

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

March 7, 2024

[REDACTED], VP OF OPERATIONS  
PROVIDENCE PLACE OF COLLEGEVILLE ASSOCIATES  
[REDACTED]

RE: PROVIDENCE PLACE AT THE  
COLLEGEVILLE INN  
4000 RIDGE PIKE  
COLLEGEVILLE, PA, 19426  
LICENSE/COC#: 14477

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/13/2023, 11/14/2023 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:** PROVIDENCE PLACE AT THE COLLEGEVILLE INN      **License #:** 14477      **License Expiration:** 09/12/2024  
**Address:** 4000 RIDGE PIKE, COLLEGEVILLE, PA 19426  
**County:** MONTGOMERY      **Region:** SOUTHEAST

**Administrator**

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

**Legal Entity**

**Name:** PROVIDENCE PLACE OF COLLEGEVILLE ASSOCIATES  
**Address:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** I-2      **Date:** 01/02/2020      **Issued By:** Lower Providence Township  
**Type:** I-2      **Date:** 06/13/2023      **Issued By:** Lower Providence Township

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 129      **Waking Staff:** 97

**Inspection Information**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal, Incident      **Exit Conference Date:** 11/14/2023

**Inspection Dates and Department Representative**

11/13/2023 - On-Site: [REDACTED]  
11/14/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
**License Capacity:** 150      **Residents Served:** 96  
**Special Care Unit**  
**In Home:** Yes      **Area:** Memory Care      **Capacity:** 41      **Residents Served:** 32  
**Hospice**  
**Current Residents:** 8  
**Number of Residents Who:**  
**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 96  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 33      **Have Physical Disability:** 0

**Inspections / Reviews**

11/13/2023    Full  
**Lead Inspector:** Dean Gray      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 12/30/2023

Inspections / Reviews (*continued*)

01/25/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 03/05/2024  
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 01/30/2024

02/01/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 03/05/2024  
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 02/19/2024

02/26/2024 Document Submission

Submitted By: [REDACTED] Date Submitted: 03/05/2024  
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 02/29/2024

03/07/2024 Document Submission

Submitted By: [REDACTED] Date Submitted: 03/05/2024  
Reviewer: [REDACTED] Follow Up Type: Not Required

22a1 Medical Eval - time frames

1. Requirements

2800.

22.a. Documentation. The following admission documents shall be completed for each resident:

- 1. Medical evaluation completed within 60 days prior to admission on a form specified by the Department. The medical evaluation may be completed within 15 days after admission if one of the following conditions applies
  - i. The resident is being admitted directly to the residence from an acute care hospital.
  - ii. The resident is being admitted to escape from an abusive situation
  - iii. The resident has no alternative living arrangement.

Description of Violation

Resident #1 was admitted on [REDACTED]. The resident's In-Person Evaluation as stated on resident #1's medical evaluation was [REDACTED]

Plan of Correction

Accept [REDACTED] - 01/25/2024)

An audit of medical evaluations from the previous 30 days of admissions will be completed. This audit will begin on 01/22/2024 and be complete on 01/26/2024. This audit will be completed by the administrator or designee. An audit of medical evaluations will be complete of all new admissions 1x per week for x4 weeks. This audit will begin on 1/22/24 and end on 2/19/24 and be completed by the administrator or designee. An education on this regulation will be given to the marketing director, director of nursing, memory care director, and will be given by the administrator. This education will be complete by 2/19/24.

Proposed Overall Completion Date: 02/19/2024

Licensee's Proposed Overall Completion Date: 02/19/2024

Implemented [REDACTED] - 02/23/2024)

25a Resident - residence contract

2. Requirements

2800.

25.a. Prior to admission, or within 24 hours after admission, a written resident-residence contract between the resident and the residence must be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident #2's "Move In Date" was [REDACTED] according to the Residence Contract and the provided resident list. The contract is signed by staff on this date. However, the resident did not arrive at the residence until [REDACTED] and signed the contract on this date with the resident's designated person. There is no indication staff reviewed the contract with the resident and the resident's designated person prior to signing the contract.

Plan of Correction

Accept [REDACTED] - 01/25/2024)

An audit of Residence Contracts from the previous 30 days of admissions will be completed. This audit will begin on 01/22/2024 and be complete on 01/26/2024. This audit will be completed by the administrator or designee. An audit of Residence Contracts will be complete for all new admissions x4 weeks and will be completed by the administrator or designee. This audit will begin on 1/22/24 and end on 2/19/24. An education on this regulation will be signed by the marketing director, director of nursing, memory care director, and will be given by the administrator. This education will be complete by 2/19/24.

