

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

January 17, 2024

[REDACTED]
HUMANGOOD PENNSYLVANIA
[REDACTED]

RE: THE MANSION AT ROSEMONT
404 CHESWICK PLACE
ROSEMONT, PA, 19010
LICENSE/COC#: 17663

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/27/2023, 11/28/2023 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: THE MANSION AT ROSEMONT License #: 17663 License Expiration: 06/07/2024
Address: 404 CHESWICK PLACE, ROSEMONT, PA 19010
County: DELAWARE Region: SOUTHEAST

Administrator

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

Legal Entity

Name: HUMANGOOD PENNSYLVANIA
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 03/23/2023 Issued By: Radnor Township
Type: Other Date: 10/12/2007 Issued By: Radnor Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 106 Waking Staff: 80

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Complaint, Incident Exit Conference Date: 11/28/2023

Inspection Dates and Department Representative

11/27/2023 - On-Site: [REDACTED]
11/28/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 221	Residents Served: 78		
Secured Dementia Care Unit			
In Home: Yes	Area: Memory Support	Capacity: 18	Residents Served: 16
Hospice			
Current Residents: [REDACTED]			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 78		
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 28	Have Physical Disability: 0		

Inspections / Reviews

11/27/2023 - Full
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/28/2023

Inspections / Reviews *(continued)*

01/10/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/12/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/13/2024

01/17/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/12/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

42b - Abuse

1. Requirements

2600.

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

Description of Violation

On [REDACTED], staff member A was verbally and physically aggressive with resident [REDACTED] during morning care. Staff member A demanded resident to get out of bed, refused to assist the resident out of bed or to the restroom and pushed the resident into an uncomfortably hot shower. During an interview with the licensing representatives, resident [REDACTED] stated [REDACTED] "was very frightened".

Plan of Correction

Accept [REDACTED] - 01/09/2024)

- Alleged team member no longer works for the community effective [REDACTED]
- Current team members educated on [REDACTED], by Personal Care Administrator on regulation 42b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. (see attached)
- Abuse and resident rights will be reviewed in resident council on [REDACTED]
- Community to continue to follow regulatory guidelines regarding abuse and abuse reporting and to continue to educate team member on this process.

Licensee's Proposed Overall Completion Date: 12/28/2023

Implemented [REDACTED] 01/17/2024)

42c - Treatment of Residents

2. Requirements

2600.

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

Description of Violation

On [REDACTED], staff member A was verbally and physically aggressive with resident [REDACTED] during morning care. Staff member A was disrespectful in addressing resident [REDACTED] when [REDACTED] demanded the resident "get up right now!", in refusing to assist resident "I'm not gonna help you. I don't care, just go to the bathroom." and stating to the resident "Don't touch the handrail!" when the resident was getting out of bed on [REDACTED] own. These statements are taken from an interview with resident [REDACTED] on [REDACTED]

Plan of Correction

Accept [REDACTED] 01/10/2024)

- Alleged team member no longer works for the community effective [REDACTED]
- Current team members educated on [REDACTED], by Personal Care Administrator on regulation 42bc. A resident shall be treated with dignity and respect. (see attached)
- Abuse and resident rights will be reviewed in resident council on [REDACTED]
- Community to continue to follow regulatory guidelines regarding abuse and abuse reporting and to continue to educate team member on this process.

Licensee's Proposed Overall Completion Date: 12/28/2023

Implemented [REDACTED] - 01/17/2024)

63a - First Aid/CPR Training

3. 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], from [REDACTED] to [REDACTED], 78 residents were present in the home. During this time no staff persons were present in the home who were certified in first aid, obstructed airway techniques and CPR.

Plan of Correction

Accept [REDACTED] - 01/10/2024)

- CPR/First Aid Classes held [REDACTED] and [REDACTED] for nursing team members who do not have active certification. (see Attached)
- CPR/First Aid class scheduled quarterly in 2024
- Compliance with current certifications to be tracked with HR. and review at QI monthly starting [REDACTED]
- Audits of daily schedule to be conducted by Personal care Management or designee Starting [REDACTED]. Audits will be reviewed at Monthly QI meeting. (see attached audit [REDACTED])

Licensee's Proposed Overall Completion Date: 12/28/2023

Implemented [REDACTED] - 01/17/2024)

65a - FS Orientation 1st Day

4. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person B, whose first day of work at this location was [REDACTED], did not receive orientation on the following topics: the community's smoking safety procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.

Staff person C, whose first day of work was [REDACTED] did not receive first day orientation until [REDACTED].

