



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JANUARY 12, 2024

[REDACTED]
[REDACTED]
25201 Chagrin Boulevard
[REDACTED]
[REDACTED]

RE: The Lakes at Jefferson
7271 West Market Street
Mercer, Pennsylvania 16137
License/COC #: 451511

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on June 29, 2023, June 30, 2023 and November 7, 2023, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 45151) dated August 4, 2023 to August 4, 2024 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa. Code § 20.71(a)(2) ;(4) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from January 12, 2024 to July 12, 2024.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.


Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
Section:					
187(d)	II	45	\$5	\$225	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a FIRST PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:


 Pennsylvania Department of Human Services
 Bureau of Human Services Licensing
 Room 631, Health and Welfare Building
 625 Forster Street
 Harrisburg, Pennsylvania 17120
 PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala". The signature is written in a cursive, flowing style.

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:



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

Facility Information

Name: *THE LAKES AT JEFFERSON* License #: *45151* License Expiration: *08/04/2023*
Address: *7271 WEST MARKET STREET, MERCER, PA 16137*
County: *MERCER* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *EMBASSY MERCER LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *06/01/2017* Issued By: *Jefferson Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *57* Waking Staff: *43*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *06/30/2023*

Inspection Dates and Department Representative

06/29/2023 - On-Site: [REDACTED]
06/30/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *69* Residents Served: *51*

Secured Dementia Care Unit

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

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *51*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *6* Have Physical Disability: *0*

Inspections / Reviews

06/29/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/31/2023*

08/10/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *09/18/2023*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/17/2023*

09/05/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *09/18/2023*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/12/2023*

01/04/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: *09/18/2023*
Reviewer: [REDACTED] Follow-Up Type: *Enforcement*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

On 6/29/23 at 10:00 AM, there were no publications regarding the influenza vaccine posted in a public place in accordance with the Influenza Awareness Act, enacted in July, 2016.

Plan of Correction

Accept (████ - 08/10/2023)

The administration went on the department of human services website and printed the influenza vaccine poster. This occurred on July 3, 2023. This poster was placed on the wall near the dining room. The poster is next to our DHS certifications of compliance and our civil rights posters.

The administrator or designee will conduct weekly audit to ensure and confirm this influenza vaccine poster is in place. The audit will take place the week of July 24th, 2023. This audit will be going weekly, for the next 4 months. Then the audit will be monthly for an additional 4 months.

Licensee's Proposed Overall Completion Date: 08/02/2023

Implemented (████ - 01/04/2024)

57c - 2 Hours/Day

2. Requirements

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

On 06/22/23, there were 51 residents in the home, including 6 residents with mobility needs, requiring a minimum of 57 hours of direct care service. On this day, only 53.75 hours of direct care staffing was provided.

Plan of Correction

Accept (████ - 08/10/2023)

immediately following the inspection of 6/29/2023. The scheduler ██████████ revised the schedule to accommodate hours needed for patient care. ██████████ will assure appropriate hours are scheduled daily for modified needs.

██████████ will monitor the scheduled to assure for 2 hours of mobility needs per residents daily every shift for one month and the monthly with every new schedule daily hour will be discussed at every morning meeting for 3 months and results discussed at monthly quality assurance meetings for 6 months.

Immediately following the inspection of 6/29 to 6/30 ██████████ revised the schedule to assure at least 75% of care services hours were schedule daily to assure 75% of care service hours are available daily for one month and then monthly for 3 months with every new schedule. Daily care service hours will be discussed and approved by ██████████ at every morning meeting for 3 month and results will be discussed monthly.

Licensee's Proposed Overall Completion Date: 08/03/2023

Implemented (████ - 01/04/2024)

57d - Waking Hours

3. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On 06/24/23, a total of 42.75 hours of direct care was required during waking hours. However, only 40.5 of the required hours, or 71 percent, were provided during waking hours.

Plan of Correction

Accept (█ - 09/05/2023)

When there is a call off or a no-show █ will ask staff that are on shift if they can stay over at least 4 more hours on current shift. Call staff that is scheduled off if they could come in to work at last 4 hours of that shift that the call off, then call the staff who have requested day off if they could come in and do a 4-hour shift.

█ DOW and █ head medtech will audit the schedule for weekly from 8/18/23 to 9/18/23. Will start the bi-weekly 9-19/23 to 11/19/23.

