

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

December 12, 2023

[REDACTED]  
ST JOHN LUTHERAN CARE CENTER  
[REDACTED]  
[REDACTED]

RE: ST. JOHN SPECIALTY CARE CENTER  
500 WITTENBERG WAY, P.O.BOX 928  
MARS, PA, 16046  
LICENSE/COC#: 44833

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/18/2023, 04/19/2023 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: *ST. JOHN SPECIALTY CARE CENTER* License #: *44833* License Expiration: *05/25/2024*  
 Address: *500 WITTENBERG WAY, P.O.BOX 928, MARS, PA 16046*  
 County: *BUTLER* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *ST JOHN LUTHERAN CARE CENTER*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-1* Date: *06/01/1965* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *42* Waking Staff: *32*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal, Complaint, Incident* Exit Conference Date: *04/19/2023*

**Inspection Dates and Department Representative**

04/18/2023 - On-Site: [REDACTED]  
 04/19/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *75* Residents Served: *36*

**Secured Dementia Care Unit**  
 In Home: *No* Area: Capacity: Residents Served:

**Hospice**  
 Current Residents: *0*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *36*  
 Diagnosed with Mental Illness: *14* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: [REDACTED] Have Physical Disability: *0*

**Inspections / Reviews**

04/18/2023 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/12/2023*

Inspections / Reviews (*continued*)

## 05/15/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 07/11/2023  
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/22/2023

## 05/24/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 07/11/2023  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 07/10/2023

## 12/12/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 07/11/2023  
Reviewer: [REDACTED] Follow-Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 4/18/23, a copy of 55 Pa. code Chapter 2600 was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept [redacted] - 05/24/2023)

The personal care home regulations were put in a binder, posted in the common area by the dining room as soon as the violation was known on [redacted] by the Associate Director.

The administrator will audit the binder bi weekly for 4 weeks then check monthly to ensure the regulations are still in an accessible area for everyone, starting on [redacted].

Results of the audit will be discussed at the next QAPI meeting on [redacted], then quarterly afterward.

Licensee's Proposed Overall Completion Date: 06/12/2023

Implemented [redacted] - 11/29/2023)

15b - Supervisor Plan

2. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [redacted], at approximately [redacted], an incident of potential resident abuse was perpetrated against resident #1 by staff member A on the Edgewood Personal Care Unit. Staff member B was made aware of the incident of potential resident abuse at approximately [redacted]. However, staff member A continued working on Edgewood Personal Care Unit without a plan of supervision until [redacted].

Plan of Correction

Accept [redacted] - 05/24/2023)

We have a procedure/policy in place for this type of incident already. It was not followed appropriately. The policy states staff members accused of abuse/neglect will immediately be under a plan of supervision developed by the home or suspended.

Staff will be reeducated by the administrator or designee on our protocols/procedures for suspected abuse by [redacted]. Abuse education including reporting requirements is provided to staff during orientation and annually. Administrator or designee will monitor/audit incidents and clinical notes each business day to identify any potential abuse/neglect occurrences and ensure proper procedures were followed. Monitoring/auditing will begin on [redacted] and continue monthly afterward.

Results of the audit will be discussed at the next QAPI meeting on [redacted], then quarterly afterward.

Licensee's Proposed Overall Completion Date: 06/12/2023

Implemented [redacted] - 11/29/2023)

42b - Abuse

3. Requirements

2600.

42b - Abuse (continued)

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 #1 requested staff member A administer [REDACTED] medication to [REDACTED]. Staff member A positioned [REDACTED] face approximately 6 inches to 1 foot from resident #1's face and began yelling, "this is my first time up here I don't take orders from you". At approximately [REDACTED] staff member B, arrived at the Edgewood Personal Care Unit to address the situation. Staff member A then began yelling at staff member B stating, "I don't take orders from anyone, I am sick of this shit, I don't have to do this this shit". Resident #1 described the incident as intimidating and upsetting. Resident #1 was visibly upset after the incident, crying for approximately 45 minutes after the incident.

Plan of Correction

Accept [REDACTED] - 05/24/2023)

We have a procedure/policy in place for this type of incident already. It was not followed appropriately. The policy states staff members accused of abuse/neglect will immediately be under a plan of supervision developed by the home or suspended.

