

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

February 5, 2024

[REDACTED], REGIONAL VICE PRESIDENT  
WG CENTER CITY SH LLC

RE: ATRIA CENTER CITY  
150 NORTH 20TH STREET  
PHILADELPHIA, PA, 19103  
LICENSE/COC#: 13657

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/27/2023, 11/28/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

**Name:** ATRIA CENTER CITY **License #:** 13657 **License Expiration:** 12/02/2023  
**Address:** 150 NORTH 20TH STREET, PHILADELPHIA, PA 19103  
**County:** PHILADELPHIA **Region:** SOUTHEAST

**Administrator**

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

**Legal Entity**

**Name:** WG CENTER CITY SH LLC  
**Address:** [REDACTED]  
**Phone:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** I-1 **Date:** 07/01/1999 **Issued By:** L&I

**Staffing Hours**

**Resident Support Staff:** 0 **Total Daily Staff:** 164 **Waking Staff:** 123

**Inspection Information**

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Renewal **Exit Conference Date:** 11/28/2023

**Inspection Dates and Department Representative**

11/27/2023 - On-Site [REDACTED]  
 11/28/2023 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 165 **Residents Served:** 126

**Secured Dementia Care Unit**

**In Home:** Yes **Area:** Life Guidance **Capacity:** 25 **Residents Served:** 18

**Hospice**

**Current Residents:** 0

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0 **Are 60 Years of Age or Older:** 126  
**Diagnosed with Mental Illness:** 2 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 38 **Have Physical Disability:** 1

**Inspections / Reviews**

11/27/2023 Full

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/23/2023

01/03/2024 - POC Submission

**Submitted By:** [REDACTED] **Date Submitted:** 02/01/2024  
**Reviewer:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/05/2024

Inspections / Reviews *(continued)*

01/05/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/01/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/01/2024

02/05/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/01/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 11/27/2023 at 09:20 AM, a book with residents' toileting schedule/checks was unsecured in the memory care closet, which was unlocked.

Plan of Correction

Accept (████) - 01/03/2024

- Executive Director removed book from memory care containing toileting schedule/checks as of 12/30/2023.
- Resident Service Director/designee will complete an audit to ensure there is no paper schedules of services being provided to residents left unsecured in the community by 12/31/2023. Any issues found will be addressed immediately.
- Regional Care Director will provide additional training to the Executive Director and Resident Services Director/designee by 12/31/2023 on record confidentiality and specifically on ensuring all schedules for providing services to all residents be maintain in the electronic documentation system and no paper schedules should be left unsecured in the community. The Executive Director and Resident Service Director will provide education to all care staff on this training by 1/15/2024.
- Executive Director will meet with Resident Services Director/designee weekly beginning 12/26/2023 for the next 90 days to review and ensure all services being provided to resident are in the electronic documentation system. If there are any paper schedules for emergency situations that they are kept secured to ensure record confidentiality.

Licensee's Proposed Overall Completion Date: 01/15/2024

Implemented (████) - 02/05/2024

25b - Contract Signatures

2. 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.

Description of Violation

The resident-home contract, dated ██████████ for resident #1 was not signed by the resident.

Repeat Violation: 07/19/2022

Plan of Correction

Accept (████) - 01/03/2024

- Resident signature obtained on contract on ██████████
- The Regional Vice President will provide training to the Executive Director and the Community Business Director on policy No: AR-003 Move-in and Transfer policy by 1/20/2024 .
- The Community Business Director will audit all resident files for policy No: AR- 003 and 55 Pa. Code Chapter 2600.25b compliance and obtain any signatures or notate why the signature cannot be obtained (physical or mental incapacity to sign) that are missing by 1/20/2024.
- The Executive Director will review all new resident contracts for signatures, inability to sign or refusal to sign and

25b Contract Signatures (continued)

for proper notations in the event a signature is missing.

