



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]
November 6, 2023

[REDACTED]
[REDACTED]
Ann's Choice, Inc.
16000 Ann's Choice Way
Warminster, Pennsylvania 18974

RE: Ann's Choice
License #: 144390

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department) review on November 18, 2022 and November 6, 2023 of the above facility, we have determined that your submitted plan of correction for the October 31 and November 1, 2022 inspection is not fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

[REDACTED]
[REDACTED]
Regional Licensing Director

Enclosure
Licensing Inspection Summary

Facility Information

Name: ANN'S CHOICE License #: 14439 License Expiration: 01/02/2023
 Address: 16000 ANN'S CHOICE WAY, WARMINSTER, PA 18974
 County: BUCKS Region: SOUTHEAST

Administrator

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

Legal Entity

Name: ANNS CHOICE INC
 Address: 16000 ANN'S CHOICE WAY, WARMINSTER, PA, 18974
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-2 Date: 11/19/2018 Issued By: Warminster Township

Staffing Hours

Resident Support Staff: 106 Total Daily Staff: 163 Waking Staff: 122

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 11/01/2022

Inspection Dates and Department Representative

10/31/2022 - On-Site: [REDACTED]
 11/01/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 98 Residents Served: 50

Special Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 3

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 50
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 7 Have Physical Disability: 0

Inspections / Reviews

10/31/2022 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/14/2022

Inspections / Reviews (*continued*)

11/15/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/14/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 11/20/2022

11/06/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/17/2022

Reviewer: [REDACTED]

Follow-Up Type: Bypass Document
Submission

3d Post license/VR/Regs

1. Requirements

2800.

- 3.d. The assisted living residence shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the assisted living residence.

Description of Violation

On 10/31/22, the residence's license inspection summary, dated 7/1/22, was not posted in a conspicuous and public place in the residence.

Repeat Violation: 7/22/21 et al.

Plan of Correction

Accept (█ - 11/18/2022)

ALF - POC 2022

2800.3d

The assisted living residence shall post the current license, a copy of the current license inspection summary issues by the department and a copy of this chapter in a conspicuous and public place in the assisted living residence.

- A copy of the residence's current license inspection summaries, including inspection dated 7/22/2022 has been posted in a conspicuous and public place in the assisted living residence.

- Audits will be completed twice weekly x4 week, then monthly x2 months to ensure copies are in place.

- ALM or designee will complete the audits.

- Results will be reported at Quality Management x3 months.

Audits to begin: 11/18/2022

Completion Date: 2/13/2023

Not Implemented (█ - 11/6/23)

Licensee's Proposed Overall Completion Date: 02/13/2023

65g Initial direct care training

2. Requirements

2800.

- 65.g. Direct care staff persons may not provide unsupervised assisted living services until completion of 18 hours of training in the following areas:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with mental illness, neurological impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - vi. Implementation of the initial assessment, annual assessment and support plan.
 - vii. Nutrition, food handling and sanitation.
 - viii. Recreation, socialization, community resources, social services and activities in the community.
 - ix. Gerontology.
 - x. Staff person supervision, if applicable.
 - xi. Care and needs of residents with special emphasis on the residents being served in the residence.
 - xii. Safety management and hazard prevention.

65g Initial direct care training (continued)

- xiii. Universal precautions.
- xiv. The requirements of this chapter.
- xv. The signs and symptoms of infections and infection control.
- xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the residence.
- xvii. Behavioral management techniques.
- xviii. Understanding of the resident’s assessment and how to implement the resident’s support plan.
- xix. Person-centered care and aging in place.

Description of Violation

Direct care staff person A provided unsupervised assisted living services on or about 6/20/22. Direct care staff person A did not complete training that included a demonstration of job duties, followed by supervised practice.

Plan of Correction

Accept [redacted] - 11/18/2022)

ALF - POC 2022

2800.65g

Direct care staff persons may not provide unsupervised assisted living services until, completion of 18 hours of training. Training must include a demonstration of job duties, followed by supervised practice, and successful completion and passing the Department approved direct care training course and passing of the competency test.