Licensee's Proposed Overall Completion Date: 02/19/2024

## 25a Resident residence contract (continued)

Implemented ( ) - 02/26/2024)

## 28e Refund death

## 3. Requirements

2800.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the residence shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101-10226.107). The residence shall keep documentation of the refund in the resident's record.

## Description of Violation

Resident #3 passed away on ( ). Resident #3's personal belongings were removed from his/her room on ( ). The resident was 60 years of age or older and the residence did not provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107) until 10/27/23

## Plan of Correction

Accept ( ) - 01/25/2024)

An audit of all refunds for the death of a resident over the age of 60 given in the past 30 days will be completed. This audit will begin on 1/22/24 and be complete on 1/26/24. This audit will be completed by the business office manager. An audit will be completed x4 weeks to ensure timely refund by the business office manager. This audit will begin on 1/22/24 and end on 2/19/24. An education on this regulation will be signed by the business office manager and given by the administrator. This will be completed by 2/19/24.

Licensee's Proposed Overall Completion Date: 02/19/2024

Implemented ( ) - 02/26/2024)

## 42b Abuse/Neglect

## 4. Requirements

2800.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

## Description of Violation

An incident report was received by the Department on ( ), indicating resident #1 had shoved resident #4 causing resident #4 to fall. Upon investigation it was discovered this was not the first incident where resident #1 had pushed resident #4 causing a fall. Resident #1 has been displaying erratic and aggressive behaviors with staff and residents since ( ) as documented in the resident's "Progress Notes". The home issued a 30-day notice on 10/30/23. However, the home failed to issue a 30-day notice timely or provide additional care while resident #1 continued to reside in the home in order to keep residents safe.

Resident #1 has repeatedly allowed residents to exit the secured dementia care unit (Connections) when exiting. Per staff person A., resident #1 was moved out of the Connections unit and is supposed to be escorted in and out of Connections for visits with resident #4 since the incident on ( ). On ( ) this representative went to interview resident #4 and found resident #1 in resident #4's room unescorted. Further, resident #1 continued to have access to Connections because the code had not been changed since resident #1 moved out of the Connections unit due to behaviors. The home is being cited a second time for neglect by allowing resident #1 access to Connections and in allowing unsupervised visits with resident #4.

42b Abuse/Neglect (continued)

Plan of Correction

Accept (████ - 02/01/2024)

Resident #1 was issued a 30 day notice and has moved out. The code to the memory care neighborhood was changed day of the violation. Annual trainings will be completed on resident abuse and neglect with all staff. Every team member of the memory care neighborhood will be given an education on resident abuse and neglect. This education will begin 2/1/24 and will be complete by 2/15/24. This education will be given by the administrator or designee. To prevent further violations in the future the administrator will work with the marketing director to screen leads for possible admission for aggressive behavior, specific dementia diagnoses that can coincide with aggression, and work to decide if admission is appropriate. The administrator or designee will complete an audit of all incident reports 1x per week x4 weeks to ensure all reportable incidents have been sent to DHS in a timely manner. In this audit the administrator or designee will look for any incidents that may require a 30 day notice be issued in a timely matter. This audit will also include ensuring that Providence Place policy for suspected abuse or neglect is being followed if applicable. This audit will begin on 1/22/24 and be complete on 2/19/24.

Proposed Overall Completion Date: 02/19/2024

Licensee's Proposed Overall Completion Date: 02/19/2024

Implemented (████ - 02/26/2024)

42s Privacy - self/possessions

5. Requirements

2800.

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

On 11/13/23, at 9:13 am, three voice-controlled electronic devices were playing music; one in the hallway and two in the dining area. The residence does not have any policies and procedures for these devices. The home's policy is missing the following:

The resident's right to privacy and dignity.

Identification of staff who have access to administrative rights for the device.

Written notification of the use of the device is posted and includes notification that the device is in operation and may be recording conversations, including conversations not intended to be recorded. While the facility may have access to these recorded conversations, the facility will delete the conversation history from any device used by the facility on a regular basis as determined by the facility.

The facility will maintain policies and procedures that prevent recorded conversations from being shared or disclosed in any way, unless required by law.

Knowing or intentional recording without the person's consent or the consent of their legal representative, is prohibited.

Use of the device within the facility should be addressed at a minimum, in the resident-home contract.

Plan of Correction

Accept (████ - 01/25/2024)

The facility will implement a policy that includes the following: The resident's right to privacy and dignity.

