



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **NEW HOPE GRACIOUS SENIOR COMMUNITY**
LEGAL ENTITY

To operate **NEW HOPE GRACIOUS PERSONAL CARE**
NAME OF FACILITY OR AGENCY

Located at **300 UNION AVENUE, AVALON, PA 15202**
(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 **85**
(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 19,** **2024** until **October 19,** **2024**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **432101**

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MAILING DATE: **APRIL 23, 2024** , (Replaces rescinded
letter sent **APRIL 19, 2024**)

[REDACTED]
New Hope Gracious Senior Community
300 Union Avenue
Avalon, Pennsylvania 15202

RE: New Hope Gracious Personal Care
License/COC #: 432101

Dear [REDACTED]:

The department is rescinding the letter dated April 19, 2024 and replacing it with this letter. As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on December 1, 2023, February 14, 2024, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), mistreatment or abuse of residents being cared for in the facility, 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 432100) dated April 4, 2024 – April 4, 2025, 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); (5) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from April 19, 2024 to October 19, 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>					
187(a)	II	65	\$ 5	\$325	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:


 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

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[Redacted]
[Redacted]
[Redacted]
[Redacted]

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

Facility Information

Name: *NEW HOPE GRACIOUS PERSONAL CARE* License #: *43210* License Expiration: *04/04/2024*
Address: *300 UNION AVENUE, AVALON, PA 15202*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *NEW HOPE GRACIOUS SENIOR COMMUNITY*
Address: *300 UNION AVENUE, AVALON, PA, 15202*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *03/07/2008* Issued By: *Avalon Borough*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *79* Waking Staff: *59*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *12/01/2023*

Inspection Dates and Department Representative

12/01/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *85* Residents Served: *68*

Secured Dementia Care Unit

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

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *68*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *11* Have Physical Disability: *0*

Inspections / Reviews

12/01/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/24/2023*

01/03/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/31/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 01/09/2024

01/10/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/31/2024

Reviewer: [REDACTED]

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

04/09/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/31/2024

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

185a - Implement Storage Procedures

1. 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 10/30/23, resident #1 was prescribed Fentanyl 25 mcg/HR patch-Apply 1 patch topically every 72 hours. According to resident #1's November 2023 medication administration record (MAR), the Fentanyl patch was administered to resident #1 on 11/14/23 and on 11/17/23; however, these 2 administrations are not indicated on resident #1's controlled drug record.

On 10/30/23, resident #1 was prescribed Fentanyl 25 mcg/HR patch-Apply 1 patch topically every 72 hours. According to resident #1's November 2023 MAR, this medication was administered to resident #1 on 11/1/23, 11/4/23, 11/7/23 and 11/10/23; however, resident #1's controlled drug record indicates the Fentanyl patch was administered to resident #1 on 10/31/23, 11/3/23, 11/4/23, 11/7/23 and 11/11/23.

Resident #2 is prescribed Oxycodone 5 mg tablet-Take 1/2 tablet (2.5 mg) by mouth every 6 hours as needed for severe pain. On the back of the medication blister pack, pills #4 and #24 were punctured through the medication card, then covered with "directions change" stickers. Additionally, pills #18 and #31 were punctured through the medication blister pack, then covered with clear tape.

Resident #3 is prescribed Lispro insulin 100 u/ml-Inject subcutaneously 3 times daily before meal per sliding scale: 70-140=0 units; 141-180=1 unit; 181-220=2 units; 221-260=3 units; 261-300=4 units; 301-340=5 units; 341-380=6 units; 381-420=8 units; >420 call MD. However, no blood sugar readings are documented on resident #3's November 2023 MAR on numerous days and times, to include the following:

- At 7:00 AM on 11/3/23, 11/16/23, 11/19/23, 11/20/23, 11/25/23 and 11/28/23
- At 12:00 PM on 11/19/23 and 11/25/23
- At 4:00 PM on 11/17/23

Resident #4 is prescribed blood sugar checks 4 times daily; however, no blood sugar readings are present on resident #4's November 2023 MAR on numerous days and times, to include the following:

