

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

December 14, 2023

[REDACTED]
NEW HOPE GRACIOUS SENIOR COMMUNITY
[REDACTED]

RE: NEW HOPE GRACIOUS PERSONAL
CARE
300 UNION AVENUE
AVALON, PA, 15202
LICENSE/COC#: 43210

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/11/2023, 10/12/2023, 10/19/2023 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: *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: [REDACTED]
 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: *74* Waking Staff: *56*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint* Exit Conference Date: *10/19/2023*

Inspection Dates and Department Representative

10/11/2023 - On-Site: [REDACTED]
 10/12/2023 - On-Site: [REDACTED]
 10/19/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *85* Residents Served: *62*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: [REDACTED]
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *62*
 Diagnosed with Mental Illness: *11* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *12* Have Physical Disability: [REDACTED]

Inspections / Reviews

10/11/2023 - 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: 12/07/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 12/04/2023

11/30/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/07/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 12/07/2023

12/14/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/07/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

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

Description of Violation

On the following dates and times, resident confidential information and documents were unsecured, accessible, and unattended, to include:

* On [redacted] at approximately [redacted] there was a folded placemat on the medication cart in the home's dining room that had private information written on it, to include:

Resident #1 indicating, "[redacted] D/C'd last evening?",

Resident #2 - "[redacted] C'd night before" and

Resident #3, with a drawing of a triangle and [redacted]

* On [redacted] at [redacted] there was a purple three ring binder labeled "The Controlled Substance Administration Record and Count Verification -Lilac Building and census reports on the top medication cart by the elevator and bedroom [redacted] The binder contained various documents and narcotic sheets for residents on the Lilac cart, to include resident #4's Controlled Substance Sheet for [redacted].

Plan of Correction

Directed [redacted] - 11/30/2023)

The med tech on the cart in the dining room immediately removed placemat from the medication cart. The med tech on the Lilac building cart immediately secured the purple three ring binder in the med cart. Med Techs will receive education by the Resident Services Director (RSD) on 2600.17 regarding record confidentiality. This education will stress that any and all records containing resident's personal information will be kept securely locked and not left unattended at any given time. This education will be completed by [redacted] RSD or designee will monitor that med carts are free of any violations of record confidentiality. Monitoring will start [redacted] weekly for three months and then monthly for three months by RSD or designee.

DIRECTED

Within 1 calendar day of the receipt of the accepted plan of correction the administrator or a designated staff person shall audit the home weekly to ensure compliance with Regulation 2600.17. Documentation of audits shall be kept. 11/30/23 [redacted]

Proposed Overall Completion Date: 12/30/2023

Directed Completion Date: 12/01/2023

Implemented [redacted] - 12/14/2023)

23a - Activities of Daily Living Assistance

2. Requirements

2600.

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

23a - Activities of Daily Living Assistance (continued)

Description of Violation

The assessment and support plan, dated [REDACTED], for resident #5 indicates the resident requires assistance for transferring in and out of bed/chair and going from sit to stand and uses a bed enabler for transfers. However, on [REDACTED] and [REDACTED], there was no enabler affixed to resident #5's bed.

The assessment dated, [REDACTED] and support plan, dated [REDACTED], for resident #7, indicates the resident requires assistance for transferring in and out of bed/chair and going from sit to stand and uses a bed enabler for transfers. However, on [REDACTED] and [REDACTED], there was no enabler affixed to the resident #7's bed.

The assessment dated, [REDACTED] and support plan, dated [REDACTED] for resident #8 indicates the resident requires minimal assistance with transferring in/out of bed/chair and incontinence of bladder needs. Supervision and assistance will be provided for the resident as requested and/or required. Minimal assistance for toileting and support plan indicates staff will give supervision and minimal assistance to the bathroom every 2 hours and upon request to ensure proper hygiene was completed. However, resident #8 indicated over the past few weeks when activating the call bell during the evening and overnight shift on several occasions waiting 30 minutes to an hour for staff to respond and on one occasion activated the call bell four times during an overnight shift for assistance to get back into bed and no one came. Resident #8's husband assisted the resident back into bed. Interviews indicated, on [REDACTED], during the overnight hours, resident #8 reported activating the call bell three times; however, no one came, and the residents husband assisted the resident back into bed.

Plan of Correction**Accept [REDACTED] - 11/30/2023)**

RSD or designee will educate direct care staff persons on Regulation 2600.23(a) and education regarding each of the resident's assessments and support plans by [REDACTED]. RSD or designee will complete an audit of current residents and newly completed assessments and support plans for accuracy and completeness audit to be completed by [REDACTED]. The assessment and support plan for #5 and #7's transfer's and mobility needs will be reviewed and updated by [REDACTED].