- Person A is a Personal Care Worker, moving forward all Personal Care Workers will complete training that includes demonstration of job duties that includes supervised practice.

- Audits will be completed weekly x1 month, bi-weekly x1 month, and then monthly x1 month to ensure all PCW's are provided the proper training and practice.

- Health Care Scheduler or designee will complete the audits.

- Results will be reported at Quality Management x3 months.

Audits to begin: 11/18/2022

Completion Date: 2/13/2023

Licensee's Proposed Overall Completion Date: 02/13/2023

Not Implemented [redacted] - 11/6/23)

66b Content of training plan

3. Requirements

2800.

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

1. The name, position and duties of each direct care staff person.
2. The required training courses for each staff person.
3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The residence's staff training plan for training year 2022 does not include the following:

1.The name, position and duties of each direct care staff person.

2.The required training courses for each staff person.

3.The dates, times and locations of the scheduled training for each staff person for the upcoming year.

66b Content of training plan (continued)

Plan of Correction

Accept [REDACTED] - 11/18/2022)

See attached.ALF - POC 2022

2800.66b

*The plan must include training aimed at improving the knowledge and skills of the residence's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:**The name, position, and duties of each direct care staff person, the required training courses for each staff person, and the dates, times, and locations of scheduled training for each staff person for the upcoming year.**- Staff Development Coordinator to create a calendar for annual training that details the name, position, and duties of direct care staff, the required courses for each staff person, and the dates, times, and locations for the scheduled training for each staff person for the upcoming year.**- SDC will re-implement the annual training calendar.**- SDC to review calendar at Quality Management meeting.**Completion Date: 12/23/2022*

Licensee's Proposed Overall Completion Date: 12/23/2022

Not Implemented [REDACTED] - 11/6/23)

107d Procedure EMA submission

4. Requirements

2800.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation*The residence's written emergency procedures have not been submitted to the local emergency management agency.***Plan of Correction**

Accept [REDACTED] - 11/18/2022)

See attached.ALF - POC 2022

2800.107d

*The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.**- The written emergency procedures will be reviewed, updated and submitted to the local emergency management agency by the Assisted Living Manager or designee.**- This will be completed annually and documentation will be kept in the Survey Preparedness binder.**- The Assisted Living Manager will ensure this is reviewed in the Quality Management meeting.**Completion date: 12/23/2022*

Licensee's Proposed Overall Completion Date: 12/23/2022

Not Implemented [REDACTED] - 11/6/23)

123b Emerg. procedures posted

5. Requirements

2800.

123.b. Copies of the emergency procedures as specified in § 2800.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the residence and a copy shall be kept.

Description of Violation*The residence's emergency procedures are not posted in a conspicuous and public place in the residence.*

123b Emerg. procedures posted (continued)

Plan of Correction

Accept [redacted] 11/18/2022

ALF - POC 2022

2800.123b

Copies of the emergency procedures as specified in 2800-107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the residence and a copy shall be kept.

- A copy of emergency procedures have been posted in a conspicuous and public place in the assisted living residence.
- Weekly audits will be completed twice weekly x4 weeks, then monthly x2 months, to ensure copies are in place.
- ALM or designee will complete audits.
- Results will be reported at Quality Management x3 months.

Audits to begin: 11/18/2022

Completion Date: 2/13/2023

Licensee's Proposed Overall Completion Date: 02/13/2023

Not Implemented [redacted] - 11/6/23

124 Notice to fire department

6. Requirements

2800.

124. The residence shall notify the local fire department in writing of the address of the residence, location of the living units and bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The residence does not have documentation of written notification to the local fire Department of the address of the residence, location of the living units and bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction

Accept [redacted] - 11/18/2022

ALF - POC 2022

2800.124

The residence shall notify the local fire department in writing of the address of the residence, location of the living units and bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

- The Assisted Living Manager or designee will notify the local fire department in writing of the address of the residence, location of the living units and bedrooms, and the assistance needed to evacuate in an emergency.
- Documentation of notification will be kept in the Survey Preparedness binder.
- The Assisted Living Manager will ensure this is reviewed in the Quality Management meeting

Completion date: 12/23/2022

Licensee's Proposed Overall Completion Date: 12/23/2022

Not Implemented [redacted] - 11/6/23

132b Safety inspection/fire drill

7. Requirements

2800.