Licensee's Proposed Overall Completion Date: 01/20/2024

Implemented ( ) - 02/05/2024)

41e - Signed Statement

3. 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 #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept ( ) - 01/03/2024)

- Resident # 1 signed ( ) residency contract on ( ) and ( ) contract contained a detailed grievance and complaints procedure in Section 7 and a list of resident rights in Attachment K to the residency contract.
- The Regional Vice President will provide training to the Executive Director and the Community Business Director on policy No: AR 003 Move in and Transfer policy by 1/15/2024.
- The Community Business Director will audit all residency contracts for policy No: AR 003 and 55 Pa. Code Chapter 2600.25b compliance obtain any signatures missing or notate why the signature cannot be obtained (physical or mental incapacity) by 2/29/2024.
- The Executive Director will review all new resident contracts for signatures, inability to sign, or refusals to sign and proper notations in the event the signature is missing.

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

Implemented ( ) - 02/05/2024)

42s - Privacy

4. Requirements

2600.

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

Description of Violation

On ( ) at ( ), staff A, a medication technician, was observed administrating meds to a resident in the home's Bistro.

Plan of Correction

Accept ( ) - 01/03/2024)

- Resident Services Director counseled Staff A regarding the inappropriateness of performing medication administration/assistance outside of the resident's apartment on 12/1/2023.
- Regional Care Director will retrain the Executive Director and Resident Services Director on 55 Pa. Code Chapter 2600. 42s privacy requirement by 12/31/2023.
- The ED or designee will train all care staff on privacy by 12/31/2023.

42s - Privacy (continued)

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented ( ) - 02/05/2024)

65e - 12 Hours Annual Training

5. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff person B received only 2.5 hours of annual training in training year 2022.

Plan of Correction

Accept ( ) - 01/03/2024)

- Community Business Director will ensure that Staff Person B is current with training in 2023 1/8/2024.
- The Community Business Director will conduct an audit of the past 90 days of all staff for compliance with PA 2600. 64e by 1/31/2024. The Community Business Director will Ensure any training hours not completed by staff will be completed by the individual staff by 12/31/2023.
- Executive Director will meet with CBD weekly for the next 90 days to review employee files for completion of training.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented ( ) - 02/05/2024)

65f - Training Topics

6. Requirements

2600.

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

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.

Description of Violation

Direct care staff person B did not receive training in the topics listed above during training year 2022.

Plan of Correction

Accept ( ) - 01/03/2024)

- Community Business Director will ensure that Staff Person B is current with training, including all required training topics, in 2023 1/8/2024.
- The Community Business Director will conduct an audit of the past 90 days of staff for compliance with PA 2600. 65f by 1/31/2024. The Community Business Director will ensure any training areas not completed are completed by staff by 12/31/2023.
- Executive Director will meet with CBD weekly for the next 90 days to review employee files for completion of training.

Licensee's Proposed Overall Completion Date: 12/31/2023

65f - Training Topics *(continued)*

Implemented [redacted] - 02/05/2024)

65g - Annual Training Content

7. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.

Description of Violation

*During training year 2022, staff person B did not receive training in*

1. *Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.*
2. *Emergency preparedness procedures and recognition and response to crises and emergency situations.*
3. *Resident rights.*
4. *The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).*
5. *Falls and accident prevention.*

*During training year 2022, staff person C did not receive training in*

1. *Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.*
2. *Emergency preparedness procedures and recognition and response to crises and emergency situations.*
3. *Resident rights.*
4. *The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).*

*During training year 2022, staff person D did not received training in*

3. *Resident rights.*
4. *The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).*

Plan of Correction

Accept [redacted] - 01/03/2024)

- *Community Business Director will ensure that Staff Person B, C and D are current with training in 2023 1/8/2024.*
- *The Community Business Director will conduct an audit of the past 90 days of all staff for compliance with PA 2600. 64e by 1/31/2024. The Community Business Director will ensure any training hours not completed by staff will be completed by the individual staff by 12/31/2023.*
- *Executive Director will meet with CBD weekly for the next 90 days to review employee files for completion of training.*

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [redacted] - 02/05/2024)

81a Accomodation

8. Requirements

2600.

81.a. The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.

Description of Violation

Bedside Mobility Devices must be installed and maintained according to the manufacturer's instructions and be clean, in good repair, and free of hazards.