RSD or designee will conduct random call bell audits on all shifts in resident rooms three times a week for three months.

Administrator will conduct private interviews of at least three residents a week for three months and three residents monthly for three months to ensure compliance with Regulation 2600.23(a).

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

Implemented [REDACTED] - 12/14/2023)

25b - Contract Signatures

3. Requirements

2600.

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

Description of Violation

On [REDACTED], resident #9 contract, dated [REDACTED] was not signed by the resident. There was no indication the resident was unable or refused to sign.

Plan of Correction**Directed [REDACTED] - 11/30/2023)**

Resident #9 refused to sign contract. Refusal was witnessed and documented. Administrator will audit new admission resident records to verify for accuracy and completeness beginning [REDACTED]. If the resident refuses to sign legal

25b - Contract Signatures (continued)

documents, there will be two witnesses signatures obtained to verify said refusal. Administrator will audit current resident contracts for accuracy and completeness by [REDACTED]

Proposed Overall Completion Date: 12/30/2023

DIRECTED

Within 5 calendar days of the receipt of the accepted plan of correction the administrator shall audit all current resident contracts to ensure compliance with Regulation 2600.25(b). Documentation of audits shall be kept.

11/30/23 [REDACTED]

Directed Completion Date: 12/05/2023

Implemented [REDACTED] - 12/14/2023)

42c - Treatment of Residents

4. Requirements

2600.

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

Description of Violation

Resident [REDACTED] assessment, dated [REDACTED], indicates the resident requires some physical assistance to transfer in/out of bed and chair. The resident's support plan, dated [REDACTED], indicate the resident cannot go from sit to stand without assistance.

Resident [REDACTED] reported since admission, on [REDACTED] direct care staff person B has been "very nasty to the resident". Resident [REDACTED] stated sometime at beginning of [REDACTED], during the evening shift, approximately [REDACTED], the resident was in bed for approximately 15 minutes, activated the call bell, direct care staff person B entered the resident's room with a new staff in training. The resident informed direct care staff person B of needing to go to the bathroom. Direct care staff person B replied, "You were just put to bed." The resident informed direct care staff person B "my doctor told me if I have to void to go not to hold it." Resident [REDACTED] reported being assisted into the resident's wheelchair and then reported direct care staff person B grabbed the back handles of the wheelchair and told resident [REDACTED], "If you don't like it here you can leave." Interviews indicated resident [REDACTED] had reported the complaints about direct care staff person B to staff person A the administrator/owner and direct care staff person B was told to stay away from resident [REDACTED] and not to provide care to the resident. Resident [REDACTED] reported being ignored by direct care staff person B when the staff comes in to provide care to the resident's roommate, resident [REDACTED] and has reportedly stated to resident [REDACTED], "Don't talk to me and I won't talk to you."

Plan of Correction

Accepted [REDACTED] - 11/30/2023)

RSD or designee will educate staff regarding Regulation 2600.42(c) and the home's policy and procedures for maintaining compliance with the regulation by [REDACTED] Direct staff person B will receive documented education on residents rights, respect, and dignity. Direct staff person B will be offered to provide a statement about the allegation and will be placed a 30 day performance improvement plan. This will be completed by [REDACTED] with performance improvement plan end date of [REDACTED] Administrator will conduct private interviews of at least three residents a week for three months and three residents monthly for three months to ensure compliance with Regulation 2600.42(c)

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

Implemented [REDACTED] - 12/14/2023)

42c - Treatment of Residents (continued)

85d - Trash Receptacles

5. 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 approximately [redacted] there was no lid on the rectangular trash can in the kitchen left of the cooking range. The trash can was approximately one-third full of trash, to include: latex gloves, plastic wrap with labels, an empty egg carton, aluminum foil, and bits of lettuce.

Plan of Correction

Accept [redacted] - 11/27/2023)

Trash can in dietary was replaced with new trash can with lid on [redacted]. The dietary manager will be responsible to document education on all kitchen staff on regulation 2600. 85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents. This education is to be provided to all kitchen staff by [redacted].