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.

132b Safety inspection/fire drill (continued)

Description of Violation

The residence does not have documentation of an annual fire drill and fire safety inspection conducted by a fire safety expert.

Plan of Correction

Accept [redacted] - 11/18/2022)

ALF - POC 2022

2800.132b

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.

- A fire safety inspection and fire drill conducted by a fire safety expert will be completed annually. This was completed on November 11, 2022.

- Documentation of this fire drill and fire safety inspection shall be kept in the Survey Preparedness Binder.

- The Assisted Living Manager or designee will ensure this is scheduled and documented annually.

- The Assisted Living Manager will ensure this is reviewed in the Quality Management meeting.

Completion date: 12/23/2022

Licensee's Proposed Overall Completion Date: 12/23/2022

Not Implemented ([redacted] - 11/6/23)

132c Fire drill records

8. Requirements

2800.

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 residence 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 drill records for the drills conducted on 12/7/21, 1/18/22, 2/5/22, 3/3/22, 4/27/22, 5/5/22, 6/12/22, 7/26/22, 8/12/22, 9/28/22, and 10/30/22 do not include exit routes used.

Plan of Correction

Accept [redacted] - 11/18/2022)

ALF - POC 2022

2800.132c

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 residence 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.

- Assisted Living Manager to add Fire Code Record to yearly fire log binder, to document evacuation route for each monthly fire drill.

- Fire Code Record will be the audit tool.

- ALM to track monthly for 3 months to ensure compliance.

- Results will be reported at Quality Management x3 months.

Audit to begins: November Fire Drill

Completion Date: 2/13/2023

Licensee's Proposed Overall Completion Date: 02/13/2023

Not Implemented ([redacted] - 11/6/23)

141a Medical evaluation

9. Requirements

2800.

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.
11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.
12. Information about a resident's day-to-day assisted living service needs.

Description of Violation

Resident #1 was admitted on [REDACTED]/21. Resident #1's medical evaluation was completed on 6/28/22.

Plan of Correction

Accept [REDACTED]/18/2022)

ALF - POC 2022

2800.141a

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.

- Facility will ensure ADME forms are current, completed in full with supporting documentation attached, and that resident's chart contains two consecutive year of ADME's if applicable.
- ALM or designee will complete an initial audit of resident charts to determine compliance of ADME's.
- Audit to be completed of 25% of resident's bi-weekly x2 months.
- Results will be reported at Quality Management x3 months.

Audits to begin: 11/18/2022

Completion Date: 2/13/2023

Licensee's Proposed Overall Completion Date: 02/13/2023

Not Implemented ([REDACTED] - 11/6/23)

10. Requirements

2800.

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:

Description of Violation

The medical evaluation for resident #1, dated [REDACTED]/22, does not include medical diagnosis including physical or mental disabilities of the resident, medical information pertinent to diagnosis and treatment in case of an emergency, allergies, and an indication that a tuberculin skin test has been administered. These areas of the form are blank or say "see attached" and there is no accompanying documentation.

The medical evaluation for resident #2, dated 1/26/22, does not include a general physical examination by a

141a Medical evaluation (continued)

physician, physician's assistant or nurse practitioner, medical diagnosis including physical or mental disabilities of the resident, medical information pertinent to diagnosis and treatment in case of an emergency, medication regimen, and an indication that a tuberculin skin test has been administered. These areas of the form say "see attached" and there is no accompanying documentation.

The medical evaluation for resident #3, dated 5/9/22, does not include an indication that a tuberculin skin test has been administered. This area of the form is blank.

The medical evaluation for resident #4, dated 5/9/22, does not include an indication that a tuberculin skin test has been administered. This area of the form is blank.

The medical evaluation for resident #5, dated 2/8/22, does not include medical diagnosis including physical or mental disabilities of the resident and medical information pertinent to diagnosis and treatment in case of an emergency. These areas of the form say "see attached" and there is no accompanying documentation.