Licensee's Proposed Overall Completion Date: 08/18/2023

Implemented (█ - 01/04/2024)

85a - Sanitary Conditions

4. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 6/29/23 at 8:00 AM, resident #1's glucometer was used to measure the blood glucose level of resident #2.

Plan of Correction

Accept (█ - 09/05/2023)

Starting today 8/2/2023 █ Head Med Tech, upon new admission that requires a glucose monitoring system be used will make a label with full name and residents MAR picture attached to physical glucometer, to further ensure sanitary conditions are maintained. The three current residents that require this have all been labeled as above. Wellness staff will be educated on DHS regulations regarding Sanitary Conditions and safety practices on next mandatory all staff meeting August 14th, 2023. Weekly audits to all glucometers done by DOW for three months then monthly for a 6-month period. They were labeled by DOW 8/2/23. Glucometer was replaced today 8/18/23 by DOW. Both Residents physicians were notified. █ for █ said, █ saw no problem or harm with sharing glucometer" Resident 2 hospice NP stated in an email █

It has been brought to my attention that another resident's monitor has been used to take Resident 2 blood sugar. I see no harm coming to █ because of this issue. Please let know if you need anything else.

█, RNCM. Since state visit Resident 2 passed away shortly after visit. Weekly and daily audits have been already being completed by DOW and Medtechs for months now.

Licensee's Proposed Overall Completion Date: 08/18/2023

Implemented (█ - 01/04/2024)

132c - Fire Drill Records

5. 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 home documented the location of the fire, rather than the exit route used, for fire drills conducted on the following dates:

10/29/22

11/30/22

12/30/22

1/30/23

3/29/23

4/20/23

5/16/23

6/21/23

Repeat Violation: 04/26/2022

Plan of Correction

Accept [REDACTED] - 09/05/2023)

This violation was caused by the issue and concern of the violation 132 D (refer to this violation POC in this annual report). The director of maintenance Christian Weakley and Administrator completed fire drill on 7/27/23 and document the exit need to move the residents to a fire safe common area. Documented were residents moved out of B hall to a fire safe common are. This area was the dining room area. The administrator completed this on the DHS fire drill record on 7/23/23. The Director of Maintenance and Administrator will discuss and document the route use during the fire drill.

The fire drill records will be checked weekly for the next 3 months the administrator or director of maintenance will complete monthly checks. This information will be documented. This will start the week of August 14, 2023.

Licensee's Proposed Overall Completion Date: 08/17/2023

Implemented [REDACTED] /04/2024)

132d - Evacuation

6. Requirements

2600.

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

Staff person A indicates residents stay in their bedrooms and do not evacuate during fire drills.

132d - Evacuation (continued)

Plan of Correction

Accept [REDACTED] - 08/10/2023)

The director of Maintenance [REDACTED] have now changed the fire evacuation process on 7/27/23 the director of maintenance administrator and Jefferson Township fire chief [REDACTED] had a detailed phone conversation with the [REDACTED] on 7/27/23 fire chief [REDACTED] discussed his concern with the DHS regulations. 2600 132 .D. After the conversation the director of maintenance and admin will conduct the fire evacuations as required by the DHS regulation 132D. The administrator discussed the process to the department heads during the morning meeting on 8-2-2023. As a reminder to the new process.

The annual fire drill with [REDACTED], the drill was conducted, and we meet current DHS regulations that required ALL the residents in the fire area to be located into a fire safe area. This process took 12 minutes 43 seconds. The fire chief has made the determination based on the design and construction of the building that 18 minutes and 00 seconds to evacuate the residents to a fire safe common area.

The director of maintenance and administrator will ensure the monthly fire drills and emergency evacuation are completed as required by regulation 2600.132. This will be discussed in detail during ALL staff meeting on 8-15-2023

Licensee's Proposed Overall Completion Date: 08/02/2023

Not Implemented [REDACTED] - 01/04/2024)

141b1 - Annual Medical Evaluation

7. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's most recent medical evaluation was completed on [REDACTED]/6/22.

Resident #3's most recent medical evaluation was completed on [REDACTED] 1/22.

Plan of Correction

Accept [REDACTED] - 09/05/2023)

Resident #1 had a medical exam by [REDACTED] MLNP, on 7/27/23 and DME completed and signed on 7/27/23.