Licensee's Proposed Overall Completion Date: 12/25/2023

Implemented [redacted] - 12/14/2023)

132b - Safety Inspection/Fire Drill

6. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home's most recent fire safety inspection and supervised fire drill conducted by a fire safety expert was conducted on [redacted]. However, the previous fire safety inspection and supervised fire drill conducted by a fire safety expert was conducted on [redacted]

REPEAT VIOLATION: 3/7/22

Plan of Correction

Directed [redacted] - 11/30/2023)

The next scheduled date of the fire safety inspection and fire drill by the home's fire safety expert will be on or before 4.11.23. All communication with the fire safety expert will be documented by the maintenance director and the scheduled inspection date will be provided to the Administrator 3 months prior to the annual inspection. Administrator or designee will monitor the next scheduled date of the fire safety inspection and fire drill by the home's fire safety expert monthly beginning [redacted] to ensure a date is secured by [redacted]

Proposed Overall Completion Date: 12/30/2023

DIRECTED

Within 1 calendar day of the accepted plan of correction: The administrator shall schedule the fire safety inspection and fire drill conducted by a fire safety expert on or before [redacted]. 11/30/23 [redacted]

Directed Completion Date: 12/01/2023

132b - Safety Inspection/Fire Drill (continued)

Implemented [redacted] - 12/14/2023)

132d - Evacuation

7. 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], ancillary staff person C, and maintenance director, reported the residents on the third floor Lilac side of the building did not evacuate to a designated fire safe area within the home or evacuate to the designated meeting place away from the building, during all fire drills conducted on various dates and times from [redacted] through [redacted].

Plan of Correction

Accept [redacted] - 11/30/2023)

Residents on the third floor of Lilac side of the building will evacuate according to facility fire evacuation plan to ensure all residents are able to evacuate to a public thoroughfare, or to a fire-safe area. This will begin to be utilized with all fire drills starting [redacted]. Administrator or designee will educate staff persons of the requirements of Regulation 2600.132(d) and the home's updated policy and procedures by [redacted]. Administrator or designee will monitor monthly that fire evacuations include the entire building being evacuated beginning [redacted].

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

Implemented [redacted] - 12/14/2023)

132f - Alternate Exit Routes

8. Requirements

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

On 10/12/23, review of the home's fire drill records indicated "ALL EXITS" were used as the evacuation routes for the fire drills conducted on the following dates and times, to include:

- *3/21/22 at 7:40 p.m. *4/11/23 at 7:20 p.m.
- *4/22/22 at 2:21 p.m. *5/30/23 at 3:05 p.m.
- *6/23/22 at 6 a.m. *7/24/23 at 6:45 a.m.
- *10/27/22 at 11 a.m. *8/30/23 at 1:35 p.m.
- *12/14/22 at 10:17 p.m. *9/17/23 at 11:46 a.m.
- *1/5/23 at 3:31 p.m.

Plan of Correction

Accept [redacted] - 11/30/2023)

There will be a form with designated alternate exit routes to be used with each fire drill. This form will be utilized and kept on record. This form will be created by the maintenance director and presented to the administrator for approval by [redacted]. This form will then begin to be utilized with all fire drills starting [redacted]. Administrator or designee will educate staff persons of the requirements of Regulation 2600.132(d) and the home's updated policy and procedures by 12.30.23. Administrator or designee will monitor monthly that fire evacuations include designated alternate exits are being used beginning [redacted].

132f - Alternate Exit Routes (continued)

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

Implemented [redacted] - 12/14/2023)

141a 1-10 Medical Evaluation Information

9. Requirements

2600.

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

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

Description of Violation

The medical evaluation, dated [redacted] for resident [redacted], does not list any medical information pertinent to diagnoses and treatment for the following diagnosis: [redacted] and [redacted]. This section was blank. Section (7) Medications indicates See "Medication addendum" below; however, there is nothing documented and no attachments.

Plan of Correction

Accepted [redacted] - 11/30/2023)

Resident [redacted]'s medical evaluation will be corrected to list any medical information pertinent to diagnoses and treatment for the following diagnosis: [redacted] by [redacted]. The Resident Care Coordinator will be provided with documented education on how to thoroughly complete documentation on a medical evaluation form by the Resident Services Director. This will be completed by [redacted]. RSD or designee will audit current and newly completed resident medical evaluations for accuracy and completeness by [redacted]

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

Implemented [redacted] - 12/14/2023)

141b1 - Annual Medical Evaluation

10. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

The medical evaluation, dated [redacted], for resident [redacted] does not include a weight. The section is blank.

