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

December 11, 2023

[redacted]
EVERGREEN ESTATES HOLDINGS LLC
[redacted]

RE: EVERGREEN ESTATES RETIREMENT COMMUNITY
1300 EAST KING STREET
LANCASTER, PA, 17602
LICENSE/COC#: 33193

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/07/2023, 11/08/2023 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: *EVERGREEN ESTATES RETIREMENT COMMUNITY* **License #**: *33193* **License Expiration**: *03/13/2024*

Address: *1300 EAST KING STREET, LANCASTER, PA 17602*

County: *LANCASTER* **Region**: *CENTRAL*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *EVERGREEN ESTATES HOLDINGS LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-2*	**Date**: *10/17/2019*	**Issued By**: *Lancaster Township*
Type: *I-1*	**Date**: *02/05/2008*	**Issued By**: *Lancaster Township*
Type: *C-2 LP*	**Date**: *06/15/2000*	**Issued By**: *L & I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *118* **Waking Staff**: *89*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**: *0*

Reason: *Renewal, Complaint, Incident* **Exit Conference Date**: *11/08/2023*

Inspection Dates and Department Representative

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

11/08/2023 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *125* **Residents Served**: *89*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Pine* **Capacity**: *13* **Residents Served**: *13*

Hospice

Current Residents: [redacted]

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *83*

Diagnosed with Mental Illness: [redacted] **Diagnosed with Intellectual Disability**: [redacted]

Have Mobility Need: *29* **Have Physical Disability**: [redacted]

Inspections / Reviews

11/07/2023 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *11/25/2023*

Inspections / Reviews *(continued)*

11/27/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *12/10/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *12/05/2023*

12/08/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *12/10/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *12/13/2023*

12/11/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *12/10/2023*

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.
15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted], at approximately [redacted] a physical altercation occurred between Resident 1 and Resident 2, resulting in Resident 2 being injured. The home did not complete an Act 13 form to the local Area Agency on Aging (AAA).

Plan of Correction ***Accept [redacted] - 11/27/2023)***

On [redacted] the Administrator contacted the on call Lancaster Area on Aging regarding the incident, and was informed by the on call AAA agent an act 13 form was not required.

The home will going forward submit an act 13 form to HSL in all instances of suspected abuse, by a resident even if AAA does not request or states one does not need to be submitted

Licensee's Proposed Overall Completion Date: *11/19/2023*

Implemented [redacted] - 12/08/2023)

16c - Written Incident Report

2. Requirements

2600.
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

On [redacted], [redacted] and [redacted], the prescribed blood sugar test was not completed for Resident 6. The home did not submit an incident report to the Department.

On [redacted], [redacted] and [redacted], the prescribed blood sugar test was not completed for Resident 8. The home did not submit an incident report to the Department.

Plan of Correction ***Accept [redacted] - 11/27/2023)***

All Med Techs were remediated by the Director of Nursing on [redacted] Incident reports med errors, and all other reportable incidents.

Starting on [redacted] the Dir of Resident Care and or the Resident Care Coordinator or designee will complete 3 random spot checks of the MAR and Incident reports for the next 30 days.

Incident reports and Med errors will be reviewed at the quarterly Quality Metrics Meeting the week of [redacted], and ongoing each quarter.

16c - Written Incident Report (continued)

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

Implemented [redacted] - 12/08/2023)

26b - Quality Management Plan Content

3. Requirements

2600.
26.b. The quality management plan shall address the periodic review and evaluation of the following:
1. The reportable incident and condition reporting procedures.
2. Complaint procedures.
3. Staff person training.
4. Licensing violations and plans of correction, if applicable.
5. Resident or family councils, or both, if applicable.

Description of Violation

The home's quality management review, dated [redacted], did not address reportable incident and condition reporting procedures, complaint procedures, staff person training, licensing violations and plans of correction, and resident or family councils, if applicable.

The home's quality management review, dated [redacted] did not address reportable incident and condition reporting procedures, complaint procedures, staff person training, licensing violations and plans of correction, and resident or family councils, if applicable.

