direct care staff will check the bathroom at least 3 times per shift and after each bath.

Proposed Overall Completion Date: 12/21/2023

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons on the requirements of Regulation 2600.85(a). Documentation of education shall be kept in accordance with Regulation 2600.65(i). 1/3/24 ()

Directed Completion Date: 01/08/2024

Implemented () - 02/14/2024)**88a - Surfaces****7. Requirements**

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The wall in the bathtub/shower area in the second-floor common bathroom is in disrepair. There are several holes to include a 3" by 2" hole in the wall where the shower valve should be and the hole around the bathtub waterspout much larger than the waterspout, exposing the walls interior and allowing water to access inside the walls. There is no cover to the overflow in the bathtub leaving a large hole in tub where water can access.

Plan of Correction**Directed () - 01/03/2024)**

The facility intends to replace the bathtub and to include a shower. Please see the attached estimate to be completed by Ceconello Plumbing.

Proposed Overall Completion Date: 01/13/2024

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall audit the home weekly to ensure compliance with Regulation 2600.88(a). 1/3/24 ()

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons on the requirements of Regulation 2600.88(a). Documentation of education shall be kept in accordance with Regulation 2600.65(i). 1/3/24 ()

Directed Completion Date: 01/13/2024

Implemented () - 02/14/2024)**95 - Furniture and Equipment**

8. Requirements

2600.

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

Description of Violation

On 11/1/23, at approximately 10:25 a.m., there was a double light switch with a decorative switch plate cover on the wall at the top of the steps on the second floor. However, the left light switch is missing, leaving a hole where the switch should be. The light switch is live and poses an electrical shock hazard.

On 11/1/23 at approximately 11:35 a.m., the shower in the 2nd floor common bathroom bathtub/shower area is inoperable. The home reports leaking from the shower and removed the controls that operate the shower in the bathtub, leaving only the hot/cold controls and the waterspout intact. Residents sit on a shower chair to bathe from the bathroom tub waterspout.

Plan of Correction

Directed (█ - 01/03/2024)

The light switch will be replaced by 12/06/2023.

The bathtub on the 2nd floor was never inoperable. The residents can and could get into the tub or use a tub/shower chair. According to regulation either a shower or tub must be made available, but not necessarily both. The bathtub does hold water and there is no problem with bathing. However, we will be doing an upgrade to the bathroom on the 2nd floor which should be completed by January 13, 2024.

Proposed Overall Completion Date: 01/13/2024

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall audit the home weekly to ensure compliance with Regulation 2600.95. 1/3/24 █

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons on the requirements of Regulation 2600.95. Documentation of education shall be kept in accordance with Regulation 2600.65(i). 1/3/24 █

Directed Completion Date: 01/13/2024

Implemented (█ - 02/14/2024)

100a - Exterior - Free of Hazards

9. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

Several of the exterior top wooden railings on the right side of the walkway leading from the parking lot to the home's front entrance are in disrepair. The ends of several wooden boards/rails secured at the posts are rotted and splintered. At the top of walkway closest to the home's entrance there is a wooden board/rail that is rotted and splintered measuring approximately 7" by 4" at the end secured to the post. Also, at the top of the longer section of the walkway the two of the boards/rails are splintered and rotted at the far ends secured to a post.

Plan of Correction

Directed (█ - 01/03/2024)

Two boards at the top need replaced and will be done by 12/06/2023. Photos of all the boards to follow. This was completed by maintenance.

100a Exterior Free of Hazards (continued)

Proposed Overall Completion Date: 12/22/2023

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall audit the home weekly to ensure compliance with Regulation 2600.100(a). 1/3/24

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons on the requirements of Regulation 2600.100(a). Documentation of education shall be kept in accordance with Regulation 2600.65(i). 1/3/24

Directed Completion Date: 01/08/2024

Implemented - 02/14/2024

101j2 - Bedroom Chairs

10. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 2. A chair for each resident that meets the resident's needs.

Description of Violation

At approximately 10:10 a.m., bedroom #3 is occupied by two residents; however, there was only one chair present in the room.

Plan of Correction

Directed - 01/03/2024

A resident removed their chair, staff will check daily to make sure that all the chairs remain in the bedrooms. A monthly walk through by the administrator will ensure that all required equipment is in each room.

Proposed Overall Completion Date: 12/21/2023

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall audit all resident bedrooms to ensure compliance with Regulation 2600.101(j)(2). 1/3/24

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall audit the home weekly to ensure compliance with Regulation 2600.101(j)(2). 1/3/24

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons on the requirements of Regulation 2600.101(j)(2). Documentation of education shall be kept in accordance with Regulation 2600.65(i). 1/3/24

Directed Completion Date: 01/08/2024

Implemented - 02/14/2024

101r - Bedroom - shades/drapes/window covering

11. Requirements

101r Bedroom shades/drapes/window covering (*continued*)

2600.

