

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

January 29, 2024

[REDACTED], ADMINISTRATOR
PROVIDENCE PLACE OF PINE GROVE ASSOCIATES
[REDACTED]

RE: PROVIDENCE PLACE OF PINE
GROVE
24 HIKES HOLLOW ROAD
PINE GROVE, PA, 17963
LICENSE/COC#: 22550

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/14/2023, 12/18/2023 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: PROVIDENCE PLACE OF PINE GROVE License #: 22550 License Expiration: 11/03/2024
 Address: 24 HIKES HOLLOW ROAD, PINE GROVE, PA 17963
 County: SCHUYLKILL Region: NORTHEAST

Administrator

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

Legal Entity

Name: PROVIDENCE PLACE OF PINE GROVE ASSOCIATES
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 04/02/2001 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 70 Waking Staff: 53

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint, Incident Exit Conference Date: 12/18/2023

Inspection Dates and Department Representative

12/14/2023 - On-Site [REDACTED]
 12/18/2023 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 93 Residents Served: 63
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 3
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 63
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 7 Have Physical Disability: 0

Inspections / Reviews

12/14/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/07/2024

Inspections / Reviews *(continued)*

01/26/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/26/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/05/2024

01/29/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/26/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

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

Description of Violation

The resident privacy coding sheet was attached to the License Inspection Summary (LIS) report dated 11/15/22.

Plan of Correction

Accept (█ - 01/26/2024)

12/19/23 Administrator removed the privacy coding page from all inspection copies in glass case in public areas. Executive Director will be responsible for removing privacy coding page from inspection copy before placing in glass case for public viewing. Executive Director will continue monitor for compliance ongoing.

Licensee's Proposed Overall Completion Date: 01/16/2024

Implemented (█ - 01/29/2024)

65g - Annual Training Content

2. Requirements

2600.

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

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Description of Violation

Staff persons A and B did not have fire safety training conducted by a fire safety expert for the training year 2022.

Plan of Correction

Accept (█ - 01/25/2024)

12/26 & 12/27/23 Administrator had Director of Maintenance do annual training for all staff including staff A and B. Maintenance Director completed Fire Safety and Emergency Preparedness PA PCH Train the Trainer course. Director of Maintenance will do this training annually. Executive Director will monitor community for compliance ongoing.

Licensee's Proposed Overall Completion Date: 01/16/2024

Implemented (█ - 01/29/2024)

82a - Poisonous Materials

3. Requirements

2600.

- 82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

During the initial walk through an unlabeled spray bottle containing a clear liquid was found in an unlocked electrical room.

Plan of Correction

Accept (█ - 01/25/2024)

The clear liquid was discarded from unlabeled spray bottle on 12/14/23 by Housekeeping Director. Current Staff

82a *Poisonous Materials (continued)*

educated on 2600.82.a. Poisonous materials shall be stored in their original, labeled containers. during meetings on 1/22 & 1/24/24 by Executive Director. Housekeeping Director will audit poisonous materials weekly x 4 weeks 2/25/24 then Executive Director will spot check for compliance. Executive Director will monitor community for compliance ongoing. See attached

Licensee's Proposed Overall Completion Date: 01/25/2024

Implemented (█ - 01/29/2024)

85a - Sanitary Conditions

4. Requirements

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

Description of Violation

The living room area of room 106 had a strong smell of feces. The toilet seat in room 113 had dried feces present at the time of the inspection.

Plan of Correction

Accept (█ - 01/25/2024)

12/20/23 Director of housekeeping shampooed the rug in 106 and 12/18/23 Executive Director cleaned the toilet in 113 when doing walk through. RLA's will monitor bathrooms as they are in rooms and keep them clean notifying housekeeping if they need attention from housekeepers. RLA's will monitor apartments for odors and notify housekeeping to come and investigate cause. Executive Director will monitor community for compliance ongoing.

Licensee's Proposed Overall Completion Date: 01/18/2024

Implemented (█ - 01/29/2024)

85e - Trash Outside Home

5. 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

During the initial walk through the home's dumpster lid in the rear of the property was open.

Plan of Correction

Accept (█ - 01/25/2024)

12/14/23 Dumpster lid was closed. All departments throw trash in the dumpster throughout day and will be responsible for closing lid when they are done with task. Current staff educated on 2600.85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents, during meetings on 1/22 & 1/24 with Executive Director. Executive Director will monitor the community for compliance ongoing.

Licensee's Proposed Overall Completion Date: 01/24/2024

Implemented (█ - 01/29/2024)

101j7 - Lighting/Operable Lamp

6. Requirements

2600.