Plan of Correction ***Accept [redacted] - 11/27/2023)***

The Administrator updated the communities Quality Management Plan to meet the criteria in 2600.26.b.
The updated quality metrics will be included the next quarterly review meeting in January.
The Administrator will conduct the next Quality Metrics Meeting the week of [redacted].

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

Implemented [redacted] - 12/08/2023)

42b - Abuse

4. 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

On [redacted] at approximately [redacted] Resident [redacted] pushed Resident [redacted] Resident [redacted] fell to the ground. As a result of the fall, Resident [redacted] was sent to the emergency room for back pain. Resident [redacted] sustained a closed compression fracture of the [redacted].

Plan of Correction ***Accept [redacted] - 11/27/2023)***

An investigation was completed by the administrator indicating residents [redacted] and [redacted] had a verbal confrontation at the puzzle table , which resulted in resident [redacted] pushing resident [redacted] and resident [redacted] responding to the push from resident [redacted]

42b - Abuse (continued)

with a push back causing resident [redacted] to fall to the floor. Resident [redacted] was seen at LGH where a closed compression FX was found.

Manheim township PD responded and investigated, with the results of the investigation by Manheim PD being sent to the Lanc Co DA for review.

Resident [redacted] was under the directions and orders of the Lanc Co DA moved into the homes Secured Dementia Care Unit.
Resident [redacted] has a diagnosis of dementia on file.
Resident [redacted] signed a consent for placement in the SDCU form on [redacted]
Resident [redacted] POA her son agreed and consented to placement of the resident in the SDCU.

Licensee's Proposed Overall Completion Date: *11/19/2023*

Implemented [redacted] - 12/08/2023)

63a - First Aid/CPR Training

5. Requirements

2600.
63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On [redacted], the home had [redacted] residents. From [redacted] through [redacted] on [redacted] the home only had one person working with current CPR and first aid training.

On [redacted], the home had [redacted] residents. From [redacted] though [redacted] the home only had one person working with current CPR and first aid training.

Repeated Violation-10/13/22, et al

Plan of Correction ***Accept [redacted] - 11/27/2023)***

The nurse a CPR First aid certified trainer will conduct CPR first aid training monthly for all employees who do not have a current CPR First aid card.
The Monthly CPR First Aid Training will be completed on the 1st Thursday of each month.

The Nurse will ensure staff working will have at least 2 CPR first Aid certified staff working on each shift.

The Nurse a CPR First Aid Certified Trainer will conduct a monthly CPR training for any employee needing initial CPR First Aid Training or a Renewal of their CPR First Aid Card.

Proposed Overall Completion Date: 12/18/2023

63a - First Aid/CPR Training *(continued)*

Licensee's Proposed Overall Completion Date: *12/18/2023*

Implemented [redacted] - 12/08/2023)

65i - Training Record

6. Requirements

2600.
65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of direct care staff training does not include fire safety and emergency preparedness training conducted on [redacted] for Staff Members A and B.

Plan of Correction ***Accept [redacted] - 11/27/2023)***

Staff Members A and B both attended the fire safety training conducted by the Fire Chief on [redacted].

Staff members A and B signed the training record on [redacted]

Ongoing the staff will sign the training record immediately before returning to their other duties.

Proposed Overall Completion Date: 11/19/2023

Licensee's Proposed Overall Completion Date: *11/19/2023*

Implemented [redacted] - 12/08/2023)

81b - Resident Personal Equipment

7. 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

Resident [redacted] has an enabler bar. Upon inspection of the enabler bar on [redacted], the enabler bar was not securely attached to the structure of the resident's bed, posing an entrapment risk.

Resident [redacted] has an enabler bar. Upon inspection of the enabler bar on [redacted], the enabler bar was not securely attached to the structure of the resident's bed, posing an entrapment risk.

Resident [redacted] has an enabler bar. Upon inspection of the enabler bar on [redacted], the enabler bar was not securely attached to the structure of the resident's bed, posing an entrapment risk.

