



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to REFORMED PRESBYTERIAN WOMEN'S ASSOCIATION  
LEGAL ENTITY

To operate REFORMED PRESBYTERIAN HOME  
NAME OF FACILITY OR AGENCY

Located at 2344 PERRYVILLE AVENUE, PITTSBURGH, PA 15214  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 56  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from April 23, 2024 until October 23, 2024,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **429661**

*Janette Biderup*  
ISSUING OFFICER

*Juliet Marsala*  
ACTING DEPUTY SECRETARY

**NOTE:** This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



CERTIFIED MAIL – RETURN RECEIPT REQUESTED  
MAILING DATE: April 23, 2024

[REDACTED]  
Reformed Presbyterian Women's Association  
2344 Perrysville Avenue  
Pittsburgh, Pennsylvania 15214

RE: Reformed Presbyterian Home  
License/COC #: 429661

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, Office of Long-Term Living licensing inspections on November 14, 2023, November 15, 2023, and February 12, 2024, of the above facility, the violations specified on the enclosed Licensing Inspection Summaries (LISs) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), failure to submit an acceptable plan to correct noncompliance items and failure to comply with the acceptable plan to correct noncompliance items, the Department hereby REVOKES your certificate of compliance (license number 429660) dated August 27, 2023 – August 27, 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); (3); (4) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from April 23, 2024 to October 23, 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	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
<u>Section:</u>					
141(a)	II	29	\$ 5	\$145	5 calendar days from mailing date of this letter
141(b)(1)	II	29	\$ 5	\$145	5 calendar days from mailing date of this letter
184(a)	II	29	\$ 5	\$145	5 calendar days from mailing date of this letter
185(a)	II	29	\$ 5	\$145	5 calendar days from mailing date of this letter
187(a)	II	29	\$ 5	\$145	5 calendar days from mailing date of this letter
187(b)	II	29	\$ 5	\$145	5 calendar days from mailing date of this letter
187(d)	II	29	\$ 5	\$145	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 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:

[REDACTED]  
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,



Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Licensing Inspection Summary

cc:

[REDACTED]

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

**Facility Information**

Name: *REFORMED PRESBYTERIAN HOME* License #: *42966* License Expiration: *08/27/2024*  
Address: *2344 PERRYVILLE AVENUE, PITTSBURGH, PA 15214*  
County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *REFORMED PRESBYTERIAN WOMEN'S ASSOCIATION*  
Address: *2344 PERRYVILLE AVENUE, PITTSBURGH, PA, 15214*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *10/10/1983* Issued By: *City of Pittsburgh*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *43* Waking Staff: *32*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Complaint* Exit Conference Date: *11/15/2023*

**Inspection Dates and Department Representative**

11/14/2023 - On-Site: [REDACTED]  
11/15/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *56* Residents Served: *31*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *4*

**Number of Residents Who:**

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *30*  
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *12* Have Physical Disability: *1*

**Inspections / Reviews**

**11/14/2023 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/21/2023*

01/08/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/03/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 01/15/2024

01/26/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/03/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/06/2024

04/10/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/03/2024

Reviewer: [REDACTED]

Follow-Up Type: Exception

## 16b - Incident Policies

### 1. Requirements

2600.

16.b. The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

#### Description of Violation

*The home's Emergency Procedure-Missing Resident/Elopement policy, dated 4/26/23, indicates-If a resident is unable to be located, the following will occur:*

- *Instruct a staff member to activate the emergency response system. Make a statement on the overhead paging system.*
- *Staff will respond to the nurses station for assignment.*
- *The resident's picture will be provided.*
- *A thorough search will be conducted inside the building and outside the building including the grounds and neighboring streets.*
- *Call 911 if the resident is not found within 15 minutes.*

*However, on [REDACTED]/23 at approximately 12:18 a.m., resident #1 approached the door near the kitchenette, wearing [REDACTED] coat and shoes, and set off the door's alarm. Staff person A and staff person B responded to the alarm at 12:35 a.m. by turning it off, looking out the window, and returning to the floor without checking outdoors or taking a resident count. The resident was found at a restaurant 3 miles away sometime after 1:00 a.m. and returned to the home by police at 1:36 a.m. Staff were not aware that the resident was missing.*

#### Plan of Correction

*Directed [REDACTED], 01/25/2024)*

*On Monday December 18, 2023 the entire personal care staff retrained on the emergency procedure of a missing resident elopment policy and procedure.*

*Proposed Overall Completion Date: 01/24/2024*

#### DIRECTED

*Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall audit all reportable incidents and conditions biweekly to ensure the home's policies and procedures were followed. 1/26/24 [REDACTED]*

*Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall review the home's policy and procedures for reportable incidents and conditions and update the policies and procedures if needed.*

*Documentation of the review and any changes shall be kept. 1/26/24 [REDACTED]*

*Within 10 calendar days of receipt of the accepted plan of correction: If any changes are made to the home's policy and procedures related to reportable incidents and conditions, all staff persons shall be educated on the changes.*

*Documentation shall be kept in accordance with Regulation 2600,65(i). 1/26/24 [REDACTED]*

**Directed Completion Date: 02/04/2024**

**Licensee's Proposed Date for POC Implementation**

**Implemented [REDACTED] - 04/10/2024)**

## 16c - Written Incident Report

### 2. Requirements

2600.

**16c - Written Incident Report (continued)**

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

**Description of Violation**

*Resident #2 passed away in the home on resident #2's date of death; however, the home did not report this incident to the Department.*

**Plan of Correction****Directed** [REDACTED] **01/25/2024)**

*Reporting the death of resident #2 was an oversight by the administrator when this resident CTB. An entry is to be placed into the resident's record within 24 hours. The incident will then be reported to the department by the administrator/designee and will be reviewed by the RCC for compliance.*

*Proposed Overall Completion Date: 01/24/2024*

**DIRECTED**

*Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall file the incident report for resident #2 with the Regional Office. 1/26/24 [REDACTED]*

*Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall audit all reportable incidents to ensure all reportable incidents and conditions are reported in compliance with Regulation 2600.16(c).*

*Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons responsible for reporting reportable incidents and conditions on the requirements of Regulation 2600.16(c).*

*Documentation shall be kept in accordance with Regulation 2600.65(i). 1/26/24 [REDACTED]*

**Directed Completion Date: 01/31/2024**

Licensee's Proposed Date for POC Implementation

**Implemented** [REDACTED] **04/10/2024)****18 - Compliance With Laws****3. 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**

*The home is operating two boilers, which have not been inspected, approved, or been issued a certificate of operation by the Pennsylvania Department of Labor and Industry since 10/7/22.*

**Plan of Correction****Directed** [REDACTED] **01/25/2024)**

*Both boilers have been inspected and approved. The new maintenance director will keep a file with inspections and dates to insure compliance.*

*Proposed Overall Completion Date: 01/24/2024*

**DIRECTED**

*Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall audit expiration of the home's boilers as part of the quality management review and schedule reinspection to ensure compliance with Regulation 2600.18. 1/26/24 [REDACTED]*

18 - Compliance With Laws *(continued)*

**Directed Completion Date:** 01/27/2024

Licensee's Proposed Date for POC Implementation

Implemented [REDACTED] - 04/10/2024)

## 23a - Activities of Daily Living Assistance

## 4. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

**Description of Violation**

*Resident #1's most recent assessment, dated 5/4/23, indicates the resident requires moderate supervision, and the resident's most recent support plan, dated 5/4/23, indicates that the resident will be supervised when on campus and have an escort when out of the building, and that the resident will become confused at times and may wander. The support plan's summary and determination section indicates the resident will roam around the building and must be returned on occasion. However, on 11/6/23 at approximately 12:18 a.m., resident #1 approached the door near the kitchenette, wearing [REDACTED] coat and shoes, and set off the door's alarm. Staff person A and staff person B responded to the alarm at 12:35 a.m. by turning it off, looking out the window, and returning to the floor without checking outdoors or taking a resident count. The resident was found at a restaurant 3 miles away sometime after 1:00 a.m. and returned to the home by police at 1:36 a.m. Staff were not aware that the resident was missing.*

**Plan of Correction**

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

*The RASP for resident #1 has updated to reflect the elopment and plan of care. On Monday December 18, 2023 the personal care staff was re-educated on the elopment protocol.*

*Proposed Overall Completion Date: 01/24/2024*

**DIRECTED**

*Within 10 calendar days of receipt of the accepted plan of correction: The administrator shall audit all current resident assessments and support plans to ensure accuracy and completeness. 1/26/24 [REDACTED]*

*Within 10 calendar days of receipt of the accepted plan of correction: The administrator shall audit all newly completed resident assessments and support plans to ensure accuracy and completeness. 1/26/24 [REDACTED]*

*Within 10 calendar days of receipt of the accepted plan of correction: The administrator shall conduct private interviews of at least three residents a week for three month and three residents a month by the administrator to ensure compliance with Regulation 2600.23(a). This shall include creating a interview questionnaire and maintaining the documentation in the home. 1/16/24 [REDACTED]*

**Directed Completion Date:** 02/05/2024

Licensee's Proposed Date for POC Implementation

Implemented [REDACTED] 04/10/2024)

## 25b - Contract Signatures

## 5. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

## 25b - Contract Signatures (continued)

**Description of Violation**

Resident #3's resident-home contract, dated 8/9/21, was not signed by the resident.