Resident #2's bed is equipped with a bedside mobility device which was not provided by the home. The device had an opening of approximately 10 inches wide and 6 inches high, which exceeds the FDA guidelines for areas of entrapment. The device was not covered. The use of this device was not described in resident #2's support plan, and the resident was not assessed as being capable of using the device safely.

Plan of Correction

Accept ( [redacted] - 01/03/2024)

- Resident Services Director will work with resident #2 and responsible party to remove the bedside mobility device and replace with a compliant device by 12/31/2023. Resident #2 support plan will be updated by [redacted]. Resident Services Director will audit all bedside mobility devices for compliance with this regulation by [redacted] and will work with residents and respective responsible parties to replace, if not meeting the requirements. Resident Services Director will maintain a list of all residents with bedside mobility devices and update the list for newly added devices and place in the state binder.
- Regional Care Director will train Executive Director and Resident Services Director on specific requirements for these devices by 1/31/2024, including documenting the needs in the residents' assessments. Resident Services Director / designee will provide training to direct care staff and housekeeping on these requirements by 1/15/2024 and require them to report immediately any noncompliant devices to their supervisor to address.
- Executive Director will do spot checks of the bedside mobility devices, using the list created by Resident Services Director, weekly for the next 90 days to ensure compliance.

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented ( [redacted] - 02/05/2024)

81b Resident Personal Equipment

9. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Bedside mobility devices that slide under the mattress and are not securely attached to the structure of the bed can move and create entrapment zones not always present upon inspection. These types of devices are not permitted under any circumstance.

On 11/28/23, a bedside mobility device was being utilized by resident #3, which was not provided by the home. The device was a type that slid under the mattress and was not secured to the frame of the bed.

81b - Resident Personal Equipment (continued)

Plan of Correction

Accept (████ - 01/03/2024)

- Resident Services Director will work with resident #2 and responsible party to remove the bedside mobility device and replace with a compliant device by 12/31/2023.
- Resident Services Director will audit all bedside mobility devices for compliance with this regulation by 1/15/2024 and will work with residents and respective responsible parties to replace, if not meeting the requirements. Resident Services Director will maintain a list of all residents with bedside mobility devices and update the list for newly added devices in state binder.
- Regional Care Director will train Executive Director and Resident Services Director on specific requirements for these devices by 1/31/2024. Resident Services Director / designee will provide training to direct care staff and housekeeping on these requirements by 1/15/2024 and to report immediately any noncompliant devices to their supervisor to address.
- Executive Director will do spot checks of the bedside mobility devices, using the list created by Resident Services Director, weekly starting 1/2/2024 for the next 90 days to ensure compliance.

Licensee's Proposed Overall Completion Date: 01/15/2024

Implemented (████ - 02/05/2024)

107a - Emergency Preparedness

10. Requirements

2600.

107.a. The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

Description of Violation

Staff person E, ██████████, does not have a copy of the emergency preparedness plan for the local municipality.

Plan of Correction

Accept (████ - 01/03/2024)

- Executive Director obtained a copy of the Philadelphia Emergency Operations Plan from the Office of Emergency Management City of Philadelphia website on 11/28/2023: <https://www.phila.gov/departments/oem/>
- Maintenance will calendar the requirement to update the Philadelphia Emergency Operations Plan annually every December 1st

Licensee's Proposed Overall Completion Date: 12/22/2023

Implemented (████ - 02/05/2024)

127a - Portable Space Heaters

11. Requirements

2600.

127.a. Portable space heaters are prohibited.

Description of Violation

On 11/28/2023 at 10:30 AM, a portable space heater was in use in resident room #320.

Plan of Correction

Accept (████ - 01/03/2024)

- Executive Director worked with the family to remove portable space heater from room #320 on 12/9/2023.
- Regional Maintenance Director will provide training to the Executive Director and Maintenance Director on 55

**127a Portable Space Heaters (continued)**

Pa. Code Chapter 2600. 127a by 1/31/2024.