101.r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

On 11/1/23, at approximately 10:15 a.m. there was no window covering over the small window behind resident #3's bed to provide privacy for the residents in bedroom #5 on the main floor.

Plan of Correction**Directed** [REDACTED] - 01/03/2024)

Bedroom #5 had some repairs made to it that required drywall and plastering. The curtain was removed to allow for the drywall and plastering to dry. It has since been put back up. During the weekly walkthroughs, the administrator will check for window coverings, and once a project is completed. Please see attached photo.

Proposed Overall Completion Date: 12/22/2023

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall audit all resident bedrooms to ensure compliance with Regulation 2600.101(r). 1/3/24 [REDACTED]

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons on the requirements of Regulation 2600.101(r). Documentation of education shall be kept in accordance with Regulation 2600.65(i). 1/3/24 [REDACTED]

Directed Completion Date: 01/08/2024

Implemented [REDACTED] - 02/14/2024)

103f Refrigerator/Freezer Temps

12. 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 11/1/23 at approximately 11:15 a.m. the temperature in the refrigerator section of the refrigerator/freezer in the kitchen measured 46 degrees Fahrenheit.

Plan of Correction**Directed** ([REDACTED] - 01/03/2024)

A temperature chart to record the temperature in the refrigerator shall be used and the temperature recorded daily by staff. When checked on 11/12/2023 the temperature read 35 degrees.

Proposed Overall Completion Date: 12/22/2023

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall take the appropriate action to ensure the temperature of the refrigerator cited in the violation is at or below 40°F. 1/3/24 [REDACTED]

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons on the requirements of Regulation 2600.103(f). Documentation of education shall be kept in accordance with

103f - Refrigerator/Freezer Temps (continued)

Regulation 2600.65(i). 1/3/24

Directed Completion Date: 01/08/2024

Implemented - 02/14/2024

132a - Monthly Fire Drill

13. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

Staff interviews confirmed staff frequently have knowledge of fire drills prior to being conducted. The fire drill conducted on 9/22/23 at 7:38 p.m. was an announced fire drill. Direct care staff person C informed direct care staff person E, after clocking in for the 3:00 p.m. shift, "Oh, we're doing a fire drill."

Plan of Correction

Directed - 01/03/2024

The administration will make sure that all fire drills are unannounced. The fire drills for November and December were not announced. The administrator will run all fire drills and will be sure that they are not announced.

Proposed Overall Completion Date: 12/21/2023

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall develop and implement a policy and procedure ensure no fire drill are announced in accordance with Regulation 2600.132(a). 1/3/24

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons involved in conducting fire drills on the requirements of Regulation 2600.132(a). Documentation of education shall be kept in accordance with Regulation 2600.65(i). 1/3/24

Directed Completion Date: 01/08/2024

Implemented - 02/14/2024

132b - Safety Inspection/Fire Drill

14. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The most recent fire safety inspection and fire drill conducted by a fire safety expert was completed in 6/26/23; however, the previous fire drill and fire safety inspection was conducted on 5/26/22.

REPEAT VIOLATION: 4/11/22

Plan of Correction

Directed - 01/03/2024

The administrator will ensure that the fire safety inspection is completed before 6/26/2024, and documentation shall be kept as required.

132b Safety Inspection/Fire Drill (continued)

Proposed Overall Completion Date: 12/21/2023

DIRECTED

Within 15 calendar days of receipt of the accepted plan of correction: The administrator shall have a fire safety inspection and fire drill conducted by a fire safety expert shall be completed and documented. 1/3/24

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall develop and implement a system to ensure a fire safety inspection and fire drill conducted by a fire safety expert is completed in accordance with Regulation 2600.132(b). 1/3/24

Directed Completion Date: 01/18/2024

Implemented - 02/14/2024

132c - Fire Drill Records

15. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drills conducted on 2/2/22 at 11:55 and 3/29/22 at 10:05 do not indicate if fire drill was conducted in the AM or PM.

The fire drill conducted on 7/23/23, does not indicate an actual time, only indicates "PM".

The fire drills conducted on 8/3/23 and 9/22/23 do not indicate the exit routes used.

Plan of Correction

Directed - 01/03/2024

Full and complete documentation, including actual times, and exit routes for fire drills will be completed by the administrator. Please see attached with November and December fire drill.

Proposed Overall Completion Date: 12/21/2023

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall review the fire drill record monthly to ensure compliance with Regulation 2600.132(c). 1/3/24

Directed Completion Date: 01/08/2024

Implemented - 02/14/2024

132d - Evacuation

16. Requirements

2600.