Staff person D, whose first day of work was [REDACTED], did not receive first day orientation until [REDACTED].

Plan of Correction

Accept [REDACTED] - 01/10/2024)

- Staff Person B no longer works for the community.
- Staff Person C training has been reviewed by Personal Care Administrator on [REDACTED]. (See Attached)
- Staff Person C training will be reviewed by Personal Care Administrator on [REDACTED] (See attached)
- Regulation 65a Prior to or during first workday, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency

65a - FS Orientation 1st Day (continued)

preparedness, reviewed with HR manger to ensure compliance moving forward for day one training content.

- *An audit conducted by HR Manager to be reviewed in January QI meeting (See attached)*
- *Monthly Audits on new hire orientation to be completed by HR Manager and reviewed at monthly QI meetings*

Licensee's Proposed Overall Completion Date: 12/28/2023

Implemented [REDACTED] 01/17/2024)

65b - Rights/Abuse 40 Hours**5. Requirements**

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person B had completed their [REDACTED] scheduled work hour at this location in [REDACTED]. However, this staff person did not complete training in the following topic: emergency medical plan.

Staff person C had completed their [REDACTED] scheduled work hour at this location by [REDACTED]. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Plan of Correction

Accepted [REDACTED] 01/10/2024)

- *Staff person B no longer works for community*
- *Staff Person C trainings reviewed by Personal Care Administrator on [REDACTED]. (See Attached)*
- *Regulation 65b reviewed with HR manager to ensure compliance moving forward for 40-hour training content.*
- *Monthly Audits of new hire orientation to be conducted by HR Manager and reviewed at monthly QI meetings. (See attached)*

Licensee's Proposed Overall Completion Date: 12/28/2023

Implemented [REDACTED] 01/17/2024)

65e - 12 Hours Annual Training**6. Requirements**

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

1. Staff person orientation shall be included in the 12 hours of training for the first year of employment.
2. On the job training for direct care staff persons may count for 6 out of the 12 training hours required annually.

65e - 12 Hours Annual Training (continued)

Description of Violation

Direct care staff person A received only [REDACTED] of annual training in training year [REDACTED].

Direct care staff person E received only [REDACTED] of annual training in training year [REDACTED].

Plan of Correction

Accept [REDACTED] - 01/10/2024)

- Staff Person A no longer works for the community effective [REDACTED]
- Staff person E HR file has been reviewed and team member is schedule for 2024 for 12-hour annual trainings.
- Regulation 65f. Training topics for annual training for direct care staff persons, reviewed with HR manager to ensure compliance moving forward for training topics.
- Quarterly audits to be completed by HR manager to ensure team members are completing requirement, HR manger will review Quarterly to QI meetings.

Proposed Overall Completion Date: 12/28/2023

Licensee's Proposed Overall Completion Date: 12/28/2023

Implemented [REDACTED] - 01/17/2024)

65f - Training Topics

7. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in the following topics during training year [REDACTED]:

Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, Personal care service needs of the resident, Safe management techniques.

Direct care staff person E did not receive training in Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, during training year [REDACTED].

Plan of Correction

Accept [REDACTED] 01/10/2024)

- Staff Person E training topics has been reviewed by Personal Care Administrator on [REDACTED]. (See attached)
- Regulation 65f, Training topic for annual training for direct care staff persons, reviewed with HR. manger to ensure compliance moving forward for training topics.

65f - Training Topics (continued)

- Quarterly audits of training topics to be completed by Hr. manger monthly and reviewed at QI monthly meetings.

Licensee's Proposed Overall Completion Date: 12/28/2023

Implemented [REDACTED] - 01/17/2024)

65g - Annual Training Content

8. 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.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person A did not receive training in the following content during training year [REDACTED]: 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, Emergency preparedness procedures and recognition and response to crises and emergency situations,

Staff person E did not receive training in the following content during training year [REDACTED]; 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, Emergency preparedness procedures and recognition and response to crises and emergency situations.

Staff person F did not receive training in Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during training year [REDACTED]. 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.

Staff person G did not receive training in Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during training year [REDACTED]. 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.

Plan of Correction

Accept [REDACTED] - 01/10/2024)

- Fire safety and emergency preparedness live by a fire safety expert to be scheduled for [REDACTED]
- two team members has completed fire safety expert training course and will conduct live training moving forward on a quarterly basis and as needed beginning [REDACTED] (See attached)
- Regulation 65g direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually, reviewed with HR Manager to ensure compliance moving forward fir training content requirements.