Staff will be reeducated by the administrator or designee on our protocols/procedures for suspected abuse by [REDACTED]. Abuse education including reporting requirements is provided to staff during orientation and annually. Administrator or designee will monitor/audit incidents and clinical notes each business day to identify any potential abuse/neglect occurrences and ensure proper procedures were followed. Monitoring/auditing will begin on [REDACTED] and continue monthly afterward.

Results of the audit will be discussed at the next QAPI meeting on [REDACTED], then quarterly afterward.

Licensee's Proposed Overall Completion Date: 06/12/2023

Implemented [REDACTED] 11/29/2023)

65e - 12 Hours Annual Training

4. 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

Records indicate that as of [REDACTED] staff member C did not complete any annual training for the calendar year of 2022.

Plan of Correction

Accept [REDACTED] - 05/24/2023)

Environmental Services Director will ensure all department staff will effectively schedule time to complete at minimum the necessary training of 12 hours annually that relates to their job duties. Starting on [REDACTED]. Administrator or designee will audit all employees who work on Personal Care Unit to ensure they have the required 12 hours of annual training. Any staff member who does not meet the required training will be removed from working on the personal care unit until they complete their required training. Audit to be completed by [REDACTED] by the administrator

Staff educator or designee will monitor/audit personal care staff training plans quarterly for compliance with education requirements, starting on [REDACTED]. Any staff not in compliance with training requirements will be immediately removed from the personal care schedule until training is completed.

Results of the audit will be discussed at the next QAPI meeting on [REDACTED], then quarterly afterward.

Licensee's Proposed Overall Completion Date: 06/12/2023

65e - 12 Hours Annual Training (continued)

Implemented [redacted] - 11/29/2023)

85a - Sanitary Conditions

6. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] at [redacted] resident #3's toilet's lid was found to be partially covered in a brown and a red spray. The rear of the toilet seat was partially covered in a brownish dried spray. The left and right sides of the toilet seat were covered in a reddish dried spray.

Resident #4 is prescribed [redacted] four times a day sliding scale [redacted] less than [redacted] or greater than [redacted] notify MD, [redacted]; If greater [redacted] give [redacted] and notify MD. On [redacted], at [redacted] resident #4's medication administration record indicated a [redacted]. However, there was no [redacted] on resident #4's [redacted] machine [redacted] for this date and time. A [redacted] was indicated on resident #5's [redacted] machine [redacted] on [redacted], at [redacted]. No corresponding [redacted] was indicated on resident #5's medication administration record dated [redacted].

Plan of Correction

Accept [redacted] - 05/24/2023)

Resident #3s toilet was deep cleaned by a caregiver once identified during the inspection on [redacted]. Residents 4&5 both were ordered a new [redacted] by the administrator, started using new glucometers on [redacted] to correct inaccurate [redacted]. Administrator or designee is going to do weekly audits on all glucometers for 4 weeks then bi weekly after to ensure accurate [redacted] logs, starting on [redacted]. Administrator or Designee will educate Med Techs and Nurses by [redacted] on the importance of not sharing resident supplies as well as infection control for surfaces & equipment. Results of the audit will be discussed at the next QAPI meeting on [redacted], then quarterly afterward.

Licensee's Proposed Overall Completion Date: 06/12/2023

Implemented [redacted] - 11/29/2023)

85d - Trash Receptacles

7. Requirements

2600.

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

Description of Violation

On [redacted], at [redacted] there were found to be two full, uncovered, unattended gray plastic trash cans in the home's kitchen, approximately 5 feet from the food preparation area.

85d - Trash Receptacles (continued)

Plan of Correction

Accept [REDACTED] - 05/24/2023)

Upon identification, the trash can was emptied by the kitchen staff and lid was applied on [REDACTED].

Dietary Director or designee will educate Food Service Employees on when to empty the trash receptacles to prevent the lids from getting stuck in the open positions by [REDACTED].

Dietary Director or designee will audit of trash cans and lids will be completed twice weekly beginning [REDACTED].

Results of the audit will be discussed at the next QAPI meeting on [REDACTED], then quarterly afterward.

Licensee's Proposed Overall Completion Date: 06/12/2023

Implemented [REDACTED] - 11/29/2023)

97 - Elevators/Lifting Devices

8. Requirements

2600.

97. Elevators and Stair Glides - Each elevator and stair glide must have a certificate of operation from the Department of Labor and Industry or the appropriate local building authority in accordance with 34 Pa. Code Chapter 405 (relating to elevators and other lifting devices).