- At 8:00 AM on 11/19/23 and 11/21/23
- At 12:00 PM on 11/16/23

Plan of Correction**Directed [REDACTED] - 01/10/2024)**

Resident #1 no longer resides at the facility. Resident #2's Oxycodone 5 mg tablets for #4, #24, #18 and #31 were destroyed with a witness on 12.1.23. Residents #3 and #4 MAR can not be retroactively corrected. Resident #3 and #4 have no ill effects from missed documentation. On 12.13.2023 all controlled records were updated to a new controlled form. All staff who administer medications were educated on the new controlled record form. (DIRECTED: The staff education shall be completed by 1/15/24. Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 1/10/24). The electronic controlled record was deactivated and the new controlled drug receipt option is being used. [REDACTED]

[REDACTED] 1/10/24).

185a - Implement Storage Procedures (continued)

(DIRECTED: Beginning on 1/15/24: The RSD/designee shall review the MAR's, controlled records and medications for all residents prescribed a controlled substance daily for 2 weeks, then weekly thereafter for 2 weeks, then monthly thereafter to ensure accurate and complete medication administration of controlled substances is present and to ensure all medications are present in their original packaging. Documentation of the audits shall be kept for 2 months. [REDACTED] 1/10/24). Re-education was provided to all diabetic certified med techs on 12.07.23 by a diabetic educator. (DIRECTED: Documentation of the staff education shall be kept in accordance with 260.65i. [REDACTED] 1/10/24). RSD or designee will monitor medication administration completion including residents prescribed blood sugar checks and resident glucometers are accurate and complete with blood sugar documentation three times a week for three weeks then monthly [REDACTED] 1/10/24) (DIRECTED: The audits shall begin on 1/15/24 and shall include a review of blood sugar documentation for all residents prescribed blood sugar checks 3 times a week for 3 weeks, then monthly thereafter. The audits shall also include a review of each resident's glucometer to ensure accurate and complete blood sugar documentation is present on each resident's MAR. Documentation of the audits shall be kept for 2 months. [REDACTED] 1/10/24).

Proposed Overall Completion Date: 01/22/2024

Directed Completion Date: 02/01/2024

Not Implemented [REDACTED] - 04/09/2024)

187a - Medication Record

2. Requirements

2600.

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

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

On 10/30/23, resident #1's Fentanyl patch was increased from 12 MCG to 25 MCG-Apply 1 patch topically every 72 hours. The 25 MCG patch was due to be administered to resident #1 on 10/31/23; however, this medication is not present on resident #1's October 2023 MAR.

Resident #4 is prescribed Humalog Kwik pen 100 u/ml-Inject subcutaneously 3 times daily before meals per sliding scale: 70-139=0 units; 140-180=2 units; 181-240=3 units; 241-300=4 units; 301-350=6 units; 351-400=8 units; >than 400=10 units and call MD. However, resident #4's November 2023 MAR does not include the number of units of insulin administered to resident #4 on numerous dates and times, to include on 11/16/23 at 12:00 PM and on 11/21/23 at 8:00 AM.

187a - Medication Record (continued)

Plan of Correction**Directed** [REDACTED] - 01/10/2024)

Resident #1 no longer resides at the facility. Resident #4 MAR can not be retroactively corrected. Resident #4 has no ill effects from missed documentation. RSD or designee will educate staff qualified to administer medications regarding the regulation staff education will be kept in accordance with 2600.65i and the home's policy and procedures regarding medication administration by 1.22.23. RSD or designee (DIRECTED: The staff education shall also include the home's procedures for updating resident MAR's immediately upon receipt of a new order from the prescriber, as well as education on the home's procedures for properly completing and documenting resident blood sugar checks. [REDACTED] 1/10/24).

[REDACTED] 1/10/24). (DIRECTED: The audits shall begin on 1/15/24 and shall include a review of blood sugar documentation for all residents prescribed blood sugar checks 3 times a week for 3 weeks, then monthly thereafter. The audits shall also include a review of each resident's glucometer to ensure accurate and complete blood sugar documentation is present on each resident's MAR, Documentation of the audits shall be kept for 2 months. [REDACTED] 1/10/24).

DIRECTED: Beginning on 1/15/24: The RSD/designee shall the MAR's of at least 5 residents per week for 1 month then monthly thereafter to ensure accurate and complete medication administration is present in accordance with prescribers' orders. Documentation of the audits shall be kept for 2 months. [REDACTED] 1/10/24).