- The Maintenance Director will conduct an audit of all apartments for compliance with PA 2600. 127a by 1/31/2024. The Maintenance director work with residents/families to remove any prohibited devices.
- The Executive Director will communicate with residents / families regarding this prohibition, which is also contained in the residency agreement by 1/31/2024. Executive Director will randomly check a few apartments weekly starting 1/2/2024 for the next 90 days to ensure resident/family compliance with this prohibition.

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented (████) - 02/05/2024)

**141a 1-10 Medical Evaluation Information**

**12. 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 #4' medical evaluation dated █████ did not include (7) the medication list and (8) body positioning and movement stimulation.

Resident #5's medical evaluation dated █████ did not include (7) medication list.

**Plan of Correction**

Accept (████) - 01/03/2024)

- An updated DME will be completed in full for Resident #4 and Resident #5 by █████
- The Resident Service Director (RSD)/ designee will complete an audit of all current resident DMEs by █████, to ensure DME are completed in full. Any issues found during the audit will be addressed immediately.
- Regional Care Director will provide additional education by 12/31/23 to the Executive Director and Resident Services Director/ designee to ensure compliance with regulation 2600 141a to make sure DMEs are completely filled out upon admission. Regional Care Director will provide additional training to Executive Director and Resident Service Director/designee on move in process to ensure understanding of requirements for obtaining DME and DME completeness prior to move in by 12/31/2023.
- Executive Director/designee will be meeting with the Resident Services Director/designee weekly starting 1/2/2024 for 90 days to review move in checklist for all new resident DMEs to ensure compliance with regulation 2600 141a. Resident Services Director will be responsible to ensure continue compliance with regulation.

Licensee's Proposed Overall Completion Date: 01/15/2024

141a 1-10 Medical Evaluation Information (continued)

Implemented ( [REDACTED] ) - 02/05/2024)

141b1 - Annual Medical Evaluation

13. 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].

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

Resident #6's most recent medical evaluation was completed on [REDACTED]  
Resident #7's most recent medical evaluation was completed on [REDACTED]  
Resident #8's most recent medical evaluation was completed on [REDACTED]  
Resident #9's most recent medical evaluation was completed on [REDACTED]

Plan of Correction

Accept ( [REDACTED] ) - 01/03/2024)

- An updated DME will be completed for Resident #1, #4, #6, #7, #8, and #9 by [REDACTED].
- The Resident Service Director (RSD)/ designee will complete an audit of all current resident DMEs by 1/15/2024, to ensure compliance with regulation 2600 141b. Any issues found during the audit will be addressed immediately.
- Regional Care Director will provide additional education by 12/31/2023 to the Executive Director/designee and Resident Services Director/designee to ensure compliance with regulation 2600 141b to ensure DMEs are completed within the required timeframe (annually).
- Executive Director will be meeting with the Resident Services Director/designee weekly starting 1/2/2024 to review new DMEs for next 90 days to ensure compliance with regulation 2600 141b. Resident Services Director will be responsible to ensure continue compliance with regulation.

Proposed Overall Completion Date: 01/15/2024

Licensee's Proposed Overall Completion Date: 01/15/2024

Implemented ( [REDACTED] ) - 02/05/2024)

183e - Storing Medications

14. 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 [REDACTED], [REDACTED] prescribed for resident #4 were in the home's medication cart. The two pens were not dated with open or discard after date. According to the manufacturer's instructions, the pens should be discarded 28 days after opening.

183e - Storing Medications (continued)

An unopened [REDACTED] prescribed for resident #10 was in the medication cart. According to the manufacturer's instructions, unopened Humalog should be stored in a refrigerator (36° to 46°F [2° to 8°C]).

Fluticasone nasal spray prescribed for resident #11 which was opened and dated with discard after date of 11/09/2023 was still in the medication cart.