Resident [redacted] has an enabler bar. Upon inspection of the enabler bar on [redacted], the enabler bar was not securely attached to the structure of the resident's bed, posing an entrapment risk.

Plan of Correction ***Accept [redacted] - 11/27/2023)***

The Administrator and the Director of maintenance corrected the enabler bars for the residents listed above.

81b - Resident Personal Equipment (continued)

Resident [redacted] and [redacted] enabler bar where secured permanently by the addition of a second strap being added to the enabler bars side under and through the bed frame and made secure.

Ongoing all enabler bars will be installed by the director of maintenance only after the approval of the Director of Resident Care and the Administrator have approved the instillation of the enabler bar

Starting the week of [redacted] spot checking of the enabler bars will be completed by the Director of Maintenance, the Director of Nursing or the Administrator on a monthly basis and recorded on a tracking sheet.

Licensee's Proposed Overall Completion Date: *12/01/2023*

Implemented [redacted] - 12/08/2023)

85a - Sanitary Conditions

8. Requirements

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

Description of Violation

On [redacted] at [redacted] am and [redacted], an overwhelming smell of incontinence mixed with air freshener was detected upon entry into the Secure Dementia Care Unite (SDCU). Furthermore, incontinence stains were observed on the carpet of Resident [redacted] bedroom.

Plan of Correction ***Accept [redacted] - 11/27/2023)***

On [redacted] maintenance completed an additional carpet cleaning of the hallways in the SDCU.

On [redacted] maintenance completed an additional carpet extraction of resident f7s room.

The home will conduct biweekly checks of 5 resident rooms including the hallway and address any sanitation concerns within 48 hours. Starting the week of [redacted]

The results of the 5 room audits completed will be documented and tracked for 30 days.

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

Implemented [redacted] - 12/08/2023)

85e - Trash Outside Home

9. Requirements

2600.
85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On [redacted] at [redacted] the sliding covers on the right-side trash dumpster were both open, and the dumpster was partially full of trash. The dumpster was unattended.

85e - Trash Outside Home (continued)

Repeated Violation-10/13/22, et al

Plan of Correction ***Accept [redacted] 11/27/2023)***

The Administrator provided immediate reeducation to the kitchen staff.

On going newly hired will be provided education on 2600.85.e by the chef to ensure the side doors on the dumpster are closed after use to prevent insect and rodent infestation.

The chef or his designee will spot check the dumpster doors for 30 days starting on [redacted] recording the results on a tracking sheet.

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

Implemented [redacted] - 12/08/2023)

88a - Surfaces

10. 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 [redacted], the carpeting in Resident[redacted] bedroom has a torn, bare spot measuring approximately 18" x 4" and loose strings that poses a tripping hazard.

Plan of Correction ***Accept [redacted] 11/27/2023)***

On [redacted] the Dir of Maintenance contacted the homes carpet vendor Sherwin Williams to repair the bare spot area with the same pattern carpet.

The vendor has provided the home a tentative date of [redacted] for the repair of the bare spot.

The Director of Maintenance and or the Administrator will conduct a check of all carpet in residents' rooms by [redacted].

On going as the resident rubs his boot on the floor in the Dir of Maintenance and or the Administrator will monitor the carpet for wear and as needed have the homes provider repair or replace any worn section to ensure resident safety.

The home will document inspections of the resident [redacted] room for 30 days starting [redacted]

Licensee's Proposed Overall Completion Date: *12/30/2023*

Implemented [redacted] - 12/08/2023)

121a - Unobstructed Egress

11. Requirements

2600.

121a - Unobstructed Egress *(continued)*

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [redacted], the exit door at the Cedar East Sunroom was blocked by a heavy Schwinn exercycle and an upholstered lounge chair.

On [redacted] at [redacted] a white trashcan with wheels was blocking the egress route from the Cedar West Sunroom.

Plan of Correction ***Accept [redacted] - 11/27/2023)***

Staff was reeducated on 2600.121.a. not blocking egresses on [redacted] by the administrator.

Senior staff will conduct routine inspections of the egress areas for 30 days and document the results on a tracking sheet. Starting [redacted]

Yellow marking tape will be used on the floor to identify the egress area for 30 days to reinforce the egress area not to be blocked.