Repeat Violation: 5/4/22 et al.

Plan of Correction

Accept [REDACTED] 11/18/2022)

ALF - POC 2022
2800.141a

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.

- Facility will ensure ADME forms are current, completed in full with supporting documentation attached, and that resident's chart contains two consecutive year of ADME's if applicable.
- ALM or designee will complete an initial audit of resident charts to determine compliance of ADME's.
- Audit to be completed of 25% of resident's bi- weekly x2 months.
- Results will be reported at Quality Management x3 months.

Audits to begin: 11/18/2022

Completion Date: 2/13/2023

See attached.

Licensee's Proposed Overall Completion Date: 02/13/2023

Not Implemented [REDACTED] - 11/6/23)

141b1 Annual medical evaluation**11. Requirements**

2800.

141.b. A resident shall have a medical evaluation:

1. At least annually.

Description of Violation

Resident #4's most recent medical evaluation was completed on [REDACTED]/22. The resident's previous medical evaluation was completed on 4/22/21.

141b1 Annual medical evaluation (continued)

Repeat Violation: 8/3/21 et al.

Plan of Correction

Accept (████) - 11/18/2022)

ALF - POC 2022

2800.141b

A resident shall have a medical evaluation at least annually.

- Residence shall ensure residents have a current ADME, at least annually.
- Initial audit will be completed by ALM or designee.
- ALM or designee will create a system for tracking ADME to ensure annual compliance
- ALM/designee will send monthly list to medical providers for ADME's due.
- ALM/designee will audit monthly x3 months.

Audits to begin: 11/18/2022

Completion Date: 2/13/2023

Licensee's Proposed Overall Completion Date: 02/13/2023

Not Implemented (████) - 11/6/23)

183d Current medications

12. Requirements

2800.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the residence.

Description of Violation

On 11/1/22, A&D Ointment was in resident #2's medication cabinet; however, the medication was not on the resident's medication administration record.

On 11/1/22, Acetaminophen 325 mg prescribed for resident # 6, was in the resident's medication cabinet; however, the medication was discontinued on 7/28/22.

On 11/1/22, Biofreeze Gel, Fluticasone Propionate, and Metamucil Tablets were in resident #6's medication cabinet; however, the medications were not on the resident's medication administration record.

Plan of Correction

Accept (████) 11/18/2022)

ALF - POC 2022

2800.183d

Only current prescriptions, OTC, sample and CAM for individuals living the home may be kept in the residence.

- ALM/WM/designee will complete an audit of 100% of residents' medication cabinets to ensure that only ordered medications are in the cabinet.
- Staff will be educated by SDC/designee to remove medications from the medication cabinets that have been discontinued.
- ALM/WM/designee will complete weekly audits of 25% of residents' medication cabinets weekly x2 months.

183d Current medications (continued)

- Results will be reported at Quality Management x3 months.
Audits to begin: 11/18/2022
Completion Date: 2/13/2023

Licensee's Proposed Overall Completion Date: 02/13/2023

Not Implemented (█ - 11/6/23)

183e Storing Medications**13. Requirements**

2800.

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 11/1/22, the medication cabinet for resident #2 had two packs of A&D Ointment. The packs were both ripped open and gel was oozing from both packages.

On 11/1/22, Latanoprost eye drops prescribed to resident #5 were opened and not dated. According to the manufacturer's instructions, opened eye drops may be kept up to six weeks.

On 11/1/22, Insulin Glargine prescribed to resident #6 was opened and not dated. According to the manufacturer's instructions, it must be thrown away after 28 days.

On 11/1/22, Insulin Lispro Kwikpen prescribed to resident #6 was opened and not dated. According to the manufacturer's instructions, it must be thrown away after 28 days.

Plan of Correction

Accept (█ - 11/18/2022)

ALF - POC 2022

2800.183e

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

- ALM/WM/designee will complete an audit of 100% of residents' medication cabinets to ensure that medications cabinets are clean, eye drops and insulins are dated when opened and disposed of per manufacturer's instructions.
- Staff will be educated by SDC/designee on labeling and proper disposal of medications.
- ALM/WM/designee will complete weekly audits of 25% of residents' medication cabinets weekly x2 months.
- Results will be reported at Quality Management x3 months.