Plan of Correction

Accepted [redacted] - 11/30/2023)

The medical evaluation, dated [redacted], for resident [redacted] was updated to include a weight. The Resident Care

141b1 - Annual Medical Evaluation (continued)

Coordinator will obtain all vitals and weights the day of the residents annual medical evaluation and document this information on the Medical Evaluation Form. Documented education will be provided to the resident care coordinator on how to thoroughly complete documentation on a medical evaluation form by the resident services director, to be completed by [REDACTED]. RSD or designee will audit current and newly completed resident medical evaluations for accuracy and completeness by [REDACTED]

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

Implemented [REDACTED] - 12/14/2023)

185a - Implement Storage Procedures

11. 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] is prescribed [REDACTED] one time daily at bedtime [REDACTED]. On [REDACTED] at [REDACTED] the following [REDACTED] reading of [REDACTED] was documented in the resident's October 2023 Medication Administration Record (MAR); however, there was no [REDACTED] reading present on resident [REDACTED] for that date and time.

Resident [REDACTED] is prescribed [REDACTED] - [REDACTED] 3 times daily before meals [REDACTED]. The following [REDACTED] readings were documented on the resident's October 2023 MAR; however, no [REDACTED] readings were present on resident # 's [REDACTED] for these dates/times:

- [REDACTED] at 8:00 p.m., a [REDACTED] reading of [REDACTED].
- [REDACTED] at 8:00 p.m., a [REDACTED] reading of [REDACTED].
- [REDACTED] at 8:00 p.m., a [REDACTED] reading of [REDACTED].

Resident [REDACTED] is prescribed [REDACTED] 3 times daily before meals [REDACTED]. The following [REDACTED] readings were documented on the resident's October 2023 MAR; however, no [REDACTED] readings were present on resident [REDACTED] for these dates/times:

- [REDACTED] at [REDACTED] a [REDACTED] reading of [REDACTED].
- [REDACTED] at [REDACTED] a [REDACTED] reading of [REDACTED].

Resident [REDACTED] is prescribed [REDACTED] twice a day [REDACTED]. The following [REDACTED] readings were documented on the resident's October 2023 MAR; however, no [REDACTED] readings were present on resident # 's [REDACTED] glucometer for these dates/times:

- [REDACTED] at [REDACTED] a [REDACTED] reading of [REDACTED].
- [REDACTED] at [REDACTED] a [REDACTED] reading of [REDACTED].
- [REDACTED] at [REDACTED] a [REDACTED] reading of [REDACTED].

Resident [REDACTED] is prescribed [REDACTED] twice a day [REDACTED]. The following [REDACTED] readings for resident [REDACTED] were incorrectly recorded in the residents October 2023 MAR for the following dates/times:

185a - Implement Storage Procedures (continued)

[redacted], at [redacted] the [redacted] indicated a [redacted] reading of [redacted] however, [redacted] was recorded in MAR. [redacted] at [redacted] the [redacted] indicated a [redacted] reading of [redacted]; however, [redacted] was recorded in MAR. [redacted] at [redacted] the [redacted] indicated a [redacted] reading of [redacted] however, [redacted] was recorded in MAR. [redacted] at [redacted] the [redacted] indicated a [redacted] reading of [redacted]; however, [redacted] was recorded in MAR.

Plan of Correction

Directed [redacted] - 11/30/2023)

A form will be created and to be implemented on [redacted] for the night shift med-tech to check all [redacted] results against the [redacted] results documented in the system to ensure they match and documentation is accurate. This tracking log will be completed nightly x 4 weeks and then monthly thereafter. Med techs will be reeducated by a certified diabetic educator ([redacted] diabetic care and education specialist) on [redacted]

Proposed Overall Completion Date: 12/30/2023

DIRECTED

Within 1 calendar day of the receipt of the accepted plan of correction: The night shift audits shall include reviewing each resident's [redacted] and the [redacted] documentation for accuracy and completeness. Documentation of the audits and results shall be kept. 11/30/23 [redacted]

Directed Completion Date: 12/01/2023

Implemented [redacted] - 12/14/2023)

187a - Medication Record

12. Requirements

2600.

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

- 4. Strength.

Description of Violation

Resident [redacted] October 2023 MAR indicates the resident is prescribed [redacted] by mouth once daily. [redacted] However, the pharmacy label and physician's order indicate the resident is prescribed [redacted], one tablet once daily.