Licensee's Proposed Overall Completion Date: *11/18/2023*

Implemented[redacted] - 12/08/2023)

125b - Combustible Restrictions

12. Requirements

2600.
125.b. Combustible materials shall be inaccessible to residents.

Description of Violation

On [redacted], a [redacted] was unlocked, unattended, and accessible in Resident [redacted] bedroom.

Plan of Correction ***Accept [redacted] - 11/27/2023)***

Resident[redacted] handed over the [redacted] to the Administrator on [redacted].

The resident's [redacted] will be stored in the secured storage building located away from the building and marked with his name.

The resident has agreed to the use of a [redacted] or [redacted] for [redacted].

The resident can request [redacted] be refilled by either the Administrator or the Dir of Maintenance during normal business hours.

Care and housekeeping staff were educated on 2600.15.d on 11/15/2023 by the administrator.

Routine checks of resident[redacted] room will be made by the Administrator or the Dir of Maintenance for 30 days.

A notice was placed in all residents' mailboxes reminding residents of prohibited items which may not be kept in a resident room.

125b - Combustible Restrictions (continued)

Licensee's Proposed Overall Completion Date: *11/19/2023*

Implemented [redacted] - 12/08/2023)

126a - Furnace Inspection

13. Requirements

2600.
126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The last inspection of the home's furnace was conducted in 05/2022.

Plan of Correction ***Accept [redacted] - 11/27/2023)***

The Homes furnace was inspected and maintained by [redacted] Mechanical on [redacted]
The documentation of the inspection will be maintained in the Administrators office.
Going forward [redacted] Mechanical or another HVAC vendor will Inspect, clean and insure proper operation of the home gas powered heaters annually

Licensee's Proposed Overall Completion Date: *11/19/2023*

Implemented [redacted] - 12/08/2023)

126b - Furnace Cleaning

14. Requirements

2600.
126.b. Furnaces shall be cleaned according to the manufacturer's instructions. Documentation of the cleaning shall be kept.

Description of Violation

The home's furnace has not been cleaned since [redacted].

Plan of Correction ***Accept [redacted] - 11/27/2023)***

The Homes furnace was inspected and cleaned and maintained by [redacted] Mechanical on [redacted]

The documentation of the cleaning shall be maintained in the Administrators office.

Going forward [redacted] Mechanical or another HVAC vendor will Inspect, clean and insure proper operation of the home gas powered heaters annually.

Licensee's Proposed Overall Completion Date: *11/18/2023*

Implemented [redacted] 12/08/2023)

132c - Fire Drill Records

15. Requirements

2600.

132c - Fire Drill Records *(continued)*

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 [redacted] does not include the total number of residents present in the building at the time of the drill.

The fire drill record for the drill conducted on [redacted] does not include the total number of residents present in the home at the time of the drill, the total number evacuated, the number of staff present at the time of the drill, any problems encountered, and the time the drill occurred.

Plan of Correction ***Accept [redacted] - 11/27/2023)***

The Administrator corrected the missed information on the [redacted] and [redacted] fire drill record indicating the number of residents in the home.

Going forward the Administrator and the Director of Maintenance will both verify the information on the fire drill record to ensure compliance with 2600.132.c

Licensee's Proposed Overall Completion Date: *11/20/2023*

Implemented [redacted] - 12/08/2023)

144c1 - Smoking Area Guidelines

16. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home permit's smoking in outside the community room. On [redacted], [redacted] were observed outside of the kitchen door in the mulch adjacent to the sidewalk.

Repeated Violation-8/17/23

Plan of Correction ***Accept [redacted] - 11/27/2023)***

Care, dinning and housekeeping staff was educated on 2600.144.c.1 on [redacted] by the administrator.

No Smoking signs were added to the outside kitchen door and the outside Refrigeration equipment to serve as a reminder to staff or vendors outside the kitchen door.

Large metal no smoking signs on a post have been ordered and will be added to the gravel area outside the kitchen door on a post by [redacted].