132d Evacuation (continued)

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

Description of Violation

The home's designated safe evacuation time as 2 minutes 30 seconds determined by a fire safety expert on 5/6/22 and 6/26/23. Review of the homes fire drill record indicates the home exceeded the safe evacuation time for the following fire drills:

Date	Time	Evacuation Time
1/27/22	9:40 AM	2 minutes 37 seconds
2/2/22	11:55 AM	2 minutes 50 seconds
4/25/22	1:05 PM	3 minutes 4 seconds
6/30/22	10:15 PM	2 minutes 45 seconds
7/15/22	2:09 PM	2 minutes 47 seconds
8/4/22	3:10 AM	2 minutes 32 seconds
10/13/22	5:20 PM	2 minutes 52 seconds
12/22/22	1:00 PM	2 minutes 35 seconds
1/17/23	11:00 AM	2 minutes 32 seconds

The home's fire drill record indicates 16 residents were present in the home; however, only 15 residents evacuated during the fire drill conducted on 7/23/23.

Plan of Correction

Directed () - 01/03/2024

In the future if a fire drill goes over the 2 minute 30 second time limit the fire drill shall be redone to comply with the 2 minute 30 second time limit. This shall be overseen by the administrator

Proposed Overall Completion Date: 12/21/2023

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall complete the following steps to reduce the safe evacuation to a time less than 2 minutes and 30 seconds, if the home is unable to obtain a safe evacuation time specified in writing by a fire safety expert within the past year:

- Provide resident education on evacuation policies and procedures. Documentation shall be kept.
- Conduct additional fire drills.
- Relocate residents who require special assistance with evacuation closer to exits or fire safe areas.
- Add additional staff to meet the 2 minute and 30 second evacuation time or the safe evacuation time specified by the fire safety expert within the past year.

1/3/24 ()

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons on the requirements of Regulation 2600.132(d). Documentation of education shall be kept in accordance with Regulation 2600.65(i). 1/3/24 ()

Directed Completion Date: 01/08/2024

Implemented () - 02/14/2024

187a - Medication Record

18. Requirements

2600.

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

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #1's September and October 2023 MAR's do not include a diagnosis or purpose for the prescribed medication,

Resident #4's September and October 2023 medication administration records (MAR) do not include a diagnosis or purpose for the prescribed medication, Capsule.

Resident #5's October and November 2023 MAR's do not include a diagnosis or purpose for the following prescribed medications, to include:



Plan of Correction

Directed () - 01/03/2024

A complete audit of every resident's MARs was completed to ensure that all medications had a diagnosis. This will be done quarterly by the train trainer. Please see attached audit that was faxed to Health Direct Pharmacy with the notation at the top. The audit was completed 12/04/23.

Proposed Overall Completion Date: 12/21/2023

DIRECTED

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons on the requirements of Regulation 2600.187(a). Documentation of education shall be kept in accordance with Regulation 2600.65(i). 1/3/24

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall complete a monthly audit of all MARs to ensure compliance with Regulation 2600.187(a). 1/3/24

Directed Completion Date: 12/21/2023

Implemented () - 02/14/2024

221c - Post Activity Calendar

19. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

On 11/1/23, the home does not have a current weekly activity calendar posted in a public and conspicuous place in the home.

Plan of Correction**Directed** [REDACTED] - 01/03/2024)

The last activity calendar that was on the bulletin boards on both floors was for October 2023. The inspection was on 11/01/2023 and administration did not get it posted in time. In the future, the administrator will attempt to be sure it is up 1 week in advance of the end of the month.

Proposed Overall Completion Date: 12/22/2023

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall ensure the current month activity calendar is posted in accordance with Regulation 2600.221(c). 1/3/24 [REDACTED]

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall audit the home weekly ensure the current month activity calendar is posted in accordance with Regulation 2600.221(c). 1/3/24 [REDACTED]

Directed Completion Date: 01/04/2024

Implemented [REDACTED] - 02/14/2024)**225c - Additional Assessment****20. Requirements**

2600.

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

1. Annually.

Description of Violation

The assessment, dated [REDACTED] for resident #4 does not include the name and contact information for the resident's legal guardian under the formal supports.

Plan of Correction**Directed** [REDACTED] - 01/03/2024)

Resident #4 RASP shall be done to include the name and number of his legal guardian. The administrator will ensure that the correct information is in each RASP. Please see attached.

Proposed Overall Completion Date: 12/21/2023

DIRECTED

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall review all resident assessments for accuracy and completeness. 1/3/24 [REDACTED]

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall review all newly completed resident assessments for accuracy and completeness. 1/3/24 [REDACTED]

Directed Completion Date: 01/04/2024

Implemented [REDACTED] - 02/14/2024)