REPEAT VIOLATION: 4/6/2022 et al.

**Plan of Correction**

Directed [REDACTED] 01/25/2024)

Resident #3 had [REDACTED] original contract signed by [REDACTED] designated person due to [REDACTED] cognitive level. Resident #3 cognitive level has been updated.

Proposed Overall Completion Date: 01/24/2024

**DIRECTED**

Within 10 calendar days of receipt of the accepted plan of correction: The administrator shall audit all current resident contracts for accuracy and completeness including required signatures. 1/26/24 [REDACTED]

Within 10 calendar days of receipt of the accepted plan of correction: The administrator shall audit all newly completed resident contracts for accuracy and completeness including required signatures. 1/26/24 [REDACTED]

**Directed Completion Date:** 02/05/2024

Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] - 04/10/2024)

## 41e - Signed Statement

**6. Requirements**

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

**Description of Violation**

Resident #3's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

REPEAT VIOLATION: 4/6/2022 et al.

**Plan of Correction**

Directed [REDACTED] 01/25/2024)

Resident #3 has had [REDACTED] rights reviewed and [REDACTED] also signed for the same. All current resident's have had their rights reviewed, signed by them and copy given.

Proposed Overall Completion Date: 01/24/2024

**DIRECTED**

Within 10 calendar days of receipt of the accepted plan of correction: The administrator shall audit all current resident records to ensure each resident has statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record. 1/26/24 [REDACTED]

Within 10 calendar days of receipt of the accepted plan of correction: The administrator shall audit all newly

**41e - Signed Statement (continued)**

created resident records to ensure each resident has statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record. 1/26/24. [REDACTED]

**Directed Completion Date:** 02/05/2024

Licensee's Proposed Date for POC Implementation

**Implemented** [REDACTED] - 04/10/2024)

**42c - Treatment of Residents****7. Requirements**

2600.

42.c. A resident shall be treated with dignity and respect.

**Description of Violation**

On a recent day after lunch, resident #4 was sitting in the TV area when staff person C approached [REDACTED] and accused [REDACTED] of being a racist and causing a lot of trouble. Staff person C admitted in an interview that [REDACTED] did say this to the resident because [REDACTED] had heard that [REDACTED] was afraid of [REDACTED]. The resident indicated that [REDACTED] was stunned and hurt to be accused of this.

**Plan of Correction**

**Directed** [REDACTED] 01/25/2024)

On December 18, 2023 as part of the QA/QM meeting treating resident with dignity and respect was discussed and reviewed with all PC staff. Staff person C reprimanded and counseled about positive interaction with resident's.

Proposed Overall Completion Date: 01/24/2024

**DIRECTED**

Within 10 calendar days of receipt of the accepted plan of correction: The administrator shall privately interview of at least three residents a week for three month and three residents a month by the administrator to ensure compliance with Regulation 2600.42(c). This should include creating a interview questionnaire and maintaining the documentation in the home. 1/26/24 [REDACTED]

Within 10 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons on the requirements of Regulation 2600.42(c) and the home's policy and procedures. Documentation of education shall be kept in accordance with Regulation 2600.65(i). 1/26/24 [REDACTED]

**Directed Completion Date:** 02/05/2024

Licensee's Proposed Date for POC Implementation

**Implemented** [REDACTED] - 04/10/2024)

**42r - Visitation****8. Requirements**

2600.

42.r. A resident has the right to receive visitors for a minimum of 12 hours daily, 7 days per week.

**Description of Violation**

Neither the home's policies nor the resident-home contracts specify the residents' right to receive visitors for a minimum of 12 hours daily, 7 days per week.

**Plan of Correction**

**Directed** [REDACTED] - 01/25/2024)

The resident contract allows for resident's to receive visitors at anytime.

42r - Visitation (continued)

Proposed Overall Completion Date: 01/24/2024

DIRECTED

Within 10 calendar days of receipt of the accepted plan of correction: The administrator shall review all resident contracts and any posted resident rights to ensure the home's visiting policies and procedures are indicated including a resident has the right to receive visitors for a minimum of 12 hours daily, 7 days per week. 1/26/24

Directed Completion Date: 03/05/2024

Licensee's Proposed Date for POC Implementation

Implemented - 04/10/2024

51 - Criminal Background Check

9. Requirements

2600.

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

Description of Violation

Direct care staff person D was hired on /20; however, a criminal history background check was not requested until 11/14/23.

Plan of Correction

Accept - 01/08/2024

Criminal background checks are completed on all staff prior to or upon hire by the Human Resource director. Moving forward the PC administrator and the HR director will review for completion of background checks for all PC staff. Employee #3 currently has a completed criminal background check.

Licensee's Proposed Overall Completion Date: 01/12/2024

Licensee's Proposed Date for POC Implementation

Implemented - 04/10/2024

65a - FS Orientation 1st Day

10. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Direct care staff person C, hired on /20, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the

65a - FS Orientation 1st Day (continued)

event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Plan of Correction

Directed [REDACTED] - 01/26/2024)

Staff person C has completed initial orientation including the emergency medical plan.

Proposed Overall Completion Date: 01/24/2024

DIRECTED

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate staff person C on all of the required topics required by Regulation 2600.65(a). Documentation shall be kept in accordance with Regulation 2600.65(i). 1/26/24 [REDACTED]

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall audit all current staff records to ensure all current staff have completed the required training required topics required by Regulation 2600.65(a), 1/26/24 [REDACTED]

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall audit all current staff records to ensure all newly hired staff have completed the required training required topics required by Regulation 2600.65(a), 1/26/24 [REDACTED]

Directed Completion Date: 01/31/2024

Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] - 4/10/24)

65b - Rights/Abuse 40 Hours

11. Requirements

2600.

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

- 2. Emergency medical plan.

Description of Violation

Staff person C, hired on [REDACTED] 20, completed [REDACTED] 40th scheduled work hour; however, this staff person did not complete training in the emergency medical plan.

Plan of Correction

Directed [REDACTED] - 01/26/2024)

Staff person C has completed the emergency medical plan.

Proposed Overall Completion Date: 01/24/2024

DIRECTED

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate staff person C on all of the required topics required by Regulation 2600.65(b). Documentation shall be kept in accordance with Regulation 2600.65(i). 1/26/24 [REDACTED]

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall audit all current staff records to ensure all current staff have completed the required training required topics required by Regulation 2600.65(b), 1/26/24 [REDACTED]

## 65b - Rights/Abuse 40 Hours (continued)

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall audit all current staff records to ensure all newly hired staff have completed the required training required topics required by Regulation 2600.65(b), 1/26/24 [REDACTED]

**Directed Completion Date:** 01/31/2024

Not Implemented [REDACTED] - 4/10/24)

Licensee's Proposed Date for POC Implementation

## 66b - Training Plan Content

## 12. Requirements

2600.

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

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

## Description of Violation

The home's staff training plan for calendar year 2023 does not include the name, position and duties of each direct care staff person and the dates, times and locations of the scheduled training for each staff person for the upcoming year.

## Plan of Correction

Directed [REDACTED] - 01/26/2024)

The home staff training plan has been updated to include dates, time, staff name and location.

Proposed Overall Completion Date: 01/24/2024

## DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall audit the home's staff training plan during the quality management review to ensure a staff training plan is developed annually which meets the regulatory requirements of Regulation 2600.66(b)). 1/26/24 [REDACTED]

**Directed Completion Date:** 01/27/2024

Licensee's Proposed Date for POC Implementation

Implemented ([REDACTED] 04/10/2024)

## 85a - Sanitary Conditions

## 13. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

## Description of Violation

On 11/15/23 at 11:44 a.m., there were 2 used, white washcloths, in resident #3's and resident #5's shared bathroom shower.

On 11/15/23 at approximately 12:00 p.m., there was a used, striped washcloth on the floor of the shower in the shared jack-and-jill bathroom of residents #4, #6, #7, and #8.

## Plan of Correction

Directed [REDACTED] - 01/26/2024)

Monday December 18, 2023 all staff were inserviced on maintaining sanitary conditions, including but not limited to soiled wash clothes in resident rooms.

85a - Sanitary Conditions (continued)

Proposed Overall Completion Date: 01/24/2024

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall remove all washcloths cited in the violation. 1/26/24 [REDACTED]

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall complete a weekly audit of the home to ensure compliance with Regulation 2600.85(a). 1/26/24 [REDACTED]

Directed Completion Date: 01/27/2024

Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] - 4/10/24)

85d - Trash Receptacles

14. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 11/14/23, there were multiple partially full, uncovered garbage cans, including those in the following common bathrooms:

- At 9:44 a.m., in the common bathroom outside of the overflow dining room.
- At 9:48 a.m., in the common bathroom in the Garden of Faith lounge.
- At 10:00 a.m., in both the women's and men's unlocked and accessible staff bathrooms across from the boiler area.