The Director of Maintenance, Chef or Administrator will conduct spot checks of the area outside the kitchen door for signs of smoking in the area and document the results for on a tracking log for 30 days.

144c1 - Smoking Area Guidelines *(continued)*

Licensee's Proposed Overall Completion Date: *12/11/2023*

Implemented [redacted] - 12/08/2023)

162c - Menus Posted

17. Requirements

2600.
162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of [redacted] and [redacted] were posted in the personal care dining area. The menu for the weeks of [redacted] and [redacted] were posted in the Secure Dementia Care Unit (SDCU) dining room. The menus for the current and following week in November were not posted.

Plan of Correction ***Accept [redacted] 11/27/2023)***

The chef was remediated on 2600.162.c on [redacted] via phone with written documentation placed in [redacted] file.

On [redacted] the Administrator corrected the menus in the main and SDCU dining rooms.

The chef will routinely during each week check to ensure the proper menus are posted in both dining rooms and document on a tracking sheet for the next 60 days.

Licensee's Proposed Overall Completion Date: *12/30/2023*

Implemented [redacted] - 12/08/2023)

183b - Meds and Syringes Locked

18. Requirements

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [redacted] can of Walgreen's [redacted] was observed unlocked and unattended in Resident [redacted] room. Resident [redacted] is not assessed to be able to self-administer medications.

On [redacted], a [redacted] was observed in Resident [redacted] room. Resident [redacted] is not assessed to be able to self-administer medications.

Plan of Correction ***Accept [redacted] - 11/27/2023)***

Care, dinning and housekeeping staff was educated on 2600.15.d on [redacted] by the administrator.

The Administrator sent a letter to all residents in the home indicating prohibited items including medications in

183b - Meds and Syringes Locked (continued)

rooms, combustible materials, on [redacted]

Starting on [redacted] *the Administrator and or the Director of Maintenance or the Director of Resident Care or the Resident Care Coordinator will conduct weekly room audits of 5 resident rooms per week and document the results of the room audits for 30 days.*

Licensee's Proposed Overall Completion Date: *12/30/2023*

Implemented [redacted] ***- 12/08/2023)***

183d - Prescription Current

19. 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 [redacted] *PRN prescribed for Resident* [redacted] *was in the home's medication cart; however, the medication expired on* [redacted].

Repeated Violation-8/17/23

Plan of Correction ***Accept*** [redacted] ***- 11/27/2023)***

0n [redacted] *the RCC immediately removed the item from the cart and disposed of the item.*

The RCC completed a follow up audit on the med cart on [redacted] *and* [redacted]

Starting the week of [redacted] *the home will complete weekly med cart audit and track the date the audit was completed and the name of the med tech, nurse, Dir of resident care or the Resident care coordinator for the next 30 days.*

A sign off sheet will be used to document the date and staff member who audited the med cart.

Licensee's Proposed Overall Completion Date: *12/30/2023*

Implemented [redacted] ***- 12/08/2023)***

184a - Resident's Meds Labeled

20. 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

On [redacted]*, Resident* [redacted] *order for* [redacted] *was changed from* [redacted] *every* [redacted] *by the provider. The label on the medication does not reflect this change.*

184a - Resident's Meds Labeled (continued)

Plan of Correction ***Accept [redacted] - 11/27/2023)***

On [redacted] the Resident Care Coordinator placed a change order sticker on resident [redacted] indicating the changed dosage.

The Director of Resident Care or the Resident Care Coordinator will validate any Medication change orders to dosages or schedule are properly identified on the medication.

Starting the week of [redacted] the home will complete weekly med cart audit and track the date the audit was completed and the name of the med tech, nurse, Dir of resident care or the Resident care coordinator for the next 30 days.

Licensee's Proposed Overall Completion Date: *12/30/2023*

Implemented [redacted] - 12/11/2023)

185a - Implement Storage Procedures

21. 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 [redacted] was not [redacted] with correct date and time. On [redacted] the date observed on the [redacted] was [redacted] and time [redacted]

Resident [redacted] is prescribed [redacted] checks daily. The [redacted] checks on the [redacted] did not match the numbers transcribed on the Mediation Administration Record (MAR) as follows:
[redacted] on [redacted] was [redacted]. The number documented in the MAR states [redacted] is [redacted] on [redacted] was [redacted] The number documented in the MAR states [redacted] is [redacted].