Repeat violation: 07/19/2022 et al

**Plan of Correction**

Accept [REDACTED] - 01/03/2024)

- Resident Service Director will destroy insulin pens and nose spray not dated, pen not stored at correct temperature medications per regulation and Atria guidelines immediately.
- Resident Service Director will check all carts for any special medications not dated or medication on cart past 28 days or manufactures recommendations by 12/27/2023. Any issues found will be corrected immediately.
- The Regional Care Director will provide training to the Executive Director and Resident Services Director on work instruction MED-0003-07 Medication Controls- Access, Storage, and Labeling by 12/31/2023. The Resident Service Director/designee will conduct in-service on this training to all medication staff by 1/8/2024.
- The Resident Services Director/designee will audit medication carts weekly starting 1/2/2024 for any improperly stored medication to ensure proper storage for the next 90 days.

Licensee's Proposed Overall Completion Date: 01/08/2024

Implemented [REDACTED] - 02/05/2024)

184a - Resident's Meds Labeled

15. Requirements

2600.

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

4. The prescribed dosage and instructions for administration.

**Description of Violation**

The pharmacy label for resident #4's [REDACTED] read "place 3 patches on the skin daily" while the resident's medication administration record (MAR) read "place 3 patches on the skin daily as needed". There is no direction change sticker on the patches.

Resident 10's insulin pen was not labeled with the resident's name.

**Plan of Correction**

Accept [REDACTED] - 01/03/2024)

- Resident Service Director/Designee will ensure direction change sticker is on Lidocaine Patch for Resident #4 and Residents name is on insulin pen for Resident #10 immediately.
- Resident Service Director/ designee will audit all medication carts to ensure medication labels match order on MAR by 1/8/2024. Any issues found will be corrected immediately.
- The Regional Care Director will provide training to the Executive Director and Resident Services Director on work instruction MED-0003-07 Medication Controls- Access, Storage, and Labeling and Medication Cart Audit Process by 12/31/2023. The Resident Service Director/designee will conduct in-service on this training to all medication staff by 1/8/2024.
- The Resident Services Director/designee will audit all carts weekly starting 1/2/2024 or any discrepancies with

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

medication labels to ensure proper labeling for the next 90 days.

Proposed Overall Completion Date: 01/08/2024

Licensee's Proposed Overall Completion Date: 01/08/2024

Implemented (████) - 02/05/2024)

**185a - Implement Storage Procedures**

**16. 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**

On █████, the glucometer for resident #4 was not calibrated to correct time. It was one hour off.

Resident #10 is prescribed █████ 3 times a day. The resident's glucometer displayed █████ at █████ on █████ while the resident's November MAR read █████

Resident #12 is prescribed █████ 2 times a day. The resident's glucometer displayed █████ on █████ at █████ while the resident's November MAR read █████

Repeat Violation: 07/19/2022 et al

**Plan of Correction**

Directed (████) - 01/05/2024)

- Executive Director and Resident Service Director will ensure correct calibration of glucometers including time for resident #10 and resident #12 immediately.
- Medication error discovered during audit reported to the department as directed in 2600.16.c.
- Resident Service Director will audit glucometer readings by 1/8/2023. Any issues found will be corrected immediately.
- The Regional Care Director will provide training to the Executive Director and Resident Services Director on work instruction MED-0003-07 Medication Controls- Access, Storage, and Labeling by 12/31/2023. Regional Care Director will also provide education to Executive Director and Resident Service Director on work instruction AL-0004-34 Monitoring Blood Glucose by 12/31/2023 to ensure understanding of policies and processes. The Resident Service Director/designee will conduct in-service on this training to all medication staff by 1/15/2024.
- The Executive Director and Resident Services Director/designee will review glucometer readings and documentation weekly starting 1/2/2024 to ensure proper use and documentation for the next 90 days.

Directed Plan of Correction 1/5/24 CM:

The directed portion of the plan is solely to instruct an overall completion date of 1/31/24

Proposed Overall Completion Date: 03/31/2024

Directed Completion Date: 01/31/2024

185a - Implement Storage Procedures (continued)

Implemented ( ) - 02/05/2024)

187a - Medication Record

17. Requirements

2600.

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

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

Description of Violation

Resident #4 is prescribed [REDACTED]. However, the resident's November MAR does not indicate the diagnoses/purposes of the medications.

Resident #12 is prescribed [REDACTED]. However, the resident's November MAR does not indicate the diagnoses/purposes of the medications.