On 11/15/23 at 11:44 a.m., the garbage can in resident #3's and resident #5's shared bathroom was uncovered and 1/3 full of trash.

On 11/15/23 at 11:50 a.m., the garbage can in resident #1's shared jack-and-jill bathroom was uncovered and partially filled with trash.

On 11/15/23 at approximately 12:00 p.m., the garbage can in the shared jack-and-jill bathroom of resident #4, #6, #7, and #8 was uncovered and partially filled with trash.

Plan of Correction

Directed ([REDACTED] - 01/26/2024)

Maintenance has replaced garbage cans that did not have lids. All rooms have been checked for garbage lids. All trash will be emptied at the end of each shift and as needed.

Proposed Overall Completion Date: 01/24/2024

DIRECTED

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons on the requirements of Regulation 2600.85(d). Documentation shall be kept in accordance with Regulation 2600.65(i). 1/26/24 [REDACTED]

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall complete a weekly audit of the home to ensure compliance with Regulation 2600.85(d). 1/26/24 [REDACTED]

85d - Trash Receptacles (*continued*)

Directed Completion Date: 01/31/2024

Not Implemented (█ 4/10/24)

Licensee's Proposed Date for POC Implementation

## 86b - Bathroom

## 15. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

## Description of Violation

On 11/14/23 at 9:44 a.m., the common bathroom outside of the overflow dining room was unlocked and accessible and did not have an operable window or ventilation fan.

On 11/15/23 at 11:55 a.m., the fan in resident room #224's bathroom did not have an operable window or ventilation fan.

## Plan of Correction

Directed (█ - 01/26/2024)

Work orders have been placed with the maintenance director.

Proposed Overall Completion Date: 01/24/2024

## DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall have both ventilation fans cited in the violation repaired or replaced to ensure compliance with Regulation 2600.86(b). 1/26/24 (█)

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall complete a weekly audit of the home to ensure compliance with Regulation 2600.88(b). 1/26/24 (█)

Directed Completion Date: 01/27/2024

Not Implemented (█ - 4/10/24)

Licensee's Proposed Date for POC Implementation

## 88a - Surfaces

## 16. Requirements

2600.

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

## Description of Violation

On 11/15/23 at 11:55 a.m., the ceiling in resident room #224's bathroom was missing 1 tile, and 4 out of the 7 remaining tiles have severe water damage.

## Plan of Correction

Directed (█ 01/26/2024)

The tiles in room 224 have been replaced.

Proposed Overall Completion Date: 01/24/2024

## DIRECTED

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons on the requirements of Regulation 2600.88(a). Documentation shall be kept in accordance with Regulation 2600.65(i). 1/26/24 (█)

88a - Surfaces (continued)

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall complete a weekly audit of the home to ensure compliance with Regulation 2600.88(a). 1/26/24 JK

Directed Completion Date: 01/31/2024  
Licensee's Proposed Date for POC Implementation

Implemented (█ - 04/10/2024)

95 - Furniture and Equipment

17. Requirements

2600.

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

Description of Violation

On 11/15/23, the closet doors were missing in resident #4's and resident #6's shared bedroom.

Plan of Correction

Directed (█ - 01/26/2024)

Director of maintenance has placed and order to repair/replace and install closet doors.

Proposed Overall Completion Date: 01/24/2024

DIRECTED

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons on the requirements of Regulation 2600.95. Documentation shall be kept in accordance with Regulation 2600.65(i). 1/26/24 █

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall complete a weekly audit of the home to ensure compliance with Regulation 2600.95. 1/26/24 █

Directed Completion Date: 01/31/2024  
Licensee's Proposed Date for POC Implementation

Not Implemented (█ - 4/10/24)

101j7 - Lighting/Operable Lamp

18. Requirements

2600.

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

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 11/15/23 at 11:40 a.m., resident #3 did not have access to a source of light that can be turned on/off at bedside.

On 11/15/23 at 11:40 a.m., resident #5 did not have access to a source of light that can be turned on/off at bedside.

On 11/15/23 at 11:59 a.m., resident #6 did not have access to a source of light that can be turned on/off at bedside. The bulb in █ lamp had burned out.

REPEAT VIOLATION: 4/6/2022 et al.

Plan of Correction

Directed (█ - 01/26/2024)

Resident #3 chooses to sleep in █ recliner for comfort. █ lamp was repositioned to meet █ accessibility. Resident #5 when █ lamp has been placed on █ night stand beside █ bed █ removes the lamp and places it on █

101j7 - Lighting/Operable Lamp (continued)

dresser repeatedly. Resident #6 has had [redacted] light bulb replaced.

Proposed Overall Completion Date: 01/24/2024

DIRECTED

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons on the requirements of Regulation 2600.101(j)(7). Documentation shall be kept in accordance with Regulation 2600.65(i). 1/26/24 [redacted]

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall complete a weekly audit of the home to ensure compliance with Regulation 2600.101(J)(7). 1/26/24 [redacted]

Directed Completion Date: 01/31/2024

Not Implemented [redacted] - 4/10/24)

Licensee's Proposed Date for POC Implementation

132e - Fire Drill Sleeping Hours

19. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 7/3/23 at 11:00 p.m.; however, the previous sleeping hours fire drill was conducted on 12/12/22 at 5:30 a.m.

Plan of Correction

Directed [redacted] - 01/26/2024)

Head of the maintenance department has been informed of the regulations and moving forward a sleeping hours drill will be done every 6 months as required.

Proposed Overall Completion Date: 01/24/2024

DIRECTED

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons involved in conducting fire drills on the requirements of Regulation 2600.132(e). Documentation shall be kept in accordance with Regulation 2600.65(i). 1/26/24 [redacted]

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall complete a monthly audit of the home's fire drill record to ensure compliance with Regulation 2600.132(e). 1/26/24 [redacted]

Directed Completion Date: 01/31/2024

Implemented [redacted] 04/10/2024)

Licensee's Proposed Date for POC Implementation

132g - Fire Drills Days/Times

20. Requirements

2600.

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.

## 132g - Fire Drills Days/Times (continued)

**Description of Violation**

There were 4 staff participating during the sleeping hours fire drills conducted on 7/3/23 at 11:00 p.m. and on 12/12/22 at 5:30 a.m. However, the maximum number of staff scheduled during sleeping hours is 3.

**Plan of Correction**

Directed [REDACTED] 01/26/2024)

Skilled, dietary and office personal respond to fire drills however moving forward on the PC unit only the PC staff will respond to fire alarms.

Proposed Overall Completion Date: 01/24/2024

**DIRECTED**

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons involved in conducting fire drills on the requirements of Regulation 2600.132(g). Documentation shall be kept in accordance with Regulation 2600.65(i). 1/26/24 [REDACTED]

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall complete a monthly audit of the home's fire drill record to ensure compliance with Regulation 2600.132(e). 1/26/24 [REDACTED]

**Directed Completion Date:** 01/31/2024

Not Implemented [REDACTED] 4/10/24)

Licensee's Proposed Date for POC Implementation

## 141a 1-10 Medical Evaluation Information

**21. Requirements**

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

**Description of Violation**

Resident #7's initial medical evaluation, dated [REDACTED] 23, indicates "see attached" in the medication addendum section; however, nothing is attached.

Resident #9's initial medical evaluation, dated [REDACTED] 23, did not include the resident's pulse rate, health status, and cognitive functioning. These areas of the form were blank.

REPEAT VIOLATION: 4/6/2022 et al.

**Plan of Correction**

Directed [REDACTED] 01/26/2024)

Medications are now attached to the DME for resident #7. Vitals signs are now entered on resident #9's DME

141a 1-10 Medical Evaluation Information (continued)

Proposed Overall Completion Date: 01/24/2024

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall audit all current medical evaluation documents for accuracy and completeness. 1/26/24 [REDACTED]

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall audit all newly completed medical evaluation documents for accuracy and completeness. 1/26/24 [REDACTED]

Directed Completion Date: 01/27/2024

Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] 4/10/24)

141b1 - Annual Medical Evaluation

22. 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] 22.

Resident #3's most recent medical evaluation was completed on [REDACTED] 21.

Resident #4, admitted [REDACTED] 2, had no medical evaluation in [REDACTED] record.

Resident #10's most recent medical evaluation was completed on [REDACTED] 5/22.

REPEAT VIOLATION: 4/6/2022 et al.

Plan of Correction

Directed [REDACTED] 01/26/2024)

Resident #1 DME is now completed. Residenat #3 DME is completed. Resident #4 was admitted with a complete DME. The DME is in the chart and paper clipped to the contract. Resident #10 Will complete by the 12/29/23.

Proposed Overall Completion Date: 01/24/2024

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall audit all current resident records to ensure a current medical evaluation is completed for each resident and the documentation is in the resident's records. 1/26/24 [REDACTED]

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall audit all current resident records monthly to ensure a current medical evaluation is completed for each resident and the documentation is in the resident's records. 1/26/24 [REDACTED]

Directed Completion Date: 01/27/2024

Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] - 4/10/24)

182b - Prescription Medication

23. Requirements

2600.