Audits to begin: 11/18/2022

Completion Date: 2/13/2023

Licensee's Proposed Overall Completion Date: 02/13/2023

Not Implemented (█ - 11/6/23)

184b - Labeling OTC/CAM**14. Requirements**

184b - Labeling OTC/CAM (continued)

2800.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 11/1/22, 2 packages of A&D Ointment belonging to resident #2 was in the resident's medication cabinet and were not labeled with the resident's name.

On 11/1/22, a tube of Biofreeze Gel belonging to resident #6 was in the resident's medication cabinet and was not labeled with the resident's name.

On 11/1/22, a bottle of Metamucil Tablets belonging to resident #6 was in the resident's medication cabinet and was not labeled with the resident's name.

Plan of Correction

Accept (█ - 11/18/2022)

ALF - POC 2022

2800.184b

If the OTC medication belongs to the resident, they shall be identified with the residents' name.

- ALM/WM/designee will complete an audit of 100% of residents' medication cabinets to ensure OTC medications are label with the resident's name.

- Staff will be educated by the SDC/designee that all OTC medications shall be identified by the resident's name.

- ALM/WM/designee will complete weekly audits of 25% of residents' medication cabinets weekly x2 months.

- Results will be reported at Quality Management x3 months.

Audits to begin: 11/18/2022

Completion Date: 2/13/2023

Licensee's Proposed Overall Completion Date: 02/13/2023

Not Implemented (█ - 11/6/23)

185a Storage procedures**15. Requirements**

2800.

185.a. The residence 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 #6 has the following documentation errors on the resident's medication administration record:

On 10/28/22, at 4:30 pm, blood glucose reading is recorded as 218. The glucometer reads 257.

10/28/22, at 8:00 am, blood glucose reading is recorded as 134. The glucometer reads 115.

10/27/22, at 4:30 pm, blood glucose reading is recorded as 97. The glucometer reads 92.

10/27/22, at 8:00 am, blood glucose reading is recorded as 104. The glucometer reads 105.

10/26/22, at 4:30 pm, blood glucose reading is recorded as 156. The glucometer reads 176.

185a Storage procedures (continued)

Plan of Correction

Accept [REDACTED] - 11/18/2022)

ALF - POC 2022

2800.185a

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

- Licensed staff will be educated by SDC/designee on obtaining glucometer readings per order and documentation of results.

- Mobile work station with computer has been implemented for ease of documentation and accuracy.

- ALM/MW/designee will complete weekly audits of 25% of residents' glucometers' to compare to MAR to ensure accuracy.

- Results will be reported at Quality Management x3 months.

Audits to begin: 11/18/2022

Completion Date: 2/13/2023

Licensee's Proposed Overall Completion Date: 02/13/2023

Not Implemented ([REDACTED] - 11/6/23)

187b Date/time of med admin

16. Requirements

2800.

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

Description of Violation

Resident #5 is prescribed Cetaphil topical cream, apply two times daily. Resident #5's medication administration record was initialed by staff person B as administered on 11/1/22 at 8:00 am. However the medication was not administered because it was not in the residence.

Plan of Correction

Accept [REDACTED] - 11/18/2022)

ALF - POC 2022

2800.185a

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

- Licensed staff will be educated by SDC/designee on obtaining glucometer readings per order and documentation of results.

- Mobile work station with computer has been implemented for ease of documentation and accuracy.

- ALM/MW/designee will complete weekly audits of 25% of residents' glucometers' to compare to MAR to ensure accuracy.

- Results will be reported at Quality Management x3 months.

Audits to begin: 11/18/2022

Completion Date: 2/13/2023

Licensee's Proposed Overall Completion Date: 02/13/2023

Not Implemented ([REDACTED] - 11/6/23)

187d Follow prescriber's orders

17. Requirements

2800.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #5 is prescribed Cetaphil topical cream, apply two times daily. However, this medication was not administered to resident #5 11/1/22 at 8:00 am because the medication was not available in the residence.