Plan of Correction

Accept ( ) - 01/03/2024)

- Resident Service Director/ designee will correct Resident #4 and Resident #12's medication record to indicate the diagnoses/purposes of all medications by 12/31/23.
- Resident Service Director/designee will complete audit of all medication records to ensure all medication indicate the diagnoses/purposes by 1/15/2024. Any issues found will be corrected immediately.
- The Regional Care Director will provide training by 12/31/23 to the Executive Director and Resident Services Director/designee on the med cart audit process, order verification process to ensure understanding of policies and processes related to all medications orders indicating diagnoses/purposes for use. The Resident Service Director/designee will conduct in-service on this training to all medication staff by 1/15/2024.
- The Resident Services Director/designee will review order verification forms and med cart audits weekly to ensure proper documentation in medication record of diagnoses/ purposes for all medication for the next 90 days.

Proposed Overall Completion Date: 01/15/2024

Licensee's Proposed Overall Completion Date: 01/15/2024

Implemented ( ) - 02/05/2024)

187b - Date/Time of Medication Admin.

18. 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 #13 is prescribed [REDACTED] twice a day. The resident's November MAR does not include the initials of the staff person who performed the accucheck on [REDACTED].

Plan of Correction

Accept ( ) - 01/03/2024)

- The Regional Care Director will provide training to the Executive Director and Resident Service Director/Designee on work instruction MED-0002-01 Assistance with/ Supervision of Self-Administration of Medication- Electronic Medication Administration Record (EMAR) and work instruction AL-0004-34 Monitoring Blood Glucose by

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

12/31/2023.

- The Executive Director or Resident Service Director will provide additional training to all medication staff on work instruction MED-0002-01 Assistance with/ Supervision of Self-Administration of Medication- Electronic Medication Administration Record (EMAR) work instruction AL-0004-34 Monitoring Blood Glucose by 1/15/2024.
- The Executive Director and Resident Service Director will monitor the Electronic Medication Administration Record weekly starting 1/2/2024 to ensure all medication administration and blood glucose monitoring is completed accurately for the next 90 days.

Proposed Overall Completion Date: 01/15/2024

Licensee's Proposed Overall Completion Date: 01/15/2024

Implemented (█) - 02/05/2024)

191 - Resident Right to Refuse

19. 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

Resident #1, admitted (█), has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Accept (█) - 01/03/2024)

- Resident # 1 signed his residency contract on (█) and (█) contract list of resident rights in Attachment K to the residency contract, including #26 the right to question or refuse a medication if the resident believes there may be a medication error. This right was emphasized to the resident directly on (█)
- The Regional Vice President will provide training to by 1/15/2024 to the Executive Director and the Community Business Director on the necessity of emphasizing a resident's right to refuse medications when admitting new residents.
- The Community Business Director will audit all residency contracts. For any residency contracts missing signatures, the resident will be educated on the right to refuse medications by 2/29/2024.
- The Executive Director will review all new admissions and ensure the resident's right to refuse medications is emphasized upon admission.

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

Implemented (█) - 02/05/2024)

224a - Preadmission Screen Form

20. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

224a Preadmission Screen Form (continued)

Description of Violation

Resident #14 was admitted to the home on [REDACTED]; however, the resident's preadmission screening form was completed on 09/10/2023.

Plan of Correction

Accept [REDACTED] - 01/03/2024)

- Regional Care Director will provide education to the Executive Director and Resident Services Director/designee to ensure compliance with regulation 2600 224.a to make sure preadmission screening is completed within the required timeframe according to regulation. Regional Care Director will provide additional training to Executive Director and Resident Service Director/designee on move in process to ensure understanding of requirements for a determination made within 30 days prior to admission and documented on Department's preadmission screening form that the needs of the resident can be met by the services provided by the home by 12/31/2023.
- Executive Director/designee will be meeting with the Resident Services Director weekly starting 1/2/2024 to review preadmission screening for all new admissions for next 90 days to ensure compliance with regulation 2600 224.a.. Resident Services Director will be responsible to ensure continue compliance with regulation.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [REDACTED] - 02/05/2024)

227d - Support Plan Medical/Dental

21. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #2's bed and resident #3's beds are equipped with bedside mobility devices. The assessment/ support plans (RASPs), dated [REDACTED] for resident #2 and [REDACTED] for resident #3, do not document/address the use of enablers.

