

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

April 5, 2024

[REDACTED], ADMINISTRATOR
LEGACY AT BRISTOL INC
[REDACTED]

RE: LEGACY GARDENS OF BRISTOL
2022 BATH ROAD
BRISTOL, PA, 19007
LICENSE/COC#: 13108

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/25/2024, 01/26/2024 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: LEGACY GARDENS OF BRISTOL License #: 13108 License Expiration: 02/13/2024
 Address: 2022 BATH ROAD, BRISTOL, PA 19007
 County: BUCKS Region: SOUTHEAST

Administrator

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

Legal Entity

Name: LEGACY AT BRISTOL INC
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: I-2 Date: 08/18/2010 Issued By: Bristol Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 30 Waking Staff: 23

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Incident Exit Conference Date: 01/25/2024

Inspection Dates and Department Representative

01/25/2024 - On-Site: [REDACTED]
 01/26/2024 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 26 Residents Served: 26

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

Hospice
 Current Residents: 7

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 26
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 4 Have Physical Disability: 0

Inspections / Reviews

01/25/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/19/2024

02/21/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/26/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/26/2024

Inspections / Reviews *(continued)*

02/29/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/26/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/29/2024

04/05/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/26/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

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

Description of Violation

On [REDACTED], an allegation of financial abuse was reported to the administrator. However, this allegation of abuse was not reported to the local Area Agency on Aging until [REDACTED]

Plan of Correction

Accept [REDACTED] - 02/21/2024)

In response to the violation on 01/25/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/25/2024 by the Executive Director to show the inspectors that the incident had been resolved.

To enhance the currently compliant operations, on 02/13/2024 the Executive Director will add "Suspected Resident Abuse Reporting and Investigation Requirements" from the Regulatory Compliance Book to our facility Policy book so that any staff person can see and understand the steps involved in reporting suspected abuse of any kind. The E.D. will also post a copy of these steps in the business office as a reminder, with a completion date of 02/16/2024.

Effective 03/01/2024 through 03/30/2024 the Education Coordinator will perform education for all staff on the Adult Protective Services Act with emphasis on timely reporting of any suspected resident abuse and with not accepting gifts from the residents they serve in order to maintain ongoing compliance with timely reporting of suspected abuse of any kind. The training will be documented and repeated annually for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/30/2024

Implemented [REDACTED] - 04/05/2024)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED] an alleged financial abuse incident was reported to the administrator. The home did not report this incident to the Department until [REDACTED] at [REDACTED]

Plan of Correction

Accept [REDACTED] - 02/29/2024)

In response to the violation on 01/25/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/25/2024 by the Executive Director to show the inspectors that the incident had been resolved.

To enhance the currently compliant operations, on 02/13/2024 the Executive Director will add "Suspected Resident Abuse Reporting and Investigation

16c Written Incident Report (continued)

Requirements" from the Regulatory Compliance Book to our facility Policy book so that any staff person can see and understand the steps involved in reporting suspected abuse of any kind. The E.D. will also post a copy of these steps in the business office as a reminder, with a completion date of 02/16/2024.

Effective 03/01/2024 through 03/30/2024 the Education Coordinator will perform education for all staff on the Adult Protective Services Act with emphasis on timely reporting of any suspected resident abuse and with not accepting gifts from the residents they serve in order to maintain ongoing compliance with timely reporting of suspected abuse of any kind. The training will be documented and repeated annually for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/30/2024

Implemented () - 04/05/2024)

17 - Record Confidentiality

3. 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 1/25/24, at 9:50am, three resident hospice ring binders containing resident information, were unlocked, unattended, and accessible in the brown open storage cabinet in the dining hall.

Plan of Correction

Accept () - 02/21/2024)

In response to the violation on 01/25/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/25/2024 by the Director of Resident Care to remove the binders from the cabinet and place them in the business office.

To enhance the currently compliant operations, the Director of Resident Care(on 2/08/2024) will notify the hospice companies of the need for individual binders. The binders will be kept in the closet of the hospice resident's rooms. All hospice care notes for that resident will be kept in the binder.

Licensee's Proposed Overall Completion Date: 03/01/2024

Implemented () - 04/05/2024)

42b - Abuse

4. Requirements

2600.

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

Description of Violation

On (), the home received a call from Resident 1's family member stating that Resident 1 had written checks to

42b Abuse (continued)

a few caregivers to help them through the holiday season, however the family member would not provide staff names. After receiving the initial call from the family, the home notified staff members that they would have training regarding misappropriation of resident property and financial exploitation. After learning of the intended training, Staff person A and Staff person B came forward reporting that they did not solicit money from Resident 1, but admitted they had accepted the money offered by the resident. Upon investigating, it was found that Staff person A received two checks of \$500 each and Staff person B received two checks of \$800 each from Resident 1. The money was returned by the staff persons and the resident was reimbursed.

Plan of Correction

Accept [redacted] - 02/21/2024)

In response to the violation on 01/25/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 12/29/2023 by the Executive Director to train all staff on the company's policy regarding accepting gifts of any kind from a resident was done upon receiving the call from the resident's daughter. Abuse training and the reasons behind the regulation were a part of this education and is a mandatory annual training for all staff. Ongoing, this training has been added to our orientation program in a manner that stresses the important of not accepting gifts from individual residents and teaches the reason this regulation exists.