Proposed Overall Completion Date: 01/22/2024

Directed Completion Date: 01/22/2024

Not Implemented [REDACTED] - 04/09/2024)

187b - Date/Time of Medication Admin.

3. 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 #2's November 2023 MAR does not include the initials of the staff person who administered numerous medications to resident #2 on numerous dates and times, to include the following:

- Buspirone HCL 5 mg tablet-Take 1 tablet by mouth three times daily, was not documented as administered on 11/19/23 at 8:00 PM and on 11/22/23 at 8:00 AM
- Duloxetine HCL DR 30 mg capsule-Take 1 capsule by mouth daily, was not documented as administered on 11/22/23 at 8:00 AM
- Metoprolol Tartrate 25 mg tablet-Take 1 and ½ tablet (37.5 mg) by mouth twice daily, was not documented as administered on 11/22/23 at 8:00 AM
- Atorvastatin 40 mg tablet-Take 1 tablet by mouth at bedtime, was not documented as administered on 11/19/23 at 8:00 PM

Resident #3's November 2023 MAR does not include the initials of the staff person who administered numerous medications to resident #3 on numerous dates and times, to include the following:

- Basaglar 100 U/ML Kwipen insulin-Inject 10 units subcutaneously twice a day, was not documented as

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

administered on 11/19/23 at 8:00 AM

- Basaglar 100 U/ML Kwikpen insulin-Inject 15 units subcutaneously twice a day, was not documented as administered on 11/25/23 at 8:00 AM

Resident #4 is prescribed Humalog Kwik pen 100 u/ml-Inject subcutaneously 3 times daily before meals per sliding scale: 70-139=0 units; 140-180=2 units; 181-240=3 units; 241-300=4 units; 301-350=6 units; 351-400=8 units; >than 400=10 units and call MD. However, resident #4's November 2023 MAR does not include the initials of the staff person who tested resident #4's blood sugar and administered insulin, if applicable, on numerous dates and times, to include on 11/16/23 at 12:00 PM and on 11/21/23 at 8:00 AM.

REPEAT VIOLATION: 8/22/2023

Plan of Correction

Directed [REDACTED] - 01/10/2024)

Residents #2, #3 and #4 MAR can not be retroactively corrected. Residents #2, #3 and #4 have no ill effects from missed documentation. RSD or designee will educate staff qualified to administer medications regarding the regulation and the home's policy and procedures regarding medication administration by 1.22.23. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 1/10/24). RSD or designee will monitor medication administration completion beginning 12.19.23 on five random residents three times a week for three weeks then monthly [REDACTED] 1/10/24). (DIRECTED: Immediately following the weekly audits, 5 resident MAR's shall be reviewed monthly to ensure accurate and complete medication administration documentation is present. Documentation of the audits shall be kept for 2 months. [REDACTED] 1/10/24).

Proposed Overall Completion Date: 01/22/2024

Directed Completion Date: 01/22/2024

Not Implemented [REDACTED] - 04/09/2024)

187d - Follow Prescriber's Orders**4. Requirements**

2600.

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

Description of Violation

Resident #1 was prescribed Morphine Sulfate 20 mg/15 ml-Give 0.25 ml (5 mg) by mouth every 15 minutes as needed. However, on 11/6/23, resident #1 was administered the Morphine Sulfate 2:00 AM, and then again at 2:13 AM.

On 10/30/23, resident #1 was prescribed Fentanyl 25 mcg/ HR patch-Apply 1 patch topically once every 72 hours. On 11/13/23, resident #1 was due to receive a new Fentanyl patch; however, the patch was not applied to resident #1, because it was not available in the home for administration.

Resident #4 is prescribed Basaglar 100 U/ML Kwikpen insulin-Give 30 units subcutaneously one time a day in the morning. However, according to resident #4's November 2023 MAR, no units of insulin were administered to resident #4 on 11/11/23 and 11/13/23.

Resident #4 is prescribed Humalog 100 U/ML Kwikpen insulin-Give 3 units subcutaneously with lunch. However,

187d - Follow Prescriber's Orders (continued)

according to resident #4's November 2023 MAR, no units of insulin were administered to resident #4 on 11/15/23, 11/16/23 and 11/21/23, and only 2 units of insulin were administered to resident #4 on 11/24/23, 11/26/23 and 11/29/23.