Description of Violation

On [REDACTED], the Bethany elevator did not have a current certificate of operation from the Department of Labor and Industry or appropriate local building authority. The certification expired on [REDACTED].

On [REDACTED], the Troutman elevator did not have a current certificate of operation from the Department of Labor and Industry or appropriate local building authority. The certification expired on [REDACTED].

On [REDACTED] the Bremer elevator did not have a current certificate of operation from the Department of Labor and Industry or appropriate local building authority. The certification expired on [REDACTED].

Plan of Correction

Accept [REDACTED] - 05/24/2023)

The elevator certificates for the Bethany, Troutman, and Bremer elevators have been issued to the facility and on-site on [REDACTED]. They were then immediately installed in the certificate holder located in each of the above listed elevators on [REDACTED] by maintenance.

A preventive maintenance work order will be generated and carried out monthly to ensure these certificates are up to date at all times and audited by the maintenance supervisor to ensure it is completed, starting on [REDACTED].

Results of the audit will be discussed at the next QAPI meeting on [REDACTED], then quarterly afterward.

Licensee's Proposed Overall Completion Date: 06/12/2023

Implemented [REDACTED] 11/29/2023)

103c - Food Protected

9. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On [REDACTED], at [REDACTED] there was an opened/uncovered box of crinkle sliced carrots stored on a food rack in the

103c - Food Protected (continued)

kitchen's walk-in freezer.

Plan of Correction

Accepted [redacted] - 05/24/2023)

**Upon identification of improperly stored food on [redacted] the items were immediately discarded by the Dietary Director.**

**Dietary director or designee will educate Food Service Employees on the proper covering, closing, labeling and dating of all foods being stored by [redacted]**

**Dietary Director or designee will audit food storage twice weekly beginning [redacted].**

**Results of the audit will be discussed at the next QAPI meeting on [redacted], then quarterly afterward.**

Licensee's Proposed Overall Completion Date: 06/12/2023

Implemented [redacted] 11/29/2023)

103e - Left Overs

10. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On [redacted] at [redacted] a partially eaten angel food cake was unlabeled and undated in the refrigerator located in the dinette of the Edgewood Personal Care unit.

REPEAT VIOLATION: 4/22/21

Plan of Correction

Accepted [redacted] 05/24/2023)

The cake was taken out of the refrigerator by the administrator and given to the resident it belonged to immediately upon inspection on [redacted].

A reminder was posted on [redacted] by the administrator on the refrigerator on the proper ways to store food as well as labeling the food in the fridge.

The administrator or designee will audit the fridge twice weekly starting on [redacted] to ensure that the proper storage and label procedures are being followed.

Administrator educated the staff on [redacted] on proper storage procedures for food. Education will be completed by the administrator by [redacted] for any remaining staff members.

Results of the audit will be discussed at the next QAPI meeting on [redacted], then quarterly afterward.

Licensee's Proposed Overall Completion Date: 06/12/2023

Implemented [redacted] 11/29/2023)

105g - Lint Removal and Duct Cleaning

11. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On [redacted] at [redacted] there was approximately .25 inches of lint accumulation on the lint trap of the dryer next to the window in the laundry room on Edgewood Personal Care Unit. There were no clothes in the dryer.

105g - Lint Removal and Duct Cleaning (continued)

Plan of Correction

Accept [REDACTED] - 05/24/2023)

Lint was removed immediately upon inspection by the administrator on [REDACTED]. A reminder was posted by the dryers and the exit to the laundry room for all staff and residents to check the lint trap & clean it after every use on [REDACTED]. The Caregivers will do checks on the lint traps for all dryers each shift. The administrator will audit the staff's checklist for 2x/week for 4 weeks, then weekly after starting on [REDACTED]. The administrator had an in-service on [REDACTED] for the staff on fire safety. Education will be given by the administrator of remaining staff by [REDACTED]. Results of the audit will be discussed at the next QAPI meeting on [REDACTED], then quarterly afterward.

Licensee's Proposed Overall Completion Date: 06/12/2023

Implemented [REDACTED] 11/29/2023)

132c - Fire Drill Records

12. Requirements

2600.

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

Description of Violation

On [REDACTED] the fire drill record dated [REDACTED], did not include an evacuation time.