Repeated Violation-10/13/22, et al

185a - Implement Storage Procedures *(continued)*

Plan of Correction ***Accept - 11/27/2023)***

The Med Tech who recorded the for resident was disciplined and remediated on and insulin by the Director of Resident Care on and

Starting on times per week the med tech who entered the reading for resident will have her readings randomly checked per week for 30 days by the Dir Resident Care or the Resident Care Coordinator or a designee under the supervision of the Dir Resident Care.

The Dir Resident Care or the Res Care Coordinators or designee will randomly pull per week for 30 days and verify the is properly calibrated with the correct date and time.

The Dir Resident care will report the status of medication errors at the January 2024 Quality Assurance Meeting.

Licensee's Proposed Overall Completion Date: *12/30/2023*

Implemented - 12/08/2023)

185b - Medication Procedures

22. Requirements

2600.
185.b. At a minimum, the procedures must include:

Description of Violation

On , the balance for the controlled substance prescribed for Resident was incorrectly documented into the home's-controlled substance log as The correct balance of the medication was

Plan of Correction ***Accept - 11/27/2023)***

On the Med Tech corrected the balance of the the medication on the controlled substance log.

Med Techs where provided reeducation by the RCC on properly documenting the balance of controlled substances on the controlled substance log.

Starting the week of the home will complete weekly med cart audit and track the date the audit was completed and the name of the med tech, nurse, Dir of resident care or the Resident care coordinator for the next 30 days.

Licensee's Proposed Overall Completion Date: *12/30/2023*

Implemented - 12/11/2023)

187d - Follow Prescriber's Orders

23. Requirements

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

Description of Violation

On , Resident order for was changed from every by the provider. However, Resident was administered from to . Furthermore, the resident also received times a day on .

187d - Follow Prescriber's Orders (continued)

Resident is prescribed . However, on , was not completed at and . On , was not completed at and .

Resident is prescribed . However, on and the morning of was not done on the resident.

Repeated Violation-12/12/22 and 10/13/22, et al

Plan of Correction ***Accept - 11/27/2023)***

The Med Techs who administered the where disciplined and reeducated on following the orders of the prescriber by the Resident Care Coordinator on and

The Med Techs for resident and were remediated by the Dir of resident care on following the orders of the prescriber. on and

Residents had was discontinued on at by the prescriber a new order for resident was submitted to the home by the prescriber with a start date of at . Documentation attached.

Starting the week of the home will complete weekly med cart audit and track the date the audit was completed and the name of the med tech, nurse, Dir of resident care or the Resident care coordinator for the next 30 days.

A sign off sheet will be used to document the date and staff member who audited the med cart.

Licensee's Proposed Overall Completion Date: *12/30/2023*

Implemented - 12/11/2023)

227d - Support Plan Medical/Dental

24. 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 support plan, dated , does not indicate the resident has a need for a leg brace.

Resident support plan, dated , does not indicate the resident has a need for an enabler bar. This device was observed on Resident bed on .

Repeated Violation-3/8/23

227d - Support Plan Medical/Dental *(continued)*

Plan of Correction ***Accept [redacted] - 11/27/2023)***

The Resident Care Director was remediated on Support Plans by the Administrator on [redacted]

The Resident Care Director updated the residents support plan,
Resident [redacted] support plan updated on [redacted] by the RCD reflecting the residents leg brace,
Resident [redacted] support plan was updated on [redacted] to reflect the need for an enabler bar.

Ongoing the Dir of Resident Care will update residents support plans in accordance with 2600.227.d and provide the Administrator notice of each resident's care plan change.

Proposed Overall Completion Date: 11/21/2023

Licensee's Proposed Overall Completion Date: *11/21/2023*

Implemented [redacted] - 12/11/2023)