Resident #3 had a medical examination by [REDACTED] MLNP, on 7/27/23 and a DME was completed and signed on 7/27/23. The facility now has a house physician who comes into the facility weekly t exam residents and completes DME's in the guidelines of DHS.

The administrator [REDACTED] will be responsible for having the DME's completed timely.

Starting July 1, 2023, the administrator [REDACTED] will meet with residents, a few days prior to the resident's medical exam to discuss the yearly exam required by DHS. If residents would refuse, we will discuss with the residents POA. The Administrator [REDACTED] will be responsible for monthly tracking of residents DME's. This will start 8/1/2023.

The administrator will audit all the resident's files, checking for the DME's. The Administrator will also make sure the DME's are current. The administrator will also audit the resident DME's monthly starting the month of September the audit will be completed by the 5th of each month. This audit will be ongoing for six months.

Licensee's Proposed Overall Completion Date: 08/17/2023

Implemented [REDACTED] - 01/04/2024)

171b5 - First Aid Kit

8. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

On 6/29/23, the first aid kit in the van used to transport residents did not include eye coverings.

Plan of Correction

Accepted [REDACTED] - 08/10/2023)

The administrator Ron Duez on 6/29/2023 placed safety glasses in the transportation bus. Starting the week of July 24th, the bus will be checked for a complete first aid kit and eye protection (safety glasses). This safety check will be completed by Maintenance Director also placed a new safety kit in the transportation bus.

The audit of the safety kite and safety glasses will be completed weekly for the next 4 months, then the audit will be monthly for and additional 4 months.

Licensee's Proposed Overall Completion Date: 08/02/2023

Implemented [REDACTED] - 01/04/2024)

184a - Resident's Meds Labeled**9. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Violation

The pharmacy label for resident #4's Senna 8.6mg tablets does not include the prescribed dosage or instructions for administration.

The pharmacy label for resident #4's Docusate Sodium 100mg capsules does not include the prescribed dosage or instructions for administration.

Repeat Violation: 04/26/2022

Plan of Correction

Accepted [REDACTED] - 08/10/2023)

DOW [REDACTED] head Med Tech, starting today will sign off on a weekly audit monitoring all OTC medications labeled with Residents Name, Prescription dosage and instructions for administration in unison with MAR. In addition to monthly Audit by CARE-FILL pharmacy of all medications and treatments in carts indefinitely.

Licensee's Proposed Overall Completion Date: 08/02/2023

Implemented [REDACTED] - 01/04/2024)

187d - Follow Prescriber's Orders**10. Requirements**

2600.

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

187d - Follow Prescriber's Orders (continued)

Description of Violation

Resident #1 is prescribed Furosemide 40mg -Take 1 tablet by mouth 1 time a day, 5 times weekly on Monday, Tuesday, Thursday, Friday and Sunday. However, resident #1's June 2023 medication administration record (MAR) indicates this medication was administered daily from 6/4/23 - 6/29/23.

Resident #4 is prescribed Halobetasol Ointment 0.05% - Apply topically twice weekly. However, resident #4's June 2023 MAR indicates this medication was administered to the resident 3 days in a row on 6/27/23, 6/28/23, 6/29/23.

Repeat Violation: 04/26/2022

Plan of Correction

Accept [REDACTED] - 09/05/2023)

Starting 8/2/23 [REDACTED] Med Tech will audit monthly act of physically blocking out days for residents that have specific administration orders to further prevent the ability to sign wrong day/time before it is placed in binder on cart for administration. This was completed for Resident 4, Resident 1's order was discontinued 7/6/2023. CARE-FILL Pharmacy also monthly audits MAR in comparison to label/order and will do indefinitely the last Monday every month. Monitoring began on 8/16/23 and will continue till all med-techs that are able to perform a medication pass will be observed 2 times by DOW and complete a Medication Administration Observation Checklist for monitoring and will be placed in their employee file.