101j7 - Lighting/Operable Lamp (continued)

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Residents in rooms 108 did not have an operable lamp or other source of lighting that could be turned on at bedside.

Plan of Correction

Accept [redacted] - 01/25/2024)

12/20/23 Maintenance placed a touch light on the wall next to bed. Maintenance Director did audit 1/20/24 making sure all beds had lights next to bed. Current staff educated on 2600.101.j.Each resident shall have the following in the bedroom:7. An operable lamp or other source of lighting that can be turned on at bedside on 1/22 & 1/24 during meetings with Executive Director. Housekeeping and RLA's will check rooms when doing care/housekeeping to continue that all residents have accessible lights by bed. Executive Director will continue to monitor community for compliance ongoing. See Attached.

Licensee's Proposed Overall Completion Date: 01/24/2024

Implemented [redacted] - 01/29/2024)

105g - Lint Removal and Duct Cleaning

7. 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

The lint trap in the dryer located on the 2nd floor had an approximate 1/2 inch layer of lint in it during the physical site inspection.

Plan of Correction

Accept [redacted] - 01/25/2024)

12/18/23 Executive Director removed lint from dryer. Housekeeping Director did audit 12/19/23 of all dryers to make sure lint traps were clean. 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, on 1/22 & 1/24/24 during meetings with Executive Director. Housekeeping Director has created daily audit for her staff to check lint trap cleaning weekly x 4 weeks 2/25/24 then Executive Director will spot check for compliance. Executive Director will monitor community for compliance ongoing.

Licensee's Proposed Overall Completion Date: 01/25/2024

Implemented [redacted] - 01/29/2024)

109b - Rabies Vaccination

8. Requirements

2600.

- 109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

109b Rabies Vaccination (continued)

Description of Violation

The home has a dog residing in the facility; the dog's rabies vaccination expired on 9/23/23.

Plan of Correction

Accept () - 01/25/2024)

12/14/23 community immediately made appointment for said dog to see the vet and receive rabies vaccination. 1/3/24 dog received rabies vaccination and record is in Executive Directors office. Renewal date is 1/3/27. Executive Director will monitor to make sure it is renewed for compliance. See attached.

Licensee's Proposed Overall Completion Date: 01/18/2024

Implemented () - 01/29/2024)

125a - Combustible Storage

9. Requirements

2600. 125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

During the initial walk through a towel was found behind the dryer located in the 2nd floor laundry room.

Plan of Correction

Accept () - 01/25/2024)

12/18/23 Executive Director removed the towel from behind the dryer. Current Staff reeducated on 2600.125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters, during meetings on 1/22 & 1/24/24 with Executive Director. Housekeeping will audit laundry rooms weekly x 4 weeks 2/25/24 then Executive Director will spot check for compliance. Executive Director will monitor community for compliance ongoing.

Licensee's Proposed Overall Completion Date: 01/25/2024

Implemented () - 01/29/2024)

132b - Safety Inspection/Fire Drill

10. 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 annual fire safety inspections conducted by a fire safety expert were completed on 10/8/22 and 11/1/23, more than 1 year and 15 days apart.

Plan of Correction

Accept () - 01/25/2024)

1/20/24 Executive Director contacted fire safety expert () via email to lock in dates for this years annual training to keep us in compliance. 1/20/24 Robert Muller confirmed date of annual training 10/16/24. Executive Director will be responsible for compliance.

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

Implemented () - 01/29/2024)

132d - Evacuation

11. 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

The fire drill held [redacted] at [redacted] took 16 minutes and 25 seconds for evacuation. The home's maximum safe evacuation time is 15 minutes according to the home's fire safety inspection letter dated 10/8/22.

Plan of Correction

Accept [redacted] - 01/25/2024)

12/18/23 Executive Director spoke to Maintenance Director regarding the 6/21/23 fire drill. Executive Director re-educated that all drill must be under 15 minutes or another drill must be done to keep in compliance. Maintenance Director had drill 1/25/24 with time of 7min 20 sec. Maintenance Director will continue drills monthly for compliance.

Licensee's Proposed Overall Completion Date: 01/25/2024

Implemented [redacted] - 01/29/2024)

133.1 - Exit Signs

12. Requirements

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

The door leading to a hallway in which an exit is used by a resident for the outdoor smoking section was not labeled as an exit.