**182b - Prescription Medication (continued)**

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

**Description of Violation**

*Resident #7 is prescribed actemra subcutaneous solution prefilled syringes 162mg/0.9ml-Inject 1 syringe subcutaneously one time a day every Saturday for rheumatoid arthritis. The medication was administered by direct care staff person E on 11/4/23 and by direct care staff person F on 11/11/23. However, these staff persons are not medical professionals and are not qualified to administer injections for rheumatoid arthritis.*

**Plan of Correction****Directed (████ 01/26/2024)**

*Medication will be given by a staff nurse.*

*Proposed Overall Completion Date: 01/24/2024*

**DIRECTED**

*Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons qualified to administer medications on the requirements of Regulation 2600.82(b). Documentation shall be kept in accordance with Regulation 2600.65(i). 1/26/24 █████*

*Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall complete an audit of all resident medications to ensure all medications being administered to residents are administered in accordance with Regulation 2600.182(b). 1/26/24 █████*

*Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall audit medication administration at least monthly to ensure compliance with Regulation 2600.182(b). 1/26/24 █████*

**Directed Completion Date: 01/31/2024**

Licensee's Proposed Date for POC Implementation

**Implemented (████ 04/10/2024)****183d - Prescription Current****24. 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**

*On 11/14/23, resident #3's fluticasone-salmeterol 100mcg was in the home's medication cart; however, this medication was discontinued on or around 9/7/23.*

*On 11/14/23, resident #7's pantoprazole 40mg packets were in the high medication cart; however, the medication was discontinued on or around September 2023.*

**Plan of Correction****Directed (████ 01/26/2024)**

*Discontinued medication has been pulled from the cart and been discarded. Medication cart audits to be utilized moving forward.*

**183d - Prescription Current (continued)**

Proposed Overall Completion Date: 01/24/2024

**DIRECTED**

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons qualified to administer medications on the requirements of Regulation 2600.183(d). Documentation shall be kept in accordance with Regulation 2600.65(i). 1/26/24 [REDACTED]

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall complete an audit of all resident medications to ensure all only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home. 1/26/24 [REDACTED]

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall audit all resident medications at least monthly to ensure compliance with Regulation 2600.183(d). 1/26/24 [REDACTED]

**Directed Completion Date:** 01/31/2024

Not Implemented ([REDACTED] 4/10/24)

Licensee's Proposed Date for POC Implementation

**183e - Storing Medications****25. Requirements**

2600.

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

**Description of Violation**

On 11/14/23, resident #3's latanoprost eye drops with an open date of 2/19/23 were in the medication cart. According to the manufacturer's instructions the medication should be discarded 6 weeks after opening.

On 11/15/23, resident #10's sodium sulfacetamide lotion 10% stored in his room expired 9/2023.

**Plan of Correction**

Directed ([REDACTED] 01/26/2024)

Discontinued and expired medications have been pulled from the cart and discarded and reordered as needed. Medication cart audits to be utilized moving forward.

Proposed Overall Completion Date: 01/24/2024

**DIRECTED**

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons qualified to administer medications on the requirements of Regulation 2600.183(e). Documentation shall be kept in accordance with Regulation 2600.65(i). 1/26/24 [REDACTED]

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall complete an audit of all resident medications to ensure 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. 1/26/24 [REDACTED]

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall audit the home weekly to ensure 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.

## 183e - Storing Medications (continued)

1/26/24. [REDACTED]

Directed Completion Date: 01/31/2024

Licensee's Proposed Date for POC Implementation

Implemented [REDACTED] 04/10/2024)

## 184a - Resident's Meds Labeled

## 26. Requirements

2600.

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

1. The resident's name.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

**Description of Violation**

*Resident #3 is prescribed lorazepam 2 mg/ml-Give 1mg by mouth every 1 hour as needed for severe anxiety; however, the pharmacy label indicates-Give 0.25ml under the tongue every hour as needed.*

*Resident #3 is prescribed morphine sulfate oral solution 10mg/5ml-Give 10mg by mouth every 1 hour as needed, and give 2.5ml by mouth every 1 hour as needed. However, the pharmacy label indicates, 100mg/5ml-Take 0.25ml under the tongue every hour as needed, and take 0.5ml under the tongue every hour as needed.*

*Resident #4 is prescribed acetaminophen 500mg-Take 2 tablets every 4 hours as needed; however, the pharmacy label indicates-Take 1 tablet every 6 hours as needed.*

*Resident #7 is prescribed benzonatate 100mg-Give 2 capsules by mouth every 8 hours as needed; however, the pharmacy label indicates the medication is only to be taken for up to 14 days.*

*Resident #10 is prescribed fluocinonide solution .05%-apply to scalp topically one time a day; however, the medication has no pharmacy label.*

REPEAT VIOLATION: 4/6/2022 et al.

**Plan of Correction**

Directed [REDACTED] 01/26/2024)

*New labels obtained for resident #3 to match the orders and the PCC entry. The labels did not match the physician order or the PCC entry for the MAR. Error was not detected because the resident did not use any of this medication. Resident #4 has a new label to reflect the proper dose and time for medication. Resident #7 medication was entered as 100mg give two caplets which is a dose of 200mg. The medication is not listed in the formulary as 200mg per caplet. However in an effort to comply with regulations the order has been reordered as 200mg with an addendum to show 2 100mg caplets. Resident #10 Medication has a new pharmacy label.*

Proposed Overall Completion Date: 01/24/2024

**DIRECTED**

*Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons qualified to administer medications on the requirements of Regulation 2600.184(a). Documentation shall be kept in accordance with Regulation 2600.65(i). 1/26/24 [REDACTED]*

**184a - Resident's Meds Labeled (continued)**

*Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall complete a monthly audit of all resident medications to ensure compliance with Regulation 2600.184(a). 1/26/24*

*Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall complete an initial audit of all resident medications to ensure compliance with Regulation 2600.184(a). 1/26/24*

**Directed Completion Date: 01/31/2024**

Licensee's Proposed Date for POC Implementation

Not Implemented - 4/10/24

**185a - Implement Storage Procedures****27. Requirements**

2600.

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

**Description of Violation**

*Resident #3 is prescribed ipratropium albuterol 0.5-2.5mg/3ml-Inhale 1 dose orally every 6 hours as needed for wheezing; however, on 11/14/23 the medication was not available in the home.*

*On 11/12/23 at 5:06 p.m., resident #7's glucometer indicated a blood glucose reading of 152; however, the resident's November 2023 medication administration record (MAR) indicates "NA".*

*Resident #10 is prescribed the following medications; however, on 11/15/23, the medications were not available in the home:*

- *lomotil tablet 2.5-.025 mg – give 1 tablet by mouth every 12 hours as needed*
- *atrovent soln .03%-Give 2 sprays in nostril every 12 hours as needed*

REPEAT VIOLATION: 4/6/2022 et al.

**Plan of Correction**

Directed - 01/26/2024

*Resident #3 medication was present in the cart with a fill date of 7/28/23. Pertaining to resident #7 and inaccurate documentation all med techs will be retrained on proper glucometer use, calibration and documentation. Resident #10 has had medication reordered.*

*Proposed Overall Completion Date: 01/24/2024*

**DIRECTED**

*Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons qualified to administer medications on the requirements of Regulation 2600.185(a) and the home's policy and procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Documentation shall be kept in accordance with Regulation 2600.65(i). 1/26/24*

*Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall complete an initial audit of all resident medications to ensure compliance with Regulation 2600.185(a). 1/26/24*

*Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall complete a monthly audit of all resident medications to ensure compliance with Regulation 2600.185(a). 1/26/24*

**185a - Implement Storage Procedures (continued)**

*Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall complete a weekly audit of all resident blood glucose readings and documentation to ensure accuracy and completeness. 1/26/24 [REDACTED]*

**Directed Completion Date:** 01/31/2024

Not Implemented ([REDACTED] 4/10/24)

Licensee's Proposed Date for POC Implementation

**187a - Medication Record****28. Requirements**

2600.

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

3. Name of medication.
4. Strength.

**Description of Violation**

*Resident #3 is prescribed Atropine give 2 drops orally every hour as needed for secretions. However, the resident's November 2023 MAR does not indicate the name and the strength of medication.*

*REPEAT VIOLATION: 4/6/2022 et al.*

**Plan of Correction**

**Directed** ([REDACTED] 01/26/2024)

*Medication was properly entered into the MAR.*

*Proposed Overall Completion Date: 01/24/2024*

**DIRECTED**

*Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons qualified to administer medications on the requirements of Regulation 2600.187(a). Documentation shall be kept in accordance with Regulation 2600.65(i). 1/26/24 [REDACTED]*

*Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall complete an initial audit of all resident MARs to ensure compliance with Regulation 2600.187(a). 1/26/24 [REDACTED]*

*Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall complete a monthly audit of all resident MARs to ensure compliance with Regulation 2600.187(a). 1/26/24 [REDACTED]*

**Directed Completion Date:** 01/31/2024

Not Implemented ([REDACTED] - 4/10/24)

Licensee's Proposed Date for POC Implementation

**187b - Date/Time of Medication Admin.****29. Requirements**

2600.