65g - Annual Training Content (continued)

- Monthly audits of new completed trainings and record attendees to be completed by HR manager and reviewed at QI monthly meetings

Licensee's Proposed Overall Completion Date: 12/28/2023

Implemented [REDACTED] - 01/17/2024)

101j7 - Lighting/Operable Lamp

9. Requirements

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.

Description of Violation

Resident [REDACTED] does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accepted [REDACTED] /10/2024)

- Resident provided with a bedside lamp as of [REDACTED]
- Audit conducted by Personal Care Manager for PC residents' compliance with bedside lamps requirement completed [REDACTED] (see attached)
- regulation 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. reviewed with Housekeeping and team by on [REDACTED] (see attached)
- Housekeeping team will conduct weekly audits starting [REDACTED] and review at monthly QI meetings.

Licensee's Proposed Overall Completion Date: 12/28/2023

Implemented [REDACTED] - 01/17/2024)

103g - Storing Food

10. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

The four ice cream containers in the first-floor personal care kitchen freezer were opened and unsealed.

Plan of Correction

Accepted [REDACTED] - 01/10/2024)

- Lids were adjusted to completely cover the ice cream at the time of survey.
- community verified that plastic lids are available to use for this purpose.
- Regulation 103g food shall be stored in closed or sealed container reviewed with manager and dining team on [REDACTED].
- Dining room manger or designee to conduct weekly audits and review at QI monthly [REDACTED] (see attached)

Proposed Overall Completion Date: 12/28/2023

Licensee's Proposed Overall Completion Date: 12/28/2023

Implemented [REDACTED] - 01/17/2024)

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], there was an accumulation of lint in the lint trap of the four commercial dryers used by personal care as stated by staff member H. There were no clothes in the dryer at the time.

Repeat Violation: 05/15/23.

Plan of Correction

Accept [REDACTED] 01/10/2024)

- Sign posted about to prompt user to remove lint after each use
- Regulation 105g lint removal and duct work. reviewed with nursing department on [REDACTED] (see attached)
- Overnight security designee to conduct nightly audits of lint traps to ensure compliance starting [REDACTED], report to be reviewed at QI monthly

Licensee's Proposed Overall Completion Date: 12/28/2023

Implemented [REDACTED] 01/17/2024)

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

The fire drill record for the drill conducted on [REDACTED] does not include the number of staff persons participating in the drill and if any problems were encountered.

Plan of Correction

Accept [REDACTED] - 01/10/2024)

- Regulation 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, has been reviewed with Director of building and grounds on 12/14/23. (see attached)
- Monthly audits of fire drill log conducted on [REDACTED] by Personal Care Administrator. monthly audits will be conducted and reviewed at QI monthly (see attached)

Licensee's Proposed Overall Completion Date: 12/28/2023

Implemented [REDACTED] 01/17/2024)

183e - Storing Medications

13. Requirements

2600.

183e - Storing Medications (*continued*)

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

On [REDACTED], at [REDACTED] one loose round pill, was found in the second drawer of the third-floor medication cart.

On [REDACTED], the [REDACTED], belonging to resident [REDACTED], did not have an open date. According to the manufacturer's instructions this medication is to be discarded 28 days after first use.

Plan of Correction

Accept [REDACTED] - 01/10/2024)

- regulation 83.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., reviewed with nursing team on [REDACTED] (see attached)
- Loose pill was removed and dispose at the time of survey
- Overnight nursing team to conduct weekly audits started [REDACTED] of the cart for cleaned and organized (see attached)
- Insulin was dated with date as it was known at the time of survey by nurse.
- Overnight nursing team to conduct weekly audits started [REDACTED] to ensure [REDACTED] is dated. (see attached)
- Audits will be reviewed at QI meetings monthly

Proposed Overall Completion Date: 12/28/2023

Licensee's Proposed Overall Completion Date: 12/28/2023

Implemented [REDACTED] - 01/17/2024)

184a - Resident's Meds Labeled

14. 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 pharmacy label for resident [REDACTED] states "take [REDACTED] capsules by mouth daily". However, resident [REDACTED] November 2023 MAR states "Give [REDACTED] by mouth one time a day...".

Plan of Correction

Accept [REDACTED] 01/10/2024)

- regulation 184a Resident meds labeled, and reeducated on indications for direction change sticker, reviewed with nursing team on [REDACTED] (see attached)
- Direction sticker placed on medication at the time of survey.
- Medication audited against MARs completed for PC.
- Designated charge nurse will audit MAR to medications to ensure direction change stickers are in place if appropriate weekly and review at QI meetings monthly starting [REDACTED]

184a - Resident's Meds Labeled (*continued*)

Licensee's Proposed Overall Completion Date: 12/28/2023

Implemented [REDACTED] - 01/17/2024)

185a - Implement Storage Procedures

15. 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], the following glucose transcription errors were found:

On [REDACTED], at [REDACTED] resident [REDACTED] reading was [REDACTED]. However, it was not documented on the Medication Administration Record.