Plan of Correction**Directed (████ - 01/10/2024)**

Resident #1 no longer resides at the facility. Resident #4 MAR can not be retroactively corrected. Resident #4 has no ill effects from missed documentation. RSD or designee will educate staff qualified to administer medications regarding the regulation will be kept in accordance with 2600.65i and the home's policy and procedures regarding medication administration by 1.22.23. RSD or designee will monitor medication administration completion beginning 12.19.23 on five random residents three times a week for three weeks then monthly ██████████ 1/10/24).

(DIRECTED: Beginning on 1/15/24: The RSD/designee shall review the medications and MAR's for at least 5 different residents 3 times a week for 3 weeks, then 3 times a month, to ensure all medications are present in the home and available for administration in accordance with prescribers' orders and to ensure accurate and complete medication administration is present on each of the resident's MAR's. Documentation of the audits shall be kept for 2 months. █████ 1/10/24).

DIRECTED: Beginning on 1/15/24: The RSD/designee shall audit all blood sugar documentation for all residents prescribed blood sugar checks 3 times a week for 3 weeks, then monthly thereafter. The audits shall also include a review of each resident's glucometer to ensure accurate and complete blood sugar documentation is present on each resident's MAR. Documentation of the audits shall be kept for 2 months. █████ 1/10/24).

Proposed Overall Completion Date: 01/22/2024

Directed Completion Date: 01/22/2024

Not Implemented (████ - 04/09/2024)

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

Facility Information

Name: *NEW HOPE GRACIOUS PERSONAL CARE* License #: *43210* License Expiration: *04/04/2024*
Address: *300 UNION AVENUE, AVALON, PA 15202*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *NEW HOPE GRACIOUS SENIOR COMMUNITY*
Address: *300 UNION AVENUE, AVALON, PA, 15202*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *03/07/2008* Issued By: *Avalon Borough*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *73* Waking Staff: *55*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident, Monitoring* Exit Conference Date: *02/14/2024*

Inspection Dates and Department Representative

02/14/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *85* Residents Served: *65*

Secured Dementia Care Unit

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

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *65*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *8* Have Physical Disability: *2*

Inspections / Reviews

02/14/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/16/2024*

03/18/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/08/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 03/22/2024

03/25/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/08/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/08/2024

04/09/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/08/2024

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

42b - Abuse

1. Requirements

2600.

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

Description of Violation

Numerous residents reported fraudulent charges on their credit cards, including resident #1's fraudulent credit card charges, which totaled \$606.28. Local police were contacted and charged staff person A with "Financial exploitation of an older adult", "Theft by unlawful taking" and "Access device fraud".

Plan of Correction**Directed** [REDACTED] 03/25/2024)

Staff person A was terminated immediately upon notification of fraudulent charges. Residents identified by detective were brought to the facility's attention on 2.5.24. Residents and resident responsible parties were notified of fraudulent activity by the administrator on 2.5.24 when facility was notified. The detective overseeing the case had been in contact with residents and responsible parties prior to notifying the facility due to the open investigation and transactions identified during the investigation. At time of inspection investigation was still ongoing. Facility is cooperating with investigation. Facility investigation complete due to no additional residents identified.

Administrator or designee will re-educate staff will on resident rights, including residents right to their own privacy and possessions by 3.29.24. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 3/25/24). All staff are educated on resident rights, abuse and neglect upon hire, annually and as needed. Resident rights are educated on their right upon admission to the facility and monthly during resident council meetings. Residents follow the facility grievance process and concerns are followed up by resident services director and administrator per policy.

DIRECTED: Beginning on 4/1/24: The administrator shall interview 3 residents weekly, in private, to ensure resident rights are protected. Documentation of the resident interviews shall be kept.

DIRECTED: By 4/8/24: The home shall conduct a quality management meeting in accordance with 2600.26a. Documentation of the quality management review shall be kept. [REDACTED] 3/25/24

Proposed Overall Completion Date: 04/05/2024

Directed Completion Date: 04/08/2024

Not Implemented [REDACTED] 04/09/2024)

183d - Prescription Current

2. Requirements

2600.