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

**Description of Violation**

*Resident #10 is prescribed fluocinonide solution .05%-apply to scalp topically one time a day, and sodium sulfacetamide lotion 10%-apply to affected area topically to face once daily. The resident's November 2023 MAR indicates that the medications were administered daily from 11/1/23 through 11/14/23 by direct care staff persons C, E, and F; however, the medication has not been administered on multiple days, including on 11/14/23.*

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

REPEAT VIOLATION: 4/6/2022 et al.

**Plan of Correction**

Directed (████) 01/26/2024)

Staff will be re-educated regarding timely and accurate documentation.

Proposed Overall Completion Date: 01/24/2024

**DIRECTED**

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons qualified to administer medications on the requirements of Regulation 2600.187(b). Documentation shall be kept in accordance with Regulation 2600.65(i). 1/26/24 (████)

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall complete an initial audit of all resident MARs to ensure compliance with Regulation 2600.187(b). 1/26/24 (████)

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall complete a weekly audit of all resident MARs to ensure compliance with Regulation 2600.187(b). 1/26/24 (████)

Directed Completion Date: 01/31/2024

Not Implemented (████) 4/10/24)

Licensee's Proposed Date for POC Implementation

**187d - Follow Prescriber's Orders****30. Requirements**

2600.

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

**Description of Violation**

On 11/9/23, resident #4 was prescribed docusate sodium-Take 1 capsule by mouth daily. However, on 11/14/23, the medication had not been administered since it was prescribed.

Resident #7 is prescribed benzonatate 100mg-Give 2 capsules by mouth every 8 hours as needed; however, the resident is administered benzonatate 200mg, 1 capsule by mouth every 8 hours as needed because benzonatate 100mg is not available in the home.

Resident #10 is prescribed fluocinonide solution .05%-apply to scalp topically one time a day, and sodium sulfacetamide lotion 10%-apply to affected area topically to face once daily; however, the medication has not been administered on multiple days, including on 11/14/23.

REPEAT VIOLATION: 4/6/2022 et al.

**Plan of Correction**

Directed (████) 01/26/2024)

Resident #4 There was a delay in receiving the medication order. The medication was delivered by the pharmacy because the physician's office called the medication in directly. But without the order the medication could not be given. Resident #7 The medication observed on the cart was medication that the family brought in, however the pharmacy that we have filled the medication and that was the medication that the staff were using. The other medication in bottle container was pulled from the cart. Resident #10 Staff to receive re-education regarding proper administration and documentation of medications.

187d - Follow Prescriber's Orders (continued)

Proposed Overall Completion Date: 01/24/2024

DIRECTED

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons qualified to administer medications on the requirements of Regulation 2600.187(d). Documentation shall be kept in accordance with Regulation 2600.65(i). 1/26/24 [REDACTED]

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall complete an initial audit of all resident MARs to ensure compliance with Regulation 2600.187(d). 1/26/24 [REDACTED]

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall complete a monthly audit of all resident MARs to ensure compliance with Regulation 2600.187(d). 1/26/24 [REDACTED]

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall file an incident report for the medication errors, notify all of the prescribers of the medication errors, and document the medication errors in each of the resident's records. 1/26/24 [REDACTED]

Directed Completion Date: 01/31/2024

Not Implemented [REDACTED] 4/10/24)

Licensee's Proposed Date for POC Implementation

191 - Resident Right to Refuse

31. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

There is no documentation that resident #3, admitted [REDACTED] 21, has been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Directed [REDACTED] 01/26/2024)

December 18, 2023 all resident's who are actively on the PC unit have been re-educated on resident's rights.

Proposed Overall Completion Date: 01/24/2024

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall audit all new resident records to ensure compliance with Regulation 2600.191. 1/26/24 [REDACTED]

Directed Completion Date: 01/27/2024

Not Implemented [REDACTED] 4/10/24)

Licensee's Proposed Date for POC Implementation

225c - Additional Assessment

32. Requirements

2600.

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

- 1. Annually.

Description of Violation

Resident #3, admitted [REDACTED] 21, had no assessment in [REDACTED] record.

225c - Additional Assessment (continued)

Resident #4's most recent assessment is dated [REDACTED]/18/22.

Resident #10's most recent assessment is dated [REDACTED]16/22.

Plan of Correction

Directed [REDACTED] - 01/26/2024)

Resident #3 assessment will be completed by 1/12/24. Resident #4 assessment will be completed by 1/12/24.

Resident #10 assessment will be completed by 1/12/24.

Proposed Overall Completion Date: 01/24/2024

DIRECTED

Within 10 calendar days of receipt of the accepted plan of correction: The administrator shall complete an initial audit of all resident assessments to ensure compliance with Regulation 2600.225(c). 1/26/24 [REDACTED]

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall complete a monthly audit of all resident assessments to ensure compliance with Regulation 2600.225(c). 1/26/24 [REDACTED]

Directed Completion Date: 02/06/2024

Not Implemented [REDACTED] 4/10/24)

Licensee's Proposed Date for POC Implementation

227c - Support Plan Revision

33. Requirements

2600.

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

Description of Violation

Resident #1's most recent assessment, dated 5/4/23, indicates the resident has multiple diagnoses including GERD, dementia, hyperlipidemia, CAD, and osteoarthritis; however, the resident's most recent support plan, dated 5/4/23, indicates the plan to meet each diagnosis only indicates "medical management."

Plan of Correction

Directed ([REDACTED] - 01/26/2024)

Support plan shall be revised by 1/12/24.

Proposed Overall Completion Date: 01/24/2024

DIRECTED

Within 10 calendar days of receipt of the accepted plan of correction: The administrator shall complete an initial audit of all resident support plans to ensure compliance with Regulation 2600.227(c). 1/26/24 [REDACTED]

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall complete a monthly audit of all resident support plans to ensure compliance with Regulation 2600.227(c). 1/26/24 [REDACTED]

Directed Completion Date: 02/06/2024

Not Implemented ([REDACTED] - 4/10/24)

Licensee's Proposed Date for POC Implementation

251b - Record Entries Legible

34. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

## 251b - Record Entries Legible (continued)

**Description of Violation**

*Correction fluid was used on resident #7's support plan, dated 9/21/23, in the plan to meet dental need section, and "Dental" was written over it; and on the plan to meet sensory need for vision section, and "Recent" was written over it.*

**Plan of Correction**

**Directed** [REDACTED] - 01/26/2024)

*This was an absolute error on my part and yes I know better! Not quit for sure what I was thinking but the error is mine. White out has been removed from my office and will not ever be used again.*

*Proposed Overall Completion Date: 01/24/2024*

**DIRECTED**

*Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons on the requirements of Regulation 2600.251(b). Documentation shall be kept in accordance with Regulation 2600.65(i). 1/26/24 [REDACTED]*

*Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall complete a monthly audit of newly completed resident documents to ensure compliance with Regulation 2600.251(b). 1/26/24 [REDACTED]*

**Directed Completion Date: 02/06/2024**

Licensee's Proposed Date for POC Implementation

**Implemented** ([REDACTED] - 04/10/2024)

**Facility Information**

Name: *REFORMED PRESBYTERIAN HOME* License #: *42966* License Expiration: *08/27/2024*  
 Address: *2344 PERRYSVILLE AVENUE, PITTSBURGH, PA 15214*  
 County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *REFORMED PRESBYTERIAN WOMEN'S ASSOCIATION*  
 Address: *2344 PERRYSVILLE AVENUE, PITTSBURGH, PA, 15214*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *10/10/1983* Issued By: *City of Pittsburgh*

**Staffing Hours**

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

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Interim* Exit Conference Date: *02/12/2024*

**Inspection Dates and Department Representative**

02/12/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *56* Residents Served: *29*  
 Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: *4*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *28*  
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *1*  
 Have Mobility Need: *17* Have Physical Disability: *2*

**Inspections / Reviews**

02/12/2024 - Partial  
 Lead Inspector [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/05/2024*

03/06/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *03/26/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/11/2024*

Inspections / Reviews *(continued)*

03/29/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/26/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 04/05/2024

25a - Written Contract and Review

1. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall 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 #1 was admitted to the home on [REDACTED] 22; however, the resident-home contract was not completed until 3/11/22.

REPEAT VIOLATION: 4/6/2022 et al.

Plan of Correction

Directed [REDACTED] 03/28/2024)

Resident #1 was admitted prior to this administrator's employment. A monitor is in place to ensure that all resident home contracts are completed in a timely manner.

03/11/24-An audit to ensure all resident home contracts has been completed by the Administrator.-A monitor is in place to ensure continued compliance.

The monitor will be completed by the RCC the day following a new admission.