On [REDACTED], at [REDACTED] resident [REDACTED] reading was [REDACTED]. However, it was documented as [REDACTED] on the Medication Administration Record.

On [REDACTED], at [REDACTED], resident [REDACTED] reading was [REDACTED] and at [REDACTED], the reading was [REDACTED]. However, these readings were not documented on the Medication Administration Record.

Plan of Correction

Accept [REDACTED] - 01/10/2024)

- Nursing team has been reeducated on [REDACTED] by Personal Care Administrator on [REDACTED] practices to include accurate transcription from glucometer to MAR, ensuring use of correct glucometer and measuring glucose at ordered times only. (see attached)
- Designated charge nurse to conduct weekly audits of [REDACTED] vs MAR documentation to ensure compliance starting [REDACTED] will review at QI monthly.

Licensee's Proposed Overall Completion Date: 12/28/2023

Implemented [REDACTED] - 01/17/2024)

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

Resident [REDACTED] prescribed [REDACTED] suspension and [REDACTED] dose oral [REDACTED] as needed. On [REDACTED], these medications were not available in the home.

Plan of Correction

Accept [REDACTED] - 01/10/2024)

- Resident [REDACTED] order was discontinued, and [REDACTED] were requested from the pharmacy during survey on [REDACTED] and available to the resident.
- A PRN medication audited conducted with full PC medication audit, Any Variances was addressed to ensure what is ordered is on hand.
- The overnight nursing team designee to audit PRN availability monthly starting [REDACTED] and review at QI monthly meetings.

185a - Implement Storage Procedures (*continued*)

Licensee's Proposed Overall Completion Date: 12/28/2023

Implemented [REDACTED] - 01/17/2024)

187d - Follow Prescriber's Orders

17. Requirements

2600.

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

Description of Violation

On [REDACTED], at [REDACTED], resident [REDACTED] glucometer did not register a reading. However, a [REDACTED] level of [REDACTED] was documented on the Medication Administration Record.

Plan of Correction

Accept [REDACTED] - 01/10/2024)

- Nursing team has been reeducated on [REDACTED] by Personal Care Administrator on [REDACTED] practices to include accurate transcription from [REDACTED] to MAR, ensuring use of correct [REDACTED] and measuring [REDACTED] at ordered times only.
- Designated charge nurse to conduct weekly audits of [REDACTED] vs MAR documentation to ensure compliance starting [REDACTED] will review at QI monthly

Licensee's Proposed Overall Completion Date: 12/28/2023

Implemented [REDACTED] - 01/17/2024)

224a - Preadmission Screen Form

18. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [REDACTED] was admitted to the home on [REDACTED]; however, the resident's preadmission screening form was completed on [REDACTED]. The resident took financial possession of the room on [REDACTED] per the contract but did not physically move in until [REDACTED].

Plan of Correction

Accept [REDACTED] - 01/10/2024)

- Regulation 224.a.
A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home., reviewed with nursing leadership team and sales department to ensure that prescreens are in compliance with the move in date instead of financial responsibility date to maintain timeframe compliance. (See attached)
- Moving forward Personal care Manager or designee will audit new move in prescreens monthly and review at QI monthly meetings

Licensee's Proposed Overall Completion Date: 12/28/2023

Implemented [REDACTED] 01/17/2024)

231b - Medical Evaluation

19. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident’s diagnosis of Alzheimer’s disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]; however, the resident’s medical evaluation was completed on [redacted]

Plan of Correction

Accept [redacted] 01/10/2024)

- regulation 231.b.
A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident’s diagnosis of Alzheimer’s disease or other dementia and the need for the resident to be served in a secured dementia care unit., reviewed with nursing leadership and sales department to ensure that DME’s are in compliance with timeframe requirements. (see attached)
- Resident DME and RASP has been re-triggered as a department request to ensure we have the most current information to meet residents needs.
- remaining Memory Support DME’s will be audited to ensure in compliance, any discrepancies will be address.
- Moving forward. Memory support manager or designee will audit DME date compliance monthly and review at QI monthly meetings (see audit)

Licensee's Proposed Overall Completion Date: 12/28/2023

Implemented [redacted] - 01/17/2024)