Repeat Violation: 03/02/2023

Plan of Correction

Accept [REDACTED] - 01/03/2024)

- Executive Director/Resident Services Director will complete new service plan/support plan for Resident #2 and Resident #3 by [REDACTED] to ensure the service plan/support plan documents or address the use of the bed enablers.
- Resident Service Director/designee will complete an audit of the current residents' service plans/support plans by 1/15/2024, to ensure the service plan/support plan document/address the use of all bed enablers. Any issues found during the audit will be addressed immediately.
- Regional Care Director will provide additional training to the Executive Director and Resident Services Director/designee by 12/31/2023 to ensure service plans/support plans document/address the use of all bed enablers.
- Executive Director will meet with Resident Services Director/designee weekly starting 1/2/2024 for the next 90 days to review all new support plans to ensure service plans/support plans have documentation or address the use of the bed enablers.

227d Support Plan Medical/Dental (continued)

Proposed Overall Completion Date: 01/15/2024

Licensee's Proposed Overall Completion Date: 01/15/2024

Implemented (████) - 02/05/2024)

231c - Preadmission Screening

22. Requirements

2600.

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

Description of Violation

Resident #5 was admitted to the SDCU on ██████████. However, the resident's written cognitive preadmission screening was completed on ██████████.

Resident #15 was admitted to the Secured Dementia Care Unit (SDCU) on ██████████. However, the resident's written cognitive preadmission screening form did not include cog prescreening date, diagnosis, and screener info.

Repeat Violation: 07/19/2022 et al

Plan of Correction

Accept (████) - 01/03/2024)

- Regional Care Director will provide education to the Executive Director and Resident Services Director/designee to ensure compliance with regulation 2600 231.c to make sure preadmission screening is completed within the required timeframe according to regulation. Regional Care Director will provide additional training to Executive Director and Resident Service Director/designee on move in process to ensure understanding of requirements for obtaining Preadmission Screening 72 hours prior to move in for all residents requiring secured dementia care unit by 12/31/2023.
- Executive Director/designee will be meeting with the Resident Services Director weekly starting 1/2/2024 to review preadmission screening for all new admissions for next 90 days to ensure compliance with regulation 2600 231.c. Resident Services Director will be responsible to ensure continue compliance with regulation.

Licensee's Proposed Overall Completion Date: 01/02/2024

Implemented (████) - 02/05/2024)

252 - Record Content

23. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
  3. A photograph of the resident that is no more than 2 years old.
  4. Language or means of communication spoken or used by the resident.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.

252 Record Content (continued)

**Description of Violation**

*Resident #8's record does not include*

- 2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.*
- 3. A photograph of the resident that is no more than 2 years old.*
- 4. Language or means of communication spoken or used by the resident.*

*Resident #16's record does not include the preadmission screening.*

*Resident #17's record does not include the preadmission screening.*

**Plan of Correction**

**Accept ( [REDACTED] - 01/03/2024)**

- Executive Director/Resident Services Director will have residents #8 Profile Addendum completed to capture all information on form and include photograph of resident by 12/31/2023.*
- Resident Service Director/designee will complete an audit of the current residents' Profile Addendum by 1/15/2024, to ensure compliance with Regulation 2600.252. Any issues found during the audit will be addressed immediately.*
- Regional Care Director will provide additional training to the Executive Director and Resident Services Director/designee by 12/31/2023 on the profile addendum/ photograph for regulation 2600.252.*
- Executive Director will meet with Resident Services Director/designee weekly starting 1/2/2024 for the next 90 days to review all new profile addendum forms to ensure compliance with regulation 2600.252. Resident Services Director will be responsible for compliance with regulation.*

*Proposed Overall Completion Date: 01/15/2024*

**Licensee's Proposed Overall Completion Date: 01/15/2024**

**Implemented ( [REDACTED] - 02/05/2024)**