Licensee's Proposed Overall Completion Date: 08/18/2023

Not Implemented [REDACTED] - 01/04/2024)

224a - Preadmission Screen Form

11. 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 #5's preadmission screening form, dated [REDACTED]/19/23, 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] 08/10/2023)

On 6/19/2023 [REDACTED] completed the prescreen on resident 5. [REDACTED] overlooked the mobility needs line. This information should have resident 5 was moderate immobile. Resident 5 CTB 7/7/2023. All current residents will be audited by [REDACTED] administrator to verify the prescreening form has been charted on paper. This audit will be completed by 8/1/2023 the prescreen will be completed by [REDACTED] director of wellness [REDACTED] and MLNP, then the prescreen audit review will be completed by [REDACTED] administrator. This process will be completed on-going with new personal care admissions.

Licensee's Proposed Overall Completion Date: 08/02/2023

Implemented [REDACTED] - 01/04/2024)

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

Facility Information

Name: *THE LAKES AT JEFFERSON* License #: *45151* License Expiration: *08/04/2024*
Address: *7271 WEST MARKET STREET, MERCER, PA 16137*
County: *MERCER* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *EMBASSY MERCER LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *06/07/2017* Issued By: *Jefferson Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *51* Waking Staff: *38*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *11/07/2023*

Inspection Dates and Department Representative

11/07/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *69* Residents Served: *45*

Secured Dementia Care Unit

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

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *45*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *6* Have Physical Disability: *0*

Inspections / Reviews

11/07/2023 - Partial

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

12/27/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/03/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 01/03/2024

01/04/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/03/2024

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

132d - Evacuation

1. Requirements

2600.

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

Staff person A indicates resident #1 stayed in [redacted] bedroom and did not evacuate during the fire drill conducted on September 19, 2023 at 7:35PM.

Plan of Correction

Accept [redacted] - 01/04/2024)

11/21/2023

my maintenance [redacted] and I misunderstood the fire drill process and fire safe common area, when we spoke to [redacted] a month or so ago, after further discussion, [redacted] were here on 11/7/2023 we now understand the proper procedures for 2600. 132D

I received the POC paperwork on 11/30 I discussed the proper procedures to the day turn staff and afternoon staff in turn spoke to the midnight staff. I spoke with the staff at the whole staff meeting on 11/21. [redacted] I went over the proper evacuation procedures with the staff on 11/29/2023 at 6:25AM we conducted a fire drill. The drill went very well. All residents were evacuated from the apartments and escorted to a fire save area.

On 11/20/2023 I contacted the fire chief and police chief to discuss the proper procedures. The chief also stopped in on 11/21/2023 and we spoke in detail about the evacuation procedures. The Maintenace director and administrator will ensure the monthly fire drills and emergency evaluations are complete as required by regulation 2600.132D The proper procedure have been discussed at morning stand up meeting. The procedures will be discussed agon on the 12/19/2023.

Staff education regarding staff evacuation of the entire building to fire public throughfare or toa fire-safe area designated within the building. Fire Chief letter and employee training sign sheet. Dated 7-27-2023.

Licensee's Proposed Overall Completion Date: 01/03/2024

Not Implemented [redacted] 01/04/2024

183d - Prescription Current

2. Requirements

2600.

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

Description of Violation

Permethrin Cream 5% prescribed for resident #2, was in the medication cart; however, the medication was discontinued 10/6/23.

Plan of Correction

Accept [redacted] - 01/04/2024)

DOW [redacted] and Medication Tech [redacted] to complete weekly audits of all current and expired medications compared to the expired items will be removed weekly for the next three months, then monthly for med error prevention in conjunction with current weekly over the counter audit previously with current weekly over the counter labeling audit submitted and accepted. Will educate wellness staff on next all staff meeting on 12/19/2023 on importance of med cart management including but not limited to current DC's orders in Comparision to MAR checking med cart for loose medications. Monthly care fill pharmacy audit of all exp dates, labeling after opening, and MAR in comparison to label audit indefinitely of last Monday of each month.

183d - Prescription Current (continued)

Weekly Audits began on December 1, 2023 completed by [REDACTED]. [REDACTED] LPN/DOW educated the staff at the all staff meeting which was December 19, 2023.

Care-fill monthly audits began August 2023 last Monday or Tuesday of each month indefinitely.

Proposed Overall Completion Date: 01/03/2024

Permethrin Cream 5% was disposed of by staff during the inspection on 11/7/23.