Plan of Correction

Accept [REDACTED] - 05/24/2023)

The maintenance supervisor will conduct and document an in-service for maintenance staff by [REDACTED] on the proper documentation pertaining to the fire drill requirements. All fire drills, once complete will be reviewed/audited by the maintenance supervisor to ensure legibility and understanding of the document, starting on [REDACTED]. If any fire drill does not meet necessary requirements, the fire drill will be re-accomplished. Results of the audit will be discussed at the next QAPI meeting on [REDACTED], then quarterly afterward.

Licensee's Proposed Overall Completion Date: 06/12/2023

Implemented [REDACTED] - 11/29/2023)

132d - Evacuation

13. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

On [REDACTED] records indicated that during the fire drill on [REDACTED], the home had a maximum 9 minuet 30 second safe evacuation time specified in writing by a fire safety expert. The home exceeded an evacuation time of 9 minutes 30 seconds during the fire drill conducted on [REDACTED]. The evacuation time was 10 minutes and 2 seconds.

132d - Evacuation (continued)

Plan of Correction

Accept [REDACTED] - 05/24/2023)

Maintenance Supervisor will conduct and document an in-service to facility supervision and staff on performing effective evacuations by [REDACTED]. This training will ensure they have all been thoroughly trained to enable them to meet the established Fire Evacuation Time/Fire Safe Evacuation time that has been determined.

The maintenance supervisor will audit all evacuations monthly, starting on [REDACTED] to ensure compliance. . If any fire drill does not meet necessary requirements, the fire drill will be re-accomplished.

Results of the audit will be discussed at the next QAPI meeting on [REDACTED], then quarterly afterward.

Licensee's Proposed Overall Completion Date: 06/12/2023

Implemented [REDACTED] 11/29/2023)

182c - Medication Administration

14. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

- 6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).

Description of Violation

On [REDACTED] records indicated that on [REDACTED], at approximately [REDACTED] staff member A did not ensure that resident #1's prescribed [REDACTED] give [REDACTED] by mouth at [REDACTED] and [REDACTED], was administered through the ordered route of administration.

Plan of Correction

Accept [REDACTED] - 05/24/2023)

The staff member that this citation is referring to placed on the "Do Not Return" list on [REDACTED] Administrator or Designee will educate Med Techs and Nurses on proper medication administration methods and procedures for administering medications by [REDACTED].

Administrator or Designee will audit medication delivery for each med tech and nurse by [REDACTED].

Results of the audit will be discussed at the next QAPI meeting on [REDACTED], then quarterly afterward.

Licensee's Proposed Overall Completion Date: 06/12/2023

Implemented [REDACTED] - 11/29/2023)

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:

Description of Violation

On [REDACTED] resident #1 was prescribed [REDACTED] Give one tablet [REDACTED] by mouth at [REDACTED] every night. However, the resident's [REDACTED] medication's label indicated [REDACTED] take one tablet by mouth at bedtime and [REDACTED] take [REDACTED] by mouth daily.

Plan of Correction

Accept [REDACTED] 05/24/2023)

Resident #1 [REDACTED] order was corrected on [REDACTED] by the RN Supervisor, the MAR and pharmacy label are both accurate and match.

Administrator or Designee will educate Med techs and nurses on regulations for med labeling and on procedures to

184a - Resident's Meds Labeled (continued)

follow when identifying an inaccurate order or label by [redacted] Administrator or Designee will audit medication carts weekly for 1 month, bi weekly for 1 month, then monthly after to ensure that all medications are present that are prescribed and to ensure all medication orders are correct, Starting on [redacted] Results of the audit will be discussed at the next QAPI meeting on [redacted] then quarterly afterward.

Licensee's Proposed Overall Completion Date: 06/12/2023

Implemented [redacted] 11/29/2023)

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 [redacted] resident #6 was prescribed [redacted] with adapter [redacted] as needed every 4 hours. However, on [redacted], at [redacted] the medication was not available in the home.

Plan of Correction

Accept [redacted] - 05/24/2023)

Resident #6 PRN [redacted] was ordered on [redacted] by the administrator, the medication came on the next pharmacy run on [redacted].

Administrator or designee will educate med techs and nurses on when to order medications from the pharmacy, before the medication runs out and procedure for when a medication is not available, and on proper way to write a medication order by [redacted]

Administrator or designee will audit medication carts weekly for 1 month, bi weekly for 1 month, then monthly after to ensure that all medications are present that are prescribed and to ensure all medication orders are correct.

Starting on [redacted].