Plan of Correction

Accept [redacted] - 01/25/2024)

12/19/23 Maintenance Director installed lighted exit sign to new door in hallway. Maintenance Director will be continue to monitor new construction for compliance. letters shall be placed at all exits. Current staff educated on 2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits, on 1/22 & 1/24/24 during meetings with Executive Director. See Attached.

Licensee's Proposed Overall Completion Date: 01/24/2024

Implemented [redacted] - 01/29/2024)

141a 1-10 Medical Evaluation Information

13. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #1’s most recent medical evaluation was signed on [REDACTED]. The medical evaluation was missing the following information: the date the resident was assessed, height, weight, blood pressure, and temperature.

Plan of Correction

Accept [REDACTED] - 01/25/2024)

Resident #1 has passed away. DON can’t correct the chart. 12/26 & 12/27/23 DON had meeting with all LPN/MT to go over 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.

and re-educate them. DON will check all resident charts upon admission and bring to Executive Director as another check to ensure compliance. Executive Director will continue to monitor the community for compliance ongoing. See Attached.

Licensee's Proposed Overall Completion Date: 01/25/2024

Implemented [REDACTED] - 01/29/2024)

183d - Prescription Current

14. 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

The [REDACTED] inhaler for resident #3 was removed from the foil pouch for use on [REDACTED]. According to the

183d Prescription Current (continued)

pharmacy label the inhaler is to be discarded 30 days after removal from the pouch for use.

Plan of Correction

Accept [redacted] - 01/25/2024)

12/18/23 Inhaler was removed from cart and destroyed. 12/26 & 12/27/23 DON had meeting with all LPN/MT to go over 2600.183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home. and re educate them. DON will do cart audit weekly x 4 weeks 2/25/24 to ensure compliance. then Executive Director will spot check for compliance. Executive Director will continue to monitor the community for compliance ongoing. See attached.

Licensee's Proposed Overall Completion Date: 01/25/2024

Implemented [redacted] - 01/29/2024)

183e - Storing Medications

15. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

The [redacted] insulin pen belonging to resident #2 was not dated when opened for use.

Plan of Correction

Accept [redacted] - 01/25/2024)

12/18/23 DON had the LPN on cart date resident #2 insulin pen as she opened it that day. 12/26 & 12/27/23 DON had meeting with all LPN/MT to go over 2600.183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. and re educate them. DON will do cart audit weekly x 4 weeks 2/25/24 to ensure compliance. then Executive Director will spot check for compliance. Executive Director will continue to monitor the community for compliance ongoing. See attached

Licensee's Proposed Overall Completion Date: 01/25/2024

Implemented (JH - 01/29/2024)

184a - Resident's Meds Labeled

16. Requirements

2600.

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

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

The [redacted] insulin pens belonging to resident #4 were stored in the medication cart with no pharmacy label.

Plan of Correction

Accept [redacted] - 01/25/2024)

12/18/23 DON had LPN get pharmacy label for resident #4 [redacted] pens. 12/26 & 12/27/23 DON

184a - Resident's Meds Labeled (continued)

had meeting with all LPN/MT to go over 2600.

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

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

and re-educate them. DON will do cart audits weekly x 4 weeks 2/25/24 to ensure compliance. then Executive Director will spot check for compliance. Executive Director will continue to monitor the community for compliance ongoing. See attached.

Licensee's Proposed Overall Completion Date: 01/25/2024

Implemented (█) - 01/29/2024)

185a - Implement Storage Procedures**17. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #2 has an order for █ to be taken every four hours as needed. The medication was not available in the medication cart.

Plan of Correction

Accept (█) - 01/25/2024)

1/20/24 Executive Director had refill sent for resident #2 █ Medication received █ with night delivery from pharmacy. 12/26 and 12/27/23 DON had meeting with LPN/MT to educate them on 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. DON will do cart audits weekly x 4 weeks 2/25/24 to ensure compliance. then Executive Director will spot check for compliance. Executive Director will continue to monitor the community for compliance ongoing. See attached

Licensee's Proposed Overall Completion Date: 01/25/2024

Implemented (█) - 01/29/2024)

187a - Medication Record**18. Requirements**

2600.

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

8. Frequency of administration.

Description of Violation

Resident #5 has an order for █; according to the Medication Administration Record (MAR) it is to be administered 2 times daily as needed. The pharmacy label indicates to administer the medication 3 times daily as needed.

187a Medication Record (continued)

Plan of Correction

Accept [redacted] - 01/25/2024)

12/18/23 DON added change of direction label to resident #5 [redacted]. 12/26 & 12/27/23 DON had meeting with all LPN/MT to go over 2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:8. Frequency of administration. re educate them. DON will do cart audits weekly x 4 weeks 2/25/24 to ensure compliance. then Executive Director will spot check for compliance .Executive Director will continue to monitor the community for compliance ongoing.