Proposed Overall Completion Date: 03/12/2024

DIRECTED

Within one calendar day of receipt of the accepted plan of correction: The administrator shall ensure the monitoring indicated in the home's plan of correction are immediately implemented. Documentation of monitoring shall be kept. 3/29/24 [REDACTED]

Within 5 calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons responsible for maintaining compliance with Regulation 2600.25(a). Documentation of education shall be maintained in accordance with Regulation 2600.65(l). 3/29/24 [REDACTED]

Directed Completion Date: 04/03/2024

Licensee’s Proposed Date for POC Implementation

Not Implemented ([REDACTED] - 4/10/24)

54a - Direct Care Staff

2. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, hired on [REDACTED] 24, is providing direct care services; however, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Directed [REDACTED] 03/28/2024)

Staff person A has a copy of [REDACTED] certified college degree in [REDACTED] personel file. The document was present in [REDACTED] file at the time of the survey. The Human resources department maintains a computerize system of tracking pre-employment requirements. 3/12- An audit has been completed to include all pre-employment requirements including but not limited to high school diploma. On going monitoring will be conducted by Human resoures to ensure that all pre-employment hiring is met.

54a - Direct Care Staff (continued)

Proposed Overall Completion Date: 03/12/2024

DIRECTED

Within one calendar day of receipt of the accepted plan of correction: The administrator shall ensure the monitoring indicated in the home's plan of correction are immediately implemented. Documentation of monitoring shall be kept. 3/29/24 [REDACTED]

Directed Completion Date: 03/30/2024

Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] 4/10/24)

65a - FS Orientation 1st Day

3. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, hired [REDACTED] 24, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Staff person B, hired [REDACTED] 23, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Staff person C, hired [REDACTED] 23, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Plan of Correction

Directed [REDACTED] - 03/28/2024)

Staff persons A,B and C have documented evidence of receiving first day orientation; consisting of Evacuation procedures, staff duties during fire drills and emergencies. Moving forward all orientation documentation will

65a - FS Orientation 1st Day (continued)

remain in the Human Resource department.

03/11/24-An audit of the required first day orientation for all staff has been completed by the administrator.( fire drills,evacuation,and emergencies)

A monitoring step is in place for continued compliance. the HR Director will maintain the monitor.

Proposed Overall Completion Date: 03/12/2024

DIRECTED

Within one calendar day of receipt of the accepted plan of correction: The administrator shall ensure the monitoring indicated in the home's plan of correction are immediately implemented. Documentation of monitoring shall be kept. 3/29/24

Directed Completion Date: 03/30/2024

Not Implemented 4/10/24)

Licensee's Proposed Date for POC Implementation

65b - Rights/Abuse 40 Hours

4. Requirements

2600.

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

- 2. Emergency medical plan.

Description of Violation

Staff person A, hired 24, completed 40th scheduled work hour; however, this staff person did not complete training on the emergency medical plan.

Staff person B, hired /23 ,completed 40th scheduled work hour; however, this staff person did not complete training on the emergency medical plan.

Staff person C, hired 23 ,completed 40th scheduled work hour; however, this staff person did not complete training on the emergency medical plan.

Plan of Correction

Directed - 03/28/2024)

Staff persons A,B and C have documented evidence of completing the emergency medical plan orientation within 40 hours of scheduled working. Moving forward all required orientation records will be maintained by the Human Resource department.

An audit has been completed on all staff records to ensure all all staff have the emergency medical plan orientation within 40hrs. of scheduled work.

Monitoring will be done ( by HR Director) with every new hire. 3/11- An audit of all direct-care staff persons to ensure that rights/abuse orientation has been completed by the Administrator. An ongoing monitoring will be conducted by the HR department to ensure the completion of the on-boarding process.

Proposed Overall Completion Date: 03/12/2024

DIRECTED

Within one calendar day of receipt of the accepted plan of correction: The administrator shall ensure the monitoring indicated in the home's plan of correction are immediately implemented. Documentation of monitoring shall be kept. 3/29/24

65b - Rights/Abuse 40 Hours (continued)

Directed Completion Date: 03/30/2024  
Licensee's Proposed Date for POC Implementation

Not Implemented (█ - 4/10/24)

85a - Sanitary Conditions

5. Requirements

2600.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

At 9:27a.m., the toilet in resident #2's room, was heavily soiled with a brown substance on the toilet rim and seat and on the inside and outside of the bowl.

Plan of Correction

Directed (█) 03/28/2024)

The toilet in resident #2's bathroom is cleaned daily due to █ mental deficates that he exhibits surrounding hygiene ,housekeeping staff have been instructed to check █ bathroom a minimum of twice per shift to ensure cleanliness. 03/11/24-Housekeeping staff have been educated by the Housekeeping department director to monitor resident #2 for cleanliness at least twice a day. audit done by the administrator 03/11/24. Written proof of education to follow. A monitor to be in place to ensure compliance.

Proposed Overall Completion Date: 03/12/2024

DIRECTED

Within one calendar day of receipt of the accepted plan of correction: The administrator shall ensure the monitoring indicated in the home's plan of correction are immediately implemented. Documentation of monitoring shall be kept. 3/29/24. █

Directed Completion Date: 03/30/2024  
Licensee's Proposed Date for POC Implementation

Not Implemented (█ - 4/10/24)

85d - Trash Receptacles

6. Requirements

2600.  
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 9:15 a.m., there was an uncovered trash can containing paper towels in the common bathroom in the Garden of Faith lounge.

At 9:17 a.m., there was an uncovered trash can overflowing with trash in the unlocked and accessible women's staff bathroom across from the boiler area.

At 9:20 a.m., there was an uncovered trash can overflowing with trash in the common bathroom outside of the overflow dining room.

Plan of Correction

Directed (█) - 03/28/2024)

The housekeeping employee assigned to the PC unit begins █ shift at 9am. Resident bathrooms are cleaned at the beginning of the shift and check by staff at the end of their shift. The communal bathrooms are also cleaned daily

85d - Trash Receptacles (continued)

after resident rooms.

03/11/24- THE full uncovered cans were emptied by housekeeping during the survey. Housekeeping staff have been educated regarding immediate removal of over flowing trash , documentation of education to follow. A monitor will be in place to ensure compliance.

Proposed Overall Completion Date: 03/12/2024

DIRECTED

Within one calendar day of receipt of the accepted plan of correction: The administrator shall ensure the monitoring indicated in the home's plan of correction are immediately implemented. Documentation of monitoring shall be kept. 3/29/24

Directed Completion Date: 03/30/2024

Licensee's Proposed Date for POC Implementation

Not Implemented 4/10/24

132c - Fire Drill Records

7. Requirements

2600.

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

Description of Violation

The fire drill record for the drill conducted on 11/30/23 at 10:15 a.m. does not include the exact amount of time it took for evacuation, the number of residents in the home at the time of the drill, the number of residents evacuated, and the number of staff persons participating.

The fire drill record for the drill conducted on 12/31/23 at 3:15 p.m. does not include the exact amount of time it took for evacuation and the number of residents in the home at the time of the drill.

The fire drill record for the drill conducted on 1/25/24 at 6:00 a.m. does not include the exact amount of time it took for evacuation, the number of residents in the home at the time of the drill, the number of residents evacuated, and the number of staff persons participating.

REPEAT VIOLATION: 4/6/2022 et al.

Plan of Correction

Directed 03/28/2024

All maintenance staff responsible for conducting fire drills have been inserviced on the information that must be included on the written fire drill record. Completed fire drill records will be reviewed by the maintenance director. The department (DHS ) form will be utilized. 3/12-All housekeeping staff have been educated by the Housekeeping Director of the importance of completing the fire drill records. A copy of the staff education attached. A monitor is in place to ensure that all fire drill information is included on the written fire drill record. This monitor will be maintained by the administrator.

## 132c - Fire Drill Records (continued)

Proposed Overall Completion Date: 03/12/2024

**DIRECTED**

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall ensure the assigned responsible staff person will review the fire drill records monthly to ensure accuracy and completeness. 3/29/24

**Directed Completion Date: 03/30/2024**

Licensee's Proposed Date for POC Implementation

Not Implemented - 4/10/24)

## 132d - Evacuation

**8. 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**

On 5/17/23, a fire safety expert established a safe evacuation time of 6 minutes for the home. However, the evacuation time for the fire drill conducted on 12/31/23 at 3:15 p.m. was 8 minutes.

REPEAT VIOLATION: 4/6/2022 et al.

**Plan of Correction**

Directed ( - 03/29/2024)

All personel responsible for conducting fire drills have been inserviced on the expected evacuation time. The information will be placed on the DHS approved fire drill record form. 3/12-A monitor is now in place to include all required information on the written fire drill report. The monitor will be completed by the administrator.

Proposed Overall Completion Date: 03/12/2024

**DIRECTED**

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall ensure the assigned responsible staff person will review audit fire drills and the fire drill record monthly to ensure residents are evacuated form 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. 3/29/24

**Directed Completion Date: 03/30/2024**

Licensee's Proposed Date for POC Implementation

Not Implemented - 4/10/24)

## 141a - Medical Evaluation

**9. Requirements**

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

**Description of Violation**

Resident #3 was admitted to the home on 23; however, an initial medical evaluation was not completed.

REPEAT VIOLATION: 4/6/2022 et al.