Resident #6 is prescribed Caltrate 600 Plus, one time daily. However, this medication was not administered to resident #6 on 10/6/22, 10/7/22, and 10/10/22 because the medication was not available in the residence.

Repeat Violation: 11/30/21 et al.

Plan of Correction

Accept [redacted] - 11/18/2022)

ALF - POC 2022

2800.187b

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

- Staff will be educated by SDC/designee on the 5 Rights of Medication Administration.

- Staff will be educated by the SDC/designee on ordering and tracking of medications through contacted pharmacy, use of Omniview.

Completion Date: 2/13/2023

Licensee's Proposed Overall Completion Date: 02/13/2023

Not Implemented [redacted] - 11/6/23)

18. Requirements

2800.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #6 is prescribed Humalog Kwikpen, threes time daily, give TID with meals. If blood sugar 70-150= 0 units; 151-200=2 units; 201-250= 4 units; 251-300= 6 units; 301-350= 8 units; blood sugar>350= 10 units and call MD. On 10/28/22, at 4:30 pm, resident #6 was administered 5 units with a blood sugar reading of 257.

Plan of Correction

Accept ([redacted] - 11/18/2022)

ALF - POC 2022

2800.187d

The home shall follow the direction of the prescriber.

- Staff will be educated by SDC/designee on the 5 Rights of Medication Administration.

- Staff will be educated by the SDC/designee on ordering and tracking of medications through contacted pharmacy, use of Omniview.

Completion Date: 2/13/2023

Licensee's Proposed Overall Completion Date: 02/13/2023

Not Implemented [redacted] - 11/6/23)

225a1 Assessment – annually

19. Requirements

2800.

225.a.1. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department's assessment form. Additional written assessments shall be completed as follows: Annually.

Description of Violation

Resident #1's most recent assessment was completed on [REDACTED]/22. The resident's previous assessment was completed on 3/10/21.

Resident #4's most recent assessment was completed on [REDACTED]/21.

Plan of Correction

Accept [REDACTED] - 11/18/2022)

ALF - POC 2022

2800.225a1

The administrator or administrator designee, or an LPN, under the supervisions of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department's assessment form. Additional written assessments shall be completed annually.

- Assisted Living Manager to implement tracking process of annual assessments to ensure compliance.
- ALM or Designee will complete an initial audit to determine residents in need of annual assessment.
- Audit to be completed of 25% of residents bi-weekly x2 months.
- Results will be reported at Quality Management x3 month.

Audits to begin: 11/18/2022

Completion Date: 2/13/2023

Licensee's Proposed Overall Completion Date: 02/13/2023

Not Implemented [REDACTED] - 11/6/23)

227g Support plan - signatures

20. Requirements

2800.

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

Description of Violation

Resident #1 participated in the development of [REDACTED] support plan on 10/31/22. However, the resident did not sign and date the support plan.

Resident #2 participated in the development of [REDACTED] support plan on 1/31/22. However, the resident did not sign and date the support plan.

Resident #4 participated in the development of [REDACTED] support plan on 4/19/21. However, the resident did not sign and date the support plan.

Resident #5 participated in the development of [REDACTED] support plan on 2/17/22. However, the resident did not sign and date the support plan.

Repeat Violation: 7/22/21, 5/4/22 et al.

Plan of Correction

Accept [REDACTED] - 11/18/2022)

ALF - POC 2022

227g Support plan - signatures (continued)

2800.227g

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

- *ALM/Designee shall complete an initial audit of resident support plans to determine if signatures were obtained.*
- *Support plan meetings will be set up with resident and or family members twice yearly.*
- *Support Plans will be reviewed/signed by resident and or family.*
- *ALM/Designee will create a system for tracking Support Plan meetings.*
- *ALM/Designee will complete audits of 25% of residents bi-weekly x2 months.*
- *Results will be reported at Quality Management x3 months.*

Audits to begin: 11/18/2022

Completion Date: 2/13/2023

Not Implemented [REDACTED] - 11/6/23)

Licensee's Proposed Overall Completion Date: 02/13/2023