Licensee's Proposed Overall Completion Date: 01/25/2024

Implemented [redacted] - 01/29/2024)

187c - Refusal of Medication

19. 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

Resident #2 has refused both blood glucose checks and sliding scale insulin on the following dates:

[redacted]

The home did not have documentation that the resident's doctor was notified of the medication refusals.

Plan of Correction

Accept [redacted] - 01/25/2024)

12/26 & 12/27/23 DON had meeting with all LPN/MT to go over 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, and educate staff. DON will do cart audits weekly x 4 weeks 2/25/24 to ensure compliance. then Executive Director will spot check for compliance. Executive Director will continue to monitor the community for compliance ongoing.

Licensee's Proposed Overall Completion Date: 01/25/2024

Implemented [redacted] - 01/29/2024)

187d - Follow Prescriber's Orders

20. Requirements

2600.

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

Description of Violation

Resident #2 has an order for sliding scale insulin to be administered 3 times daily with a sliding scale. On [redacted] at [redacted] the blood glucose reading was [redacted] requiring [redacted] units of insulin. According to the MAR, no units of insulin were administered.

Resident #6 has an order for [redacted] to be administered every 8 hours as needed. On [redacted] the medication was administered at [redacted] and then again at [redacted], less than 8 hours later.

187d - Follow Prescriber's Orders (continued)

Also, on [REDACTED] all 7pm medications for resident #6 were not administered. The MAR notes the medications were "On hold" but the home was unable to document why the medications were held. The medications were [REDACTED]

Plan of Correction

Accept [REDACTED] - 01/25/2024)

12/26 & 12/27/23 DON had meeting with all LPN/MT to go over violations and re-educate them. DON will do cart audits weekly x 4 weeks 2/25/24 to ensure compliance. then Executive Director will spot check for compliance. Executive Director will continue to monitor the community for compliance ongoing.

Licensee's Proposed Overall Completion Date: 01/25/2024

Implemented [REDACTED] - 01/29/2024)

225a - Assessment 15 Days

21. 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

Resident #1 was admitted to the home on [REDACTED]. The initial assessment was not completed within 15 days.

Plan of Correction

Accept [REDACTED] - 01/25/2024)

Resident #1 passed away and DON can not correct this. DON had meeting on 12/26 & 12/27/23 with current staff to go over 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 to educate them. DON will audit five charts weekly x 4 weeks 2/25/24 to ensure compliance. then Executive Director will spot check for compliance Executive Director will continue to monitor the community for compliance ongoing.

Licensee's Proposed Overall Completion Date: 01/25/2024

Implemented [REDACTED] - 01/29/2024)

225c - Additional Assessment

22. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #7 was admitted to the home on [REDACTED]. The date the most recent assessment was completed was blank.

Plan of Correction

Accept [REDACTED] - 01/25/2024)

12/18/23 DON added the date to annual assessment. 12/26 & 12/27/23 DON had meeting with LPN/MT to go over 2600.225.c.

225c - Additional Assessment (continued)

The resident shall have additional assessments as follows:1.Annually.
2.If the condition of the resident significantly changes prior to the annual assessment.3.At the request of the Department upon cause to believe that an update is required to educate them. DON will give ED five charts weekly x 4 weeks 2/25/24 to audit to ensure compliance. then Executive Director will spot check for compliance. Director will continue to monitor the community for compliance ongoing.

Licensee's Proposed Overall Completion Date: 01/25/2024

Implemented [redacted] - 01/29/2024)

227d - Support Plan Medical/Dental

23. 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 #1's support plan dated [redacted] was not updated to reflect that the resident was admitted to hospice care on [redacted]

Resident #7's most recent support plan (undated) was not updated to reflect that the resident had weeping leg wounds that required regular treatment.

Plan of Correction

Accept [redacted] - 01/25/2024)

Resident #1 passed away DON can not correct. Resident #7 DON corrected Support plan [redacted] 12/26 & 12/27/23 DON had meeting with LPN/MT to go over 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, and educate them. DON will sit down weekly to go over resident care plan changes to stay in compliance ongoing. DON questions resident #7 for weeping wounds thinks it should be resident #1. Please call. Entire chart resident #7 has been scoured and can't find info.

Licensee's Proposed Overall Completion Date: 01/25/2024

Implemented [redacted] - 01/29/2024)