Licensee's Proposed Overall Completion Date: 03/01/2024

Implemented [redacted] - 04/05/2024)

54a - Direct Care Staff

5. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 1. Be 18 years of age or older, except as permitted in subsection (b).
- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
- 3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept [redacted] - 02/21/2024)

Direct Care staff person A is a high school graduate as of January 2024. [redacted] was hired on [redacted] at the age of 17. Due to 2600.54b(and " under regulations issues and frequently occurring situations") that states 16 or 17 year old students may be hired if supervised. Staff person A was supervised through orientation and whenever [redacted] provided care. The only time a supervisor was not present was when said supervisor was called away to help another person. Ongoing our facility will not be hiring below the age of 18, because we are unable to provide supervision one on one at all times.

Licensee's Proposed Overall Completion Date: 02/13/2024

54a Direct Care Staff (continued)

Implemented () - 04/05/2024)

65f Training Topics

6. 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 and B did not receive training in the following topics during training year 2023:

1. Medication self-administration training.
2. Care for residents with dementia and cognitive impairments.
3. Safe management techniques.

Direct care staff person C did not receive training in safe management techniques during training year 2023.

Plan of Correction

Directed () - 02/29/2024)

Staff persons A and B were not trained to assist our residents with self administration of their medications as they have not taken the state mandated medication course to become med techs.

Ongoing all annual training topics required in 2600.65f have been placed on our training plan for staff. We are currently posting reminder flyers outside the business office and on the timeclock, at the start of each month. These flyers list at least 2 topics required in that month. Between the Director and the Director of resident care progress will be tracked for each employee on a monthly basis.

Our floor supervisor is responsible to remind employees to be sure these required trainings are completed. On 2/23/2024, staff persons A,B,C were brought up to date in the following topics: Medication self Administration, (A& B, Care for Residents with Dementia and Cognitive impairments (A, B) and Safe Management techniques (A,B, C)

The progress for all Staff training is tracked on a " Training Tracker " form. Start date 2/22/2024. The frequency of tracking is done monthly by Director.

Directed Completion Date: 03/30/2024

Implemented () - 04/05/2024)

65g Annual Training Content

7. Requirements

65g - Annual Training Content (*continued*)

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 and Staff person B did not receive training on fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during training year 2023.

Plan of Correction

Accept (█) - 02/29/2024)

This fire safety is offered to all staff every year. Under the above plan(65.f) we are making this a condition of continued employment to take part in any mandatory training that requires an expert on a given topic. Staff persons A, and B took the Fire Safety Training on 2/23/2024

The " Training Tracker" is our method of tracking of all trainings that are offered and ones mandatory, and this was audited 2/22/2024, these are tracked on a monthly basis by the Director.

Licensee's Proposed Overall Completion Date: 02/22/2024

Implemented (█) - 04/05/2024)

66b - Training Plan Content

8. Requirements

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

1. The name, position and duties of each direct care staff person.
2. The required training courses for each staff person.
3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's staff training plan does not include the following:

1. *The name, position and duties of each direct care staff person.*
2. *The required training courses for each staff person.*
3. *The dates, times and locations of the scheduled training for each staff person for the upcoming year.*

Plan of Correction

Accept (█) - 02/29/2024)

Legacy Gardens training plan was immediately transferred to the form that DHS suggested that has all the required content listed. Use of this form will ensure compliance with training plan content. A monthly audit of all Staff training is tracked on our Training Tracker form. Start date is 2/22/2024, frequency is done monthly by the Director.

Licensee's Proposed Overall Completion Date: 03/30/2024

66b - Training Plan Content (continued)

Implemented (████) - 04/05/2024)

81b - Resident Personal Equipment

9. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 1/25/24, an uncovered bedside mobility device was present on Resident 2's bed, with openings measuring 5 inches wide by 11 inches long. The device slides under the bed and is not securely attached to the structure of the bed, which can move and create entrapment zones, posing a possible hazardous condition for the resident.

Plan of Correction

Accept (████) - 02/29/2024)

The device in violation was brought to room 2 resident by her family due to the fact that the resident independently used the device and returned it to a wall next to her bed after its use. We were not aware of this until just recently. The resident has surrendered use of this device, and a grab bar next to her bed has been installed and assists her ability to get out of bed, and transfer to her mobility device independently. All rooms were audited today 2/22/2024. This task has been added to the maintenance checklist and will be checked monthly. This checklist will be monitored by the executive Director for 3 months to ensure compliance.

Licensee's Proposed Overall Completion Date: 03/30/2024

Implemented (████) - 04/05/2024)

82b - Poisonous Material Storage

10. Requirements

2600.

82.b. Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

Description of Violation

On 1/25/24, there were two 1.32-gallon dish machine detergents with a manufacturer's label indicating "Warning" and "Danger", stored in the dry food storage area on shelving with food items in the kitchen.

Plan of Correction

Accept (████) - 02/29/2024)

The dish machine detergents were removed the day of inspection by the cook. They were returned to their labeled area for storage. Ongoing checking the placement of chemicals separate from foods or dining surfaces has been added to our dietary checklist to be checked and initialed daily by the cook. This checklist will be monitored every two weeks for three month by the Executive Director