## 141a - Medical Evaluation (continued)

**Plan of Correction**

Directed (█ - 03/29/2024)

Resident #3 has a completed initial medical evaluation. A monitor is in place to ensure compliance. 3/12-The Administrator will now audit all resident records to ensure the completed medical evaluation is in place and completed in a timely manner. 3/12-The Administrator is responsible for compliance of monitoring the medical evaluation. The RCC is the Administrator's designee. The audit related to regulation 2600.141a has now been initiated by the Administrator and will be completed by 3/29/24.

Proposed Overall Completion Date: 03/12/2024

**DIRECTED**

Within one calendar day of receipt of the accepted plan of correction: The administrator shall ensure the monitoring indicated in the home's plan of correction are immediately implemented. Documentation of monitoring shall be kept. 3/29/24 █

Directed Completion Date: 03/30/2024

Not Implemented (█ - 4/10/24)

Licensee's Proposed Date for POC Implementation

## 141b1 - Annual Medical Evaluation

**10. 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 4/12/23; however, the resident's previous medical evaluation was completed on 3/13/22.

Resident #4's most recent medical evaluation was completed on 5/24/22.

Resident #5's most recent medical evaluation was completed on 12/23/22.

REPEAT VIOLATION: 11/7/2023; 4/6/2022 et al.

**Plan of Correction**

Directed (█ 03/29/2024)

Resident #1 was admitted to RPH prior to the current administrators employment which began on (04/06/22). Following the licensure survey from 04/06/22 - 04/08/22 the medical evaluation was updated. A monitor is in place to ensure on going compliance. 3/12-The afore mentioned medical evaluations have been completed by the Administrator. An audit is now in place to ensure on-going compliance. The audit is on-going and will be completed by 3/29/24. A monitor is in place to ensure on-going compliance

Resident #4 now has a completed medical evaluation is completed. A monitor is in place to ensure on going compliance.

Resident #5 has a current medical evaluation. A monitor is in place to ensure compliance.

Proposed Overall Completion Date: 03/12/2024

**DIRECTED**

Within one calendar day of receipt of the accepted plan of correction: The administrator shall ensure the

**141b1 - Annual Medical Evaluation (continued)**

monitoring indicated in the home's plan of correction are immediately implemented. Documentation of monitoring shall be kept. 3/29/24 [REDACTED]

**Directed Completion Date:** 03/30/2024

Not Implemented [REDACTED] - 4/10/24)

Licensee's Proposed Date for POC Implementation

**183d - Prescription Current****11. 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**

Resident #1's gabapentin 300mg was in the medication cart; however, this medication was discontinued on 1/9/24.

**Plan of Correction**

**Directed [REDACTED] 03/29/2024)**

Both carts audited to ensure all medications are current and properly labeled. On going monitors are in place to be completed by the lead med tech weekly. 3/12-An audit was conducted of both medication carts by the RCC. Discontinued medications have been removed and proper labeling is in place. All med techs have been re-educated for maintaining compliance with the regulation. The education was directed by the RCC. A daily monitor of selected rooms is currently in place with an additional weekly monitor initiated at this time to be completed by the RCC. All resident records are being audited for compliance by 3/29.

Proposed Overall Completion Date: 03/12/2024

**DIRECTED**

Within one calendar day of receipt of the accepted plan of correction: The administrator shall ensure the monitoring indicated in the home's plan of correction are immediately implemented. Documentation of monitoring shall be kept. 3/29/24 [REDACTED]

**Directed Completion Date:** 03/30/2024

Not Implemented [REDACTED] - 4/10/24)

Licensee's Proposed Date for POC Implementation

**184a - Resident's Meds Labeled****12. Requirements**

2600.

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

1. The resident's name.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

**Description of Violation**

Resident #1 is prescribed lantus insulin-Inject 30 units subcutaneously in the morning and inject 25 units at night; however, the medication pharmacy label indicates-Inject 25 units at night.

Resident #1 is prescribed humalog kwikpen 100u/ml-Inject subcutaneously 3 times a day per sliding scale: 141-180=1 unit; 181-220=2 units; 221-260=3 units; 261-300=4 units; 301-340=5 units; 341-400=6 units; 401-450=8 units; 451-500=10 units. However, the medication pharmacy label indicates-Inject 3 units subcutaneously 3 times a day with meals and per sliding scale: 141-180=1 unit; 181-220=2 units; 221-260=3 units; 261-300=4 units; 301-340=5 units; 341-400=6 units.

184a - Resident's Meds Labeled (continued)

Resident #6 is prescribed Lidoderm external patch 5%-Apply 1 patch on skin daily. Remove and discard patch within 12 hours or as directed by MD; however, the medication is not labeled with a pharmacy label and does not indicate the prescribed dosage and instructions for administration, and the name and title of the prescriber.

REPEAT VIOLATION: 4/6/2022 et al.

Plan of Correction

Directed [redacted] - 03/29/2024)

Resident # 1, After consulting with pharmacy services a single insulin pen may be utilized for dosing with adjustments as noted by the MAR and proper labeling provided that it is the same medication. Resident # 6 cart audit completed by the lead med tech resulting in removal of medications missed labeled and labels provided for all medication including OTC. 3/12-Proper dosing and times added to insulin pen container to ensure proper dosage. The correction was made by the RCC with assist of the lead med tech. All med techs have been re-educated on maintaining compliance with the regulations. An audit was conducted on all resident medications by the RCC and a lead med tech. An ongoing monitor daily and weekly are in place by the RCC and a lead med tech.

Proposed Overall Completion Date: 03/12/2024

DIRECTED

Within one calendar day of receipt of the accepted plan of correction: The administrator shall ensure the monitoring indicated in the home's plan of correction are immediately implemented. Documentation of monitoring shall be kept. 3/29/24 [redacted]

Directed Completion Date: 03/30/2024

Not Implemented [redacted] - 4/10/24)

Licensee's Proposed Date for POC Implementation

184b - Labeling OTC/CAM

13. Requirements

2600.

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

Description of Violation

Resident #1's ammonium lactate 12% in the medication cart was not labeled with the resident's name.

Plan of Correction

Directed [redacted] - 03/29/2024)

Proper label identification for Resident #1 has been labeled correctly. Cart audit monitor in place and completed by the lead med tech. 3/12-Staff responsible for compliance have been re-educated by the RCC. An audit has been conducted to ensure compliance of regulation 2600.184b by the RCC. A separate insulin pen was supplied by the pharmacy and has been labeled AM and PM. A weekly monitor is in place to be completed by the RCC on all IDDM resident's after completing an audit.

Proposed Overall Completion Date: 03/12/2024

DIRECTED

Within one calendar day of receipt of the accepted plan of correction: The administrator shall ensure the monitoring indicated in the home's plan of correction are immediately implemented. Documentation of monitoring shall be kept. 3/29/24 [redacted]

Directed Completion Date: 03/30/2024

Not Implemented [redacted] 4/10/24)

Licensee's Proposed Date for POC Implementation

185a - Implement Storage Procedures

14. Requirements

2600.

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

Description of Violation

Resident #4 is prescribed Tessalon Perles 100mg benzonatate-Give 1 capsule by mouth every 8 hours as needed; however, the medication was not available in the home.

Repeat Violation 4/6/2022 et al.

Plan of Correction

Directed (████) 03/29/2024)

Medication was discontinued for lack of use. Cart audit monitor in place to ensure compliance. 3/12-The correction for this violation was the medication was discontinued for lack of use per order of the attending on 3/4/24. All med techs have been re-educated for maintaining compliance with regulations. The education was completed by the RCC. A daily monitor is in place to be completed by the lead tech and weekly audit is in place to be completed by the RCC.

Proposed Overall Completion Date: 03/12/2024

DIRECTED

Within one calendar day of receipt of the accepted plan of correction: The administrator shall ensure the monitoring indicated in the home's plan of correction are immediately implemented. Documentation of monitoring shall be kept. 3/29/24 (████)

Directed Completion Date: 03/30/2024

Licensee's Proposed Date for POC Implementation

Not Implemented (████) - 4/10/24)

187a - Medication Record

15. Requirements

2600.

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

- 6. Dose.
- 7. Route of administration.
- 8. Frequency of administration.
- 11. Special precautions, if applicable.
- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #2 is prescribed clindamycin phosphate-Apply topically twice a day to face and neck; however, the resident's February 2024 medication administration record (MAR) indicates-Apply to face and neck one time a day.

Resident #2 is prescribed fluocinonide solution 0.05%-Apply topically once daily to seborrhea on face, neck, arms and back; however, the resident's February 2024 MAR indicates-Apply to scalp topically one time a day.

REPEAT VIOLATION: 4/6/2022 et al.

Plan of Correction

Directed (████) 03/29/2024)

Medications discontinued by physician and a new dermatological appointment requested to more closely examine the efficacy of medications. 3/12 Resident #2 no longer is prescribed clindamycin phosphate. All residents receiving dermatological care will be monitor by all staff for effectiveness and a monitor will be initiated if and when a

187a - Medication Record (continued)

resident receives dermatological medication for effectiveness by all med techs and an audit will be completed weekly by the RCC.