Plan of Correction

Directed [redacted] 11/30/2023)

Pharmacy will complete an audit of current resident medication labels for accuracy and completeness by [redacted] The pharmacy was contacted to correct the documentation error in the electronic mar system on 11/22/23. Resident [redacted] now match per the order, label, and the MAR entry. RSD will education staff qualified to administer medications regarding the regulation and the home's policy and procedures regarding medication administration by [redacted]. RSD or designee will monitor medication labels for accuracy and completeness beginning [redacted]

Proposed Overall Completion Date: 12/30/2023

DIRECTED

Within 1 calendar day of the receipt of the accepted plan of correction: The audits completed by the RSD or designee shall be completed monthly at a minimum. Documentation of the audits and results shall be kept. 11/30/23 [redacted]

Directed Completion Date: 12/01/2023

187a - Medication Record (continued)

Implemented [REDACTED] - 12/14/2023)

201 - Positive Interventions

13. Requirements

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Resident [REDACTED] admitted to the home on [REDACTED], is [REDACTED] with a diagnosis of [REDACTED] in one [REDACTED] and requires the use of a wheelchair. On [REDACTED], interviews indicated from approximately August until present the resident has been exhibiting acting out behaviors, to include yelling out, "Help me, help me" and calling out for [REDACTED] without. Interviews indicated that the resident's episodes are infrequent and is easily redirected. Staff person A the administrator/owner has "demanded" staff immediately remove resident [REDACTED] from the dining area or another part of the home where the resident cannot be heard when the resident acts out and isolate the resident to the dining area on the lower level until the resident calms down and then can be returned to the dining room. Resident [REDACTED] is seated in the dining room the resident is placed at a table separated from other residents. Staff person A stated that the other residents don't need to hear/see a resident acting out, yelling out for help and calling out a person's name that no one knows stating, "It affects the wellbeing of the other residents, especially during meals to hear someone call out for help expecting something to be done." "Meals are important, and residents have a right for it to be enjoyable." The home has not implemented positive interventions to address resident [REDACTED]'s behaviors.

Plan of Correction

Accepted [REDACTED] - 11/30/2023)

Resident [REDACTED] has positive interventions in place when resident is exhibiting any behaviors. Resident #10 care givers will be educated on the positive interventions in order to appropriately interact with the resident while [REDACTED] is exhibiting behaviors by [REDACTED]. RSD or designee will educate staff persons regarding the regulation and the home's policy and procedures for providing positive interventions including resident [REDACTED] and any resident requiring positive interventions assessment and support plan by [REDACTED]. Administrator will conduct private interviews of at least three residents a week for three months and three residents a month for three months to ensure compliance with Regulation 2600.201.

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

Implemented [REDACTED] - 12/14/2023)

225a - Assessment 15 Days

14. Requirements

2600.

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

Description of Violation

The initial assessment, dated [REDACTED], for resident [REDACTED] does not include the diagnosis of [REDACTED] that is indicated on the medical evaluation, dated [REDACTED]

The assessment, dated [REDACTED], for resident [REDACTED] the resident is assessed with minimal mobility needs;

225a - Assessment 15 Days (continued)

however, the residents medical evaluation dated [REDACTED], indicates the resident as having moderate mobility needs and the support plan indicates the resident requires staff assist of one with mobility, wheelchair with assist for longer distances.

Plan of Correction

Accepted [REDACTED] - 11/30/2023)

Resident [REDACTED]'s assessment was updated to include the diagnosis of [REDACTED] and resident [REDACTED] mobility needs. The Team Lead will be provided with a documented education on how to properly complete assessments plans and comparing assessment plans to the medical evaluations to ensure accuracy with all information. The Resident Services Director will be responsible to complete this education by [REDACTED] and to review/ monitor all assessments for accuracy. RSD will complete an audit of current and newly completed resident assessments for accuracy and completeness by [REDACTED]

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

Implemented [REDACTED] 12/14/2023)

227a - Support Plan 30 Days

15. Requirements

2600.

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

Description of Violation

The support plan, dated [REDACTED], for resident [REDACTED] does not address the usage of an assistive hearing device, that was observed being used on [REDACTED] by the resident to communicate with direct care staff person D.

Plan of Correction

Accepted [REDACTED] - 11/30/2023)

Resident [REDACTED] support plan was updated to address the usage of an assistive hearing device. The Team Lead will be provided with documented education on updating support plans with any pertinent information that must be included on the support plan. The Resident Services Director will be responsible to complete this education by [REDACTED] and to review/ monitor that all support plans are updated as needed. RSD or designee will audit current and newly completed resident support plans for accuracy and completeness by [REDACTED]

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

Implemented [REDACTED] - 12/14/2023)