[REDACTED] 1/4/24

Licensee's Proposed Overall Completion Date: 01/03/2024

Implemented [REDACTED] - 01/04/2024

185a - Implement Storage Procedures

3. 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

1 Simvastatin 20mg pill belonging to resident #3 was found stored with resident #4's medication.

Plan of Correction

Accept [REDACTED] - 01/04/2024)

DOW [REDACTED] and Medication [REDACTED] to complete weekly audits of all current and expired medications compared to the expired items will be removed weekly for the next three months, then monthly for med error prevention in conjunction with current weekly over the counter audit previously with current weekly over the counter labeling audit submitted and accepted. Will educate wellness staff on next all staff meeting on 12/19/2023 on importance of med cart management including but not limited to current DC's orders in Comparison to MAR checking med cart for loose medications. Monthly care fill pharmacy audit of all exp dates, labeling after opening, and MAR in comparison to label audit indefinitely of last Monday of each month.

Weekly Audits began on December 1, 2023 completed by [REDACTED]. [REDACTED] educated the staff at the all staff meeting which was December 19, 2023.

Care-fill monthly audits began August 2023 last Monday or Tuesday of each month indefinitely.

Proposed Overall Completion Date: 01/03/2024

Staff disposed of the Simvastatin 20mg pill during the inspection on 11/7/23.

[REDACTED] 1/4/24

Licensee's Proposed Overall Completion Date: 01/03/2024

Implemented [REDACTED] - 01/04/2024

187a - Medication Record

4. Requirements

2600.

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

1. Resident's name.

187a - Medication Record (*continued*)

2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #2 is prescribed Melatonin 3mg once per day. However, the resident's November 2023 medication administration record (MAR) does not include this medication. Staff person B indicates the resident didn't receive this medication since August 31, 2023.

Plan of Correction

Accept [REDACTED] - 01/04/2024

DOW [REDACTED] to complete weekly audits of all current and expired medications compared to the expired items will be removed weekly for the next three months, then monthly for med error prevention in conjunction with current weekly over the counter audit previously with current weekly over the counter labeling audit submitted and accepted. Will educate wellness staff on next all staff meeting on 12/19/2023 on importance of med cart management including but not limited to current DC's orders in Comparison to MAR checking med cart for loose medications. Monthly care fill pharmacy audit of all exp dates, labeling after opening, and MAR in comparison to label audit indefinitely of last Monday of each month.

Weekly Audits began on December 1, 2023 completed by [REDACTED] LPN/DOW educated the staff at the all staff meeting which was December 19, 2023.

Care-fill monthly audits began August 2023 last Monday or Tuesday of each month indefinitely. Continued and increased to 5mg 1 time daily at HS. [REDACTED] NP was notified by phone by [REDACTED] LPN/DOW for a verbal continuation to explain med error on 11/7/2023. It was added by Pam Harpster MedTech day of inspection, 11/7/2023

Licensee's Proposed Overall Completion Date: 01/03/2024

Implemented [REDACTED] - 01/04/2024

187d - Follow Prescriber's Orders

5. Requirements

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

Description of Violation

Resident #2 is prescribed Melatonin 3mg once per day. However, the resident's November 2023 MAR does not include this medication. Staff person B indicates the resident didn't receive this medication since August 31, 2023.

Repeat Violation: 04/26/2022

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Accept [redacted] - 01/04/2024)

[redacted] to complete weekly audits of all current and expired medications compared to the expired items will be removed weekly for the next three months, then monthly for med error prevention in conjunction with current weekly over the counter audit previously with current weekly over the counter labeling audit submitted and accepted. Will educate wellness staff on next all staff meeting on 12/19/2023 on importance of med cart management including but not limited to current DC's orders in Comparison to MAR checking med cart for loose medications. Monthly care fill pharmacy audit of all exp dates, labeling after opening, and MAR in comparison to label audit indefinitely of last Monday of each month.

Weekly Audits began on December 1, 2023 completed by [redacted]/DOW educated the staff at the all staff meeting which was December 19, 2023.

Care-fill monthly audits began August 2023 last Monday or Tuesday of each month indefinitely.

Continued and increased to 5mg 1 time daily at HS. [redacted] NP was notified by phone by [redacted] LPN/DOW for a verbal continuation to explain med error on 11/7/2023. It was added by [redacted] MedTech day of inspection, 11/7/2023

Licensee's Proposed Overall Completion Date: 01/03/2024

Not Implemented [redacted] 01/04/2024