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

Description of Violation

On 11/16/23, resident #2's Meloxicam 15 mg tablets were discontinued by resident #2's prescriber; however, this medication was still present in the home's medication cart at the time of inspection.

On 1/12/24, resident #2 was prescribed Meclizine 25 mg tablet-Take 1 tablet by mouth 3 times daily for 7 days as needed; however, this medication was still present in the home's medication cart at the time of inspection.

183d - Prescription Current (continued)

Plan of Correction**Directed (████) - 03/25/2024)**

Resident #2's Meloxicam and Meclizine was discarded at time of inspection. RSD or designee will educate staff qualified to administer medications regarding the regulation and the home's policy and procedures regarding medication administration including current prescriptions by 4.5.24. Staff education shall be kept in accordance with 2600.65i. RSD or designee began monitoring medications for current prescriptions on 2.19.24. Audits will continue three times a week for three weeks then monthly thereafter. (DIRECTED: The medications for at least 3 different residents shall reviewed during each of the audits to ensure only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home. Documentation of the audits shall be kept for 2 months. █████ 3/25/24).

DIRECTED: By 4/8/24: The home shall conduct a quality management meeting in accordance with 2600.26a. Documentation of the quality management review shall be kept. █████ 3/25/24

Proposed Overall Completion Date: 04/05/2024

Directed Completion Date: 04/08/2024

Not Implemented (████) - 04/09/2024)

183e - Storing Medications

3. 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

Resident #3's Lispro insulin pen was open and undated in the home's medication cart. According to the manufacturer's instructions, this insulin pen must be discarded within 28 days of opening.

Resident #3's Glargine Solostar insulin pen was open and undated in the home's medication cart. According to the manufacturer's instructions, this insulin pen must be discarded within 28 days of opening.

Resident #4's Glargine Solostar insulin pen was dated as opened on 9/25/24, which is a date in the future. According to the manufacturer's instructions, this insulin must be discarded within 28 days of opening.

Resident #5's opened Basgalar insulin pen, dated 2/11/24, was stored in the home's refrigerator; however, the manufacturer's instructions indicate to store this insulin pen at room temperature once opened.

Plan of Correction**Directed (████) 03/25/2024)**

Resident #3's Lispro and Glargine insulin pens were dated by the date dispensed by pharmacy as they could not have been opened prior to the date dispensed. Resident #5 was discharged from the facility on 2.29.24 and medications were discarded on 2.29.24. Resident #4 Glargine Solostar insulin pen RSD or designee will educate staff qualified to administer medications regarding the regulation and the home's policy and procedures regarding proper

183e - Storing Medications (continued)

medication storage including labeling insulin pens by 4.5.24. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. ■ 3/25/24). RSD or designee began monitoring medication storage procedures on 2.19.24 three times a week for three weeks then monthly thereafter. (DIRECTED: Documentation of the audits shall be kept for 2 months. ■ 3/25/24) RSD completed medication storage audit on 2.19.24 and 2.21.24.

DIRECTED: By 4/8/24: The home shall conduct a quality management meeting in accordance with 2600.26a. Documentation of the quality management review shall be kept. ■ 3/25/24

Proposed Overall Completion Date: 04/05/2024

Directed Completion Date: 04/08/2024

Not Implemented ■ - 04/09/2024)

184a - Resident's Meds Labeled**4. 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.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #2 is currently prescribed Oxycodone HCL 5 mg tablet-Take 1 tablet by mouth every 6 hours as needed; however, resident #2's pharmacy label indicates Oxycodone HCL 5 mg tablet-Take ½ tablet (2.5 mg) by mouth every 6 hours as needed.

On 2/6/24, resident #5 was prescribed Lispro Kwikpen 100u/ml-Inject subcutaneously 3 times daily before meals as per sliding scale: 141-180=1 unit; 181-220=2 units; 221-260=3 units; 261-300=4 units; 301-340=5 units; >340=6 units and call doctor. However, resident #5's pharmacy label indicates Novolog Flexpen-Inject subcutaneously 3 times daily before meals as per sliding scale: 70-140=0 units; 141-180=1 unit; 181-220=2 units; 221-260=3 units; 261-300=4 units; 301-340=5 units; 341-380=6 units; 381-420=8 units; >420=call MD.