Results of the audit will be discussed at the next QAPI meeting on [redacted], then quarterly afterward.

Licensee's Proposed Overall Completion Date: 06/12/2023

Implemented [redacted] - 11/29/2023)

187c - Refusal of Medication

17. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On [redacted] resident #1 was prescribed [redacted] times daily. Give [redacted] mixed in water or juice by mouth at [redacted], and [redacted] every day. The resident refused this prescribed medication on [redacted], at [redacted] at [redacted] at [redacted], [redacted] at [redacted] at [redacted] and [redacted] However, the home failed to notify the prescribing physician.

On [redacted] resident #3 was prescribed [redacted] times daily, sprinkle small

187c - Refusal of Medication (continued)

amount onto rash with morning care and with bedtime care. The resident refused the administration of this medication on [redacted], morning, [redacted], bedtime, [redacted], morning [redacted], bedtime, [redacted], bedtime, [redacted], bedtime, and [redacted] morning. However, the home failed to notify the prescribing physician.

On [redacted] resident #6 was prescribed [redacted] times daily. Apply small amount to both thighs for pain at [redacted], and [redacted], every day. The resident refused the administration of this medication on [redacted], at [redacted] [redacted] at [redacted] [redacted], at [redacted], [redacted], at [redacted] and [redacted], at [redacted]. However, the home failed to notify the prescribing physician.

Plan of Correction

Accepted [redacted] - 05/24/2023)

Resident #1 physician was notified of the refusal of the [redacted] on [redacted] by the administrator.

Resident # 3 physician was notified of the refusal of the [redacted] on [redacted] by the administrator.

Resident # 6 physician was notified of the refusal of the [redacted] on [redacted] by the administrator.

Administrator provided education to staff on [redacted] about the process of reporting missed & refused medications/treatments. Education will be provided by the administrator & completed for med techs and nurses by [redacted].

The administrator will audit both medication carts weekly for the first 4 weeks then bi weekly after Starting on [redacted]

Results of the audit will be discussed at the next QAPI meeting on [redacted] then quarterly afterward.

Licensee's Proposed Overall Completion Date: 06/12/2023

Implemented [redacted] - 11/29/2023)

187d - Follow Prescriber's Orders

18. Requirements

2600.

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

Description of Violation

On [redacted] resident #1 was prescribed [redacted]. Apply [redacted] to both [redacted] at [redacted] and [redacted], every day. However, the home failed to administer this medication on [redacted], at [redacted] [redacted], at [redacted], at [redacted], at [redacted] [redacted], at [redacted] and [redacted], at [redacted]. The medication was not available in the home.

On [redacted] resident #3 was prescribed nystatin [redacted] daily, sprinkle small amount onto rash with morning care and with bedtime care. However, the resident was not administered this treatment on [redacted] morning, and [redacted], morning. The medication was not available in the home.

On [redacted] resident #4 was prescribed [redacted] times weekly [redacted] please change Monday Wednesday Friday. Home health to perform wound care. However, the resident did not receive the prescribed medication on [redacted]. The medication was not available in the home.

On [redacted] resident #6 was prescribed [redacted]. Give [redacted] by mouth every night at [redacted] for [redacted]. However, from [redacted], through [redacted], the resident was administered [redacted]

## 187d - Follow Prescriber's Orders (continued)

██████████) by mouth at bedtime.

**Plan of Correction****Accept** ██████████ 05/24/2023)

Resident #1 ██████████ ordered by the administrator & arrived on ██████████, were available to administer.

Resident #3 ██████████ ordered by the administrator & arrived on ██████████, was available to be administered.

Resident #4 ██████████ ordered by the administrator & arrive on ██████████, was available to be administered.

Resident #6 ██████████ order was corrected by the RN Supervisor on ██████████ the MAR and pharmacy label now match up.

Administrator or designee will educate med techs and nurses on when to order medications from the pharmacy, before the medication runs out and procedure for when a medication is not available, and on proper way to write a medication order by ██████████

Administrator or designee will audit medication carts weekly for 1 month, bi weekly for 1 month, then monthly after to ensure that all medications are present that are prescribed and to ensure all medication orders are correct.

Starting on ██████████.

Results of the audit will be discussed at the next QAPI meeting on ██████████, then quarterly afterward.

Licensee's Proposed Overall Completion Date: 06/12/2023

**Implemented** ██████████ - 11/29/2023)