Proposed Overall Completion Date: 03/12/2024

DIRECTED

Within five calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons qualified to administer medications on the home's policy and procedures and Regulation 2600.187(a). Documentation of education shall be in compliance with Regulation 2600.65(l). 3/29/24 [REDACTED]

Within one calendar day of receipt of the accepted plan of correction: The administrator or designee shall conduct an audit of all current resident MARs to ensure compliance with Regulation 2600.187(a). 3/29/24 [REDACTED]

Within one calendar day of receipt of the accepted plan of correction: The administrator shall ensure the monitoring indicated in the home's plan of correction are immediately implemented. Documentation of monitoring shall be kept. 3/29/24 [REDACTED]

Directed Completion Date: 03/30/2024

Not Implemented [REDACTED] - 4/10/24)

Licensee's Proposed Date for POC Implementation

187b - Date/Time of Medication Admin.

16. Requirements

2600.

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

Description of Violation

On 2/2/24, resident #1 was prescribed compression stockings-Put on in morning; off at bedtime. On 2/12/24, the stockings had never been used; however, the resident's February 2024 MAR indicates they were put on the resident on 2/10/24, 2/11/24, and 2/12/24.

Multiple residents' February 2024 MARs do not include the initials of the staff person who administered various medications on 2/10/24, including:

- resident #1's atorvastatin 40mg at bedtime and gabapentin 100mg at 9:00 p.m.
- resident #2's olanzapine 20mg and simvastatin 20mg at 9:00 p.m.
- resident #7's Tylenol 500mg at 9:00 p.m.

REPEAT VIOLATION: 4/6/2022 et al.

Plan of Correction

Accept [REDACTED] - 03/29/2024)

Staff has been inserviced on complete application and removal and documentation of compression stockings. Weekly auditing to continue for proper documentaton. Staff member responsible for lack of documentation for resident's 1,2 and 7 received a written warning. This staff member is no longer employed here at Reformed Presbyterian Home. 3/12-The monitor is in place and on going for application and removal of compression stocking for all residents who require them. The monitor of application and removal will be daily by a lead tech and weekly audit will be performed by the RCC for completion.

Licensee's Proposed Overall Completion Date: 03/12/2024

Not Implemented [REDACTED] - 4/10/24)

Licensee's Proposed Date for POC Implementation

187d - Follow Prescriber's Orders

17. Requirements

2600.

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

Description of Violation

On 2/2/24, resident #1 was prescribed compression stockings-Put on in morning; off at bedtime; however, the stockings were never put on the resident.

REPEAT VIOLATION: 4/6/2022 et al.

Plan of Correction

Directed [redacted] - 03/29/2024)

Staff inserviced on the complete application and removal and documentation of compression stockings. Weekly auditing to continue proper application and documentation to be completd by the lead med tech. 3/12-Staff re-educated on the procdures ordered by the attending. A monitor is in place and on-going for application and removal of compression stockings for all residents who require them. The monitor for application and removal will be daily by a lead tech and a weekly audit will be conducted by the RCC for completion.

Proposed Overall Completion Date: 03/12/2024

DIRECTED

Within one calendar day of receipt of the accepted plan of correction: The administrator shall ensure the monitoring indicated in the home's plan of correction are immediately implemented. Documentation of monitoring shall be kept. 3/29/24 [redacted]

Within one calendar day of receipt of the accepted plan of correction: The administrator shall notify the resident and the resident's designated person of the error. 3/29/24 [redacted]

Within one calendar day of receipt of the accepted plan of correction: The administrator shall notify the prescriber of the error for the resident. 3/29/24

Within one calendar day of receipt of the accepted plan of correction: The administrator shall

Within one calendar day of receipt of the accepted plan of correction: The administrator shall document the medication error in the resident's permanent record. 3/29/24 [redacted]

Directed Completion Date: 03/30/2024

Licensee's Proposed Date for POC Implementation

Not Implemented [redacted] - 4/10/24)

225a - Assessment 15 Days

18. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #3 was admitted to the home on [redacted] 23; however, an initial assessment was not completed.

REPEAT VIOLATION: 4/6/2022 et al.

225a - Assessment 15 Days (continued)

Plan of Correction

Directed ( ) - 03/29/2024)

Resident #3 has a completed initial assessment. Monitor in place to ensure compliance. 3/12-Resident #3 now has a completed initial assessment completed by the Administrator. A monitor is in place for to be conducted by the RCC within 15 days after the admission and the audit will be conducted by the Administrator to ensure compliance with regulations. All resident records are being audited by the Administrator to comply with the regulation and will be completed by 3/29.

Proposed Overall Completion Date: 03/12/2024

Within one calendar day of receipt of the accepted plan of correction: The administrator shall ensure the monitoring indicated in the home's plan of correction are immediately implemented. Documentation of monitoring shall be kept. 3/29/24 ( )

Directed Completion Date: 03/30/2024  
Licensee's Proposed Date for POC Implementation

Not Implemented ( ) 4/10/24)

225c - Additional Assessment

19. Requirements

- 2600.
- 225.c. The resident shall have additional assessments as follows:
  1. Annually.

Description of Violation

Resident #4's most recent assessment is dated ( )/22.

Resident #5's most recent assessment is dated ( )/22.

Resident #8's most recent assessment, dated ( )/23, does not include the diagnoses of edema and hypertension as indicated on ( ) most recent medical evaluation, dated ( )8/23.

Plan of Correction

Directed ( ) 03/29/2024)

Resident #5 has an updated assessment. A monitor is in place to ensure compliance. Resident #8, assessment has been updated to include the diagnosis of edema and hypertention as indicated on ( ) most recent medical evaluation. A monitor is in place to ensure compliance. 3/12- Resident #5 has an updated assessment. The assessment is now complete. Resident # 8 assessment now includes the diagnosis of edema and hypertension. These updates/corrections were made by the Administrator. The Administrator is responsible for maintaining compliance and the RCC will monitor for compliance. All current residents will have completed audits by 3/29.

Proposed Overall Completion Date: 03/12/2024

DIRECTED

Within five calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons responsible for maintaining compliance with the regulation. Documentation of education shall be in compliance with Regulation 2600.65(I). 3/29/24 ( )

Within one calendar day of receipt of the accepted plan of correction: The administrator or designee shall conduct an audit of all current resident MARs to ensure compliance with Regulation 2600.187(a). 3/29/24 ( )

225c - Additional Assessment (continued)

Within one calendar day of receipt of the accepted plan of correction: The administrator shall ensure the monitoring indicated in the home's plan of correction are immediately implemented. Documentation of monitoring shall be kept. 3/29/24 [REDACTED]

Directed Completion Date: 03/30/2024

Not Implemented [REDACTED] - 4/10/24)

Licensee's Proposed Date for POC Implementation

227a - Support Plan 30 Days

20. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #3 was admitted to the home on [REDACTED]/23; however, an initial support plan was not completed.

Plan of Correction

Directed [REDACTED] 03/29/2024)

Resident #3 has a written support plan in place. The support plan is documented on the departments support plan form. A monitor is in place to ensure compliance. 3/12- Resident #3 has a complete support plan in place which was completed by the Administrator. RCC will monitor for compliance 15 days after admission with the regulation. An audit is on going to ensure compliance with the regulation. The audit will be completed by the Administrator by 3/29.

Proposed Overall Completion Date: 03/12/2024

DIRECTED

Within one calendar day of receipt of the accepted plan of correction: The administrator shall ensure the monitoring indicated in the home's plan of correction are immediately implemented. Documentation of monitoring shall be kept. 3/29/24 [REDACTED]

Within five calendar days of receipt of the accepted plan of correction: The administrator shall educate all staff persons responsible for maintaining compliance with the regulation. Documentation of education shall be kept in accordance with Regulation 2600.65(l). 3/29/24 [REDACTED]

Directed Completion Date: 04/03/2024

Not Implemented [REDACTED] - 4/10/24)

Licensee's Proposed Date for POC Implementation

227c - Support Plan Revision

21. Requirements

2600.

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

Description of Violation

Resident #8 began receiving hospice services on 7/27/23; however, [REDACTED] most recent support plan, dated 12/29/23, does not indicate the care and services hospice provides.

Plan of Correction

Directed [REDACTED] 03/29/2024)

Resident #8's assessment updated to include hospice services of ADL's, medication oversight and visits from the hospice nurse. 3/12-Resident #8 assessment has been revised to include hospice care and services. Corrections were made by the Administrator. The RCC has been instructed on the regulation and how to complete the monitor by

**227c - Support Plan Revision (continued)**

*the Administrator. An audit is being conducted on all resident records for compliance to be complete by 3/29.*

*Proposed Overall Completion Date: 03/12/2024*

**DIRECTED**

*Within five calendar days of receipt of the accepted plan of correction: The administrator shall ensure the monitoring indicated in the home's plan of correction are immediately implemented. Documentation of monitoring shall be kept. 3/29/24 [REDACTED]*

*Within one calendar day of receipt of the accepted plan of correction: The administrator shall educate all staff persons responsible for maintaining compliance with the regulation. Documentation of education shall be kept in accordance with Regulation 2600.65(l). 3/29/24 [REDACTED]*

**Directed Completion Date: 04/03/2024**

Licensee's Proposed Date for POC Implementation

*Not Implemented [REDACTED] 4/10/24)*