Resident #5 is prescribed Methotrexate 2.5 mg tablet-Give 8 tablets (20 mg) by mouth in the morning every Monday; however, resident #5's pharmacy label indicates Methotrexate 2.5 mg tablet-Give 5 tablets (20 mg) by mouth in the morning every Monday.

On 2/8/24, resident #6 was prescribed Lantus Solostar-Inject 15 units subcutaneously every morning; however, resident #6's pharmacy label indicates Lantus Solostar-Inject 10 units subcutaneously twice daily.

184a - Resident's Meds Labeled (continued)

Plan of Correction

Directed [REDACTED] 03/25/2024)

Resident #2 Oxycodone order was clarified with physician and pharmacy and medication was reordered on 2.15.24. Resident #2 had no ill effects from medication label error. Resident #5 Lispro order was clarified with the physician and pharmacy and medication was reordered. Methotrexate order was clarified with the pharmacy and medication was reordered. Resident #5 had no ill effects from medication label error. Resident #6 order was clarified with the pharmacy and reordered with correct label. Resident #6 had no ill effects from pharmacy label error. Medications were delivered to the facility on 2.15.24 RSD or designee will educate staff qualified to administer medications regarding the regulation and the home's policy and procedures regarding medication administration including resident medication labels by 4.5.24. Documentation of the staff education shall be kept in accordance with 2600.65i. RSD or designee will monitor medication administration including reviewing all current pharmacy labels for all current residents to ensure accuracy/compliance beginning 3.25.24 three times a week for three weeks then monthly thereafter. (DIRECTED: The medications for at least 3 different residents shall reviewed during each of the audits to ensure compliance with 2600.184a. Documentation of the audits shall be kept for 2 months. [REDACTED] 3/25/24).

DIRECTED: By 4/1/24: The administrator shall review the medications for all current residents to ensure accurate, complete and current pharmacy labels are present on all medications in accordance with 260.184a. [REDACTED] 3/25/24

DIRECTED: By 4/8/24: The home shall conduct a quality management meeting in accordance with 2600.26a. Documentation of the quality management review shall be kept. [REDACTED] 3/25/24

Proposed Overall Completion Date: 04/05/2024

Directed Completion Date: 04/08/2024

Not Implemented [REDACTED] - 04/09/2024)

185a - Implement Storage Procedures

5. 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 #2 is prescribed Ondansetron ODT 4 mg tablet-Take 1 tablet by mouth every 6 hours as needed; however, this medication was not available in the home for administration.

Plan of Correction

Directed [REDACTED] - 03/25/2024)

Resident #2 Ondansetron was ordered from the pharmacy and placed in the medication cart on 2.15.24 for use. RSD or designee will educate staff qualified to administer medications regarding the regulation and the home's policy and procedures regarding medication administration including re-ordering medications prior to the depletion of the current supply to ensure all medications are present in the home and available for administration by 4.5.24. Documentation of the staff education shall be kept in accordance with 2600.65i. RSD or designee will monitor medication administration to ensure medications are available for administration began on 2.19.24 three times a week for three weeks then monthly thereafter. (DIRECTED: The medications for at least 3 different residents shall reviewed during each of the audits to ensure compliance with 2600.185a and to ensure all prescribed medications are present in the home and available for administration. Documentation of the audits shall be kept for 2 months. [REDACTED] 3/25/24).

185a - Implement Storage Procedures (continued)

DIRECTED: By 4/1/24: The administrator shall review all medications for all current residents to ensure all prescribed medications are present in the home and available for administration. ■ 3/25/24

DIRECTED: By 4/8/24: The home shall conduct a quality management meeting in accordance with 2600.26a. Documentation of the quality management review shall be kept. ■ 3/25/24

Proposed Overall Completion Date: 04/05/2024

Directed Completion Date: 04/08/2024

Not Implemented ■ - 04/09/2024)

187a - Medication Record**6. Requirements**

2600.