Identification of staff who have access to administrative rights for the device.

Written notification of the use of the device is posted and includes notification that the device is in operation and

42s Privacy - self/possessions (continued)

may be recording conversations, including conversations not intended to be recorded. While the facility may have access to these recorded conversations, the facility will delete the conversation history from any device used by the facility on a regular basis as determined by the facility.

The facility will maintain policies and procedures that prevent recorded conversations from being shared or disclosed in any way, unless required by law.

Knowing or intentional recording without the person's consent or the consent of their legal representative, is prohibited.

Use of the device within the facility should be addressed at a minimum, in the resident-home contract.

The facility will post written notification of the use of the devices at each device in the facility. This will be completed by the maintenance director and completed by 1/29/24. The facility will implement this new policy by 2/19/24. An education on this regulation will be given to the maintenance director and marketing director by the administrator by 2/19/24.

Licensee's Proposed Overall Completion Date: 02/19/2024

Implemented (████) - 02/26/2024)

65e Rights/Abuse 40 Hours

6. Requirements

2800.

65.e. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.
5. Safe management techniques.
6. Core competency training that includes the following:
  - i. Person-centered care.
  - ii. Communication, problem solving and relationship skills.
  - iii. Nutritional support according to resident preference.

Description of Violation

Staff person B completed his/her 40th scheduled work hour by the end of August 2023. However, staff person B did not complete training in the following topics: emergency medical plan, core competency training that includes the following: person-centered care, communication, problem solving and relationship skills, nutritional support according to resident preference.

Plan of Correction

Directed (████) - 02/01/2024)

An education on this regulation will be given to the business office manager and hiring specialist by 1/29/24. An audit will be completed by the administrator or designee of the most recent 30 days of new hires to ensure all mandatory topics are given during orientation within 40 scheduled working hours. This audit will begin 1/22/24 and be complete 2/19/24. An audit will be completed by the administrator or designee of all new hires 1x per week x4 weeks of all new hires ensuring required orientation materials are given within 40 scheduled working hours. This audit will begin 1/22/24 and be complete 2/19/24.

Proposed Overall Completion Date: 02/19/2024

65e Rights/Abuse 40 Hours (continued)

**Directed**

By 2/19/24 - The administrator or designee will review all training records for staff hired within the past year to ensure all direct care staff persons including ancillary staff persons, substitute personnel and volunteers have completed an orientation in resident rights, emergency medical plan, mandatory reporting of abuse and neglect and reporting of reportable incidents and conditions in accordance with regulation 2800.65(e). Documentation of the training will be placed in the employee's record. [REDACTED]

Directed Completion Date: 02/19/2024

Implemented [REDACTED] - 02/26/2024)

103g Storing food

7. Requirements

2800.  
103.g. Food shall be stored in closed or sealed containers.

**Description of Violation**

A tray of food was observed uncovered and undated in the kitchen.

**Plan of Correction**

Accept [REDACTED] - 01/25/2024)

An education on this regulation will be given by the administrator to all dining employees who prepare food in the kitchen. This education will be completed by 2/19/24. An audit will be completed 1x per week x4 weeks by the Dining Director or designee ensuring there is no uncovered/undated food present in the kitchen. This audit will begin 1/22/24 and will be complete by 2/19/24.

Licensee's Proposed Overall Completion Date: 02/19/2024

Implemented [REDACTED] - 02/26/2024)

132g Fire drills – days/times

8. Requirements

2800.  
132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

**Description of Violation**

The fire drills held on 03/09/23, 04/13/23 and 05/25/23 were all held on a Thursday.

**Plan of Correction**

Accept [REDACTED] - 01/25/2024)

The facility will implement a fire drill schedule for the remainder of the year that ensures fire drills are on different days of the week, at different times of the day and night, not routinely held when additional staff persons or present, and not routinely held at times when resident attendance is low. The Maintenance Director will sign off on an education given by the administrator on this regulation by 2/19/24. The administrator will audit the fire drill completed for the month x2 months. This will be completed by 02/29/2024.

Licensee's Proposed Overall Completion Date: 02/29/2024

Implemented [REDACTED] - 02/26/2024)

185a Storage procedures

9. 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 #4 is prescribed [redacted] - Take 1 tablet every six hours as needed for pain. On [redacted], this medication was not available in the residence.

Plan of Correction

Accept [redacted] - 01/25/2024)

An education on this regulation will be signed off on by the director of nursing and given by the administrator. This education will be complete by 1/29/24. An education will be provided to all nurses on staff on the regulation by the administrator or designee and completed by 2/29/2024. An audit will be completed by the director of nursing or designee of 10 resident MARs 1x per week x4 weeks to ensure there were no medications missed due to not being available in the residence. This audit will begin on 1/22/24 and will be complete on 2/19/24.

Licensee's Proposed Overall Completion Date: 02/29/2024

Implemented [redacted] - 02/26/2024)

187d Follow prescriber's orders

10. Requirements

2800.

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

Description of Violation

Resident #4 is prescribed [redacted] - Take 1 tablet by mouth twice daily. However, this medication was not administered to resident #4 on [redacted] because the medication was not available in the residence.

Plan of Correction

Accept [redacted] - 01/25/2024)

An education on this regulation will be signed off on by the director of nursing and given by the administrator. This education will be complete by 1/29/24. An education will be provided to all nurses on staff on the regulation by the administrator or designee and completed by 2/29/2024. An audit will be completed by the director of nursing or designee of 10 resident MARs 1x per week x4 weeks to ensure there were no medications missed due to not being available in the residence. This audit will begin on 1/22/24 and will be complete on 2/19/24.

Licensee's Proposed Overall Completion Date: 02/29/2024

Implemented [redacted] - 02/26/2024)

190a Completion of course—meds

11. Requirements

2800.

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

Description of Violation

Staff person C has not maintained compliance with the annual practicums requirement of the Department-approved medications administration course. Staff person C administered medications to residents to include the following:

190a Completion of course—meds (continued)

On [redacted] medications to resident #5  
On [redacted] medications to resident #5

Staff person D has not maintained compliance with the annual practicums requirement of the Department approved medications administration course. Staff person D administered medications to residents to include the following:

On [redacted] to resident #5  
On [redacted] to resident #5

**Plan of Correction** **Accept** ([redacted] - 01/25/2024)

An education on this regulation will be given by the administrator to the hiring specialist, business office manager, director of nursing, and memory care director. This education will be complete by 1/29/24. An audit of all Med Techs currently employed at the facility will be completed by the administrator or designee to ensure that each Med Tech has completed a department approved administration course that includes all requirements. A spreadsheet tracking expiration dates of certificates will be completed by the administrator by 2/29/24.

Licensee's Proposed Overall Completion Date: 02/29/2024

**Implemented** ([redacted] - 03/07/2024)

190b Insulin injections

12. Requirements

2800.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

**Description of Violation**

On [redacted] staff person C, who has not completed a department approved diabetes patient education program within the past 12 months, administered insulin to resident #6.

Staff person D has not completed a department approved diabetes patient education program within the past 12 months.

**Plan of Correction** **Accept** ([redacted] - 01/25/2024)

An education on this regulation will be given by the administrator to the hiring specialist, business office manager, director of nursing, and memory care director. This education will be complete by 1/29/24. An audit of all Med Techs currently employed at the facility will be completed by the administrator or designee to ensure that each Med Tech has completed a department approved administration course that includes a diabetes patient education program within the past 12 months. A spreadsheet tracking expiration dates of certificates will be completed by the administrator by 2/29/24.

Licensee's Proposed Overall Completion Date: 02/29/2024

**Implemented** ([redacted] - 03/07/2024)

201 Positive interventions

13. Requirements

2800.

201 Positive interventions (continued)

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

Description of Violation

Resident #1 has exhibited aggressive behaviors towards staff and residents since 08/23/23. The residence has not implemented positive interventions to modify or eliminate the behavior.

On [redacted] resident #1 shoved resident #4 causing resident #4 to fall.

On [redacted] and [redacted] resident #1 was letting residents out of the Connections (SDCU) unit.

On [redacted] resident #1 was witnessed running in the Connections hallway with resident #4 in a wheelchair. Resident #1 tried to "run over" an aide using the wheelchair after attempting to punch the aide in the face.

Plan of Correction

Accept [redacted] - 01/25/2024)

An education on this regulation will be given to the memory care director and director of nursing by the administrator. This education will be complete by 2/29/24. The administrator or designee will audit incident reports 1x per week x4 weeks to ensure that any incidents for behaviors have led to a new care plan being implemented with positive interventions to modify or eliminate behaviors. This audit will begin 1/22/24 and be completed 2/19/24.

Licensee's Proposed Overall Completion Date: 02/19/2024

Implemented ([redacted] - 02/26/2024)

224a2 30 days prior to admission

14. Requirements

2800.

224.a.2. An individual shall have a written initial assessment that is documented on the Department's assessment form within 30 days prior to admission unless one of the conditions contained in paragraph (3) apply.

Description of Violation

Resident #1 was admitted on [redacted]. The resident's initial assessment was not completed.

Resident #7 was admitted on [redacted]. The resident's initial assessment was not completed until [redacted].

Plan of Correction

Accept [redacted] - 01/25/2024)

An audit of initial assessments from all admissions the previous 30 days will be completed. This audit will begin on 01/22/2024 and be complete on 02/19/2024. This audit will be completed by the administrator or designee. An audit of initial assessments will be complete of all new admissions x4 weeks. This audit will begin on 1/22/24 and end on 2/19/24 and be completed by the administrator or designee. An education on this regulation will be given to the marketing director, director of nursing, memory care director, and will be given by the administrator. This education will be complete by 2/19/24.

Licensee's Proposed Overall Completion Date: 02/19/2024

Implemented ([redacted] - 02/26/2024)

224c8 Preliminary support plan - participants' signatures

15. Requirements

2800.

224.c.8. Individuals who participate in the development of the preliminary support plan shall sign and date the preliminary support plan.

224c8 Preliminary support plan participants' signatures (continued)

Description of Violation

Resident #2 was admitted to the [redacted] unit on [redacted]. The resident's assessment was completed by staff member E, the Connections Program Director. Resident #2 and staff member F did not sign and date the support plan until [redacted]. Staff member E did not sign the support plan. Staff member F is not listed on the "Master Employee List" provided during this inspection.

Plan of Correction

Accept [redacted] - 01/25/2024)

An audit will be completed of all residents who moved in the previous 30 days to ensure that individuals who participated in the development of the preliminary support plan have signed and dated that support plan. This audit will be complete by the administrator or designee by 2/19/24. An education on this regulation will be given by the administrator and signed by the marketing director, director of nursing, and memory care director. An audit 1x per week x4 weeks will be completed for all new move in's ensuring that the preliminary support plans are signed and dated by all that participated. This audit will begin on 1/22/24 and be complete by 2/19/24. This audit will be completed by the administrator or designee.

Licensee's Proposed Overall Completion Date: 02/19/2024

Implemented [redacted] - 02/26/2024)

225a1 Assessment – annually

16. 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 #7's most recent assessment was completed on [redacted]

Plan of Correction

Accept [redacted] - 02/01/2024)

Resident #7 had an a assessment completed on [redacted] for a significant change. An education on this regulation will be given by the administrator to the director of nursing and memory care director by [redacted]. An audit will be completed by the administrator or designee of all annual assessments due 1x per week x6 weeks to ensure that assessments are completed in the proper time frame according to regulation. This audit will begin on [redacted] and will be complete on [redacted]

Licensee's Proposed Overall Completion Date: 03/04/2024

Implemented [redacted] - 02/26/2024)

231c1 Preadmit screening

17. Requirements

2800.

231.c.1.i. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's cognitive preadmission screening form shall be completed for each resident within 72 hours prior to admission to a special care unit.

Description of Violation

Resident #2 was admitted to the special care unit on [redacted]. However, resident #2's written cognitive preadmission screening was completed on [redacted]

231c1 Preadmit screening (continued)

. Additionally, the resident was not present when the Preadmission screening was completed. Staff used information provided by the resident's spouse.

Resident #4 was admitted to the special care unit on [REDACTED]. However, resident #4's written cognitive preadmission screening was completed on [REDACTED].

Resident #8 was admitted to the special care unit on [REDACTED]. However, resident #8's written cognitive preadmission screening was completed on [REDACTED].

Repeat Violation: 04/12/21.

**Plan of Correction**

Accept ([REDACTED] - 01/25/2024)

An education on this regulation will be given by the administrator to the director of nursing, memory care director, and marketing director by 2/19/24. An audit of all admissions the previous 30 days to the secured dementia neighborhood will be completed by the administrator or designee to ensure each resident had a cognitive preadmission screening within 72 hours prior to admission to the special care unit. This audit will begin on 01/22/2024 and be completed on 2/19/2024. An audit 1x per week x4 weeks will be completed for all new admissions to the secured dementia neighborhood ensuring that a cognitive preadmission screening was completed within 72 hours prior to admission. This audit will begin 1/22/24 and be completed 2/19/24 by the administrator or designee.

Licensee's Proposed Overall Completion Date: 02/19/2024

Implemented ([REDACTED] - 02/26/2024)