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

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

Description of Violation

On 2/6/24, resident #5 was prescribed Lispro Kwikpen 100u/ml-Inject subcutaneously 3 times daily before meals as per sliding scale: 141-180=1 unit; 181-220=2 units; 221-260=3 units; 261-300=4 units; 301-340=5 units; >340=6 units and call doctor. However, resident #5's February 2024 medication administration record (MAR) indicates Novolog Flexpen 100 u/ml-Inject subcutaneously 3 times a day per sliding scale; 0-70=0 units and initiate hypoglycemia protocol; 71-140=0 units; 141-180=1 unit; 181-220=2 units; 221-280=3 units; 281-300=4 units; 301-340=5 units; 341-400=6 units; >410=8 units and call MD.

Resident #6's Hydrocodone APAP 5-325 mg tablet-Take 1 tablet by mouth every 6 hours as needed was discontinued by the prescriber on 12/28/23; however, this medication was still present on resident #6's February 2024 MAR.

REPEAT VIOLATION: 10/11/2023, et. al.

Plan of Correction

Directed (■ - 03/25/2024)

Resident#5 order was clarified with physician and new orders and medication obtained on 2.15.24. Medication

187a - Medication Record (continued)

order faxed to pharmacy and MAR updated on 2.15.24 Resident #6 Hydrocodone was discontinued by physician and discontinued by the pharmacy on the MAR on 2.14.24. RSD or designee will educate staff qualified to administer medications regarding the regulation and the home's policy and procedures regarding medication administration to include the home's procedures updating resident MAR's immediately upon receipt of a new order from the prescriber by 4.5.24. Documentation of the staff education shall be kept in accordance with 2600.65i. RSD or designee began monitoring medication administration record for accuracy/completeness on 2.19.24 three times a week for three weeks then monthly thereafter. (DIRECTED: The MAR's for at least 3 different residents shall reviewed during each of the audits to ensure compliance with 2600.187a. Documentation of the audits shall be kept for 2 months. [REDACTED] 3/25/24).

DIRECTED: By 4/1/24: The administrator shall review all current resident MAR's to ensure accuracy and completeness in accordance with 2600.187a, and in accordance with prescribers' orders. [REDACTED] 3/25/24

DIRECTED: By 4/8/24: The home shall conduct a quality management meeting in accordance with 2600.26a. Documentation of the quality management review shall be kept. [REDACTED] 3/25/24

Proposed Overall Completion Date: 04/05/2024

Directed Completion Date: 04/08/2024

Not Implemented ([REDACTED] - 04/09/2024)

187d - Follow Prescriber's Orders

7. Requirements

2600.

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

Description of Violation

On 1/3/24, resident #2 was prescribed Oxycodone HCL 5 mg tablet-Take 1 tablet by mouth every 6 hours as needed; however, resident #2 was administered Oxycodone HCL 2.5 mg tablets on numerous dates and times, to include the following:

- On 2/1/24 at 6:28 AM and 7:43 PM
- On 2/3/24 at 7:18 PM
- On 2/4/24 at 7:13 PM
- On 2/6/24 at 4:08 AM
- On 2/7/24 at 11:50 PM

Plan of Correction

Directed [REDACTED] - 03/25/2024)

Resident #2 orders were clarified with physician on 2.15.24 and new medication ordered to match the current medication and EMAR entry. Resident #2 had no ill effects from medication. Medication was available at facility. RSD or designee will educate staff qualified to administer medications regarding the regulation and the home's policy and procedures regarding medication administration by 4.5.24. Documentation of the staff education shall be kept in accordance with 2600.65i. RSD or designee will review all current resident medications to ensure accuracy/completeness with the regulation, which includes ensuring all current prescribed medications are present

187d - Follow Prescriber's Orders (continued)

in the home by 3.29.24. RSD or designee will monitor medication administration began 2.19.24 and will be completed three times a week for three weeks then monthly thereafter. (DIRECTED: The medications for at least 3 different residents shall reviewed during each of the audits to ensure compliance with 2600.187d. Documentation of the audits shall be kept for 2 months. ■ 3/25/24).

DIRECTED: By 4/8/24: The home shall conduct a quality management meeting in accordance with 2600.26a. Documentation of the quality management review shall be kept. LM 3/25/24

Proposed Overall Completion Date: 04/05/2024

Directed Completion Date: 04/08/2024

Not Implemented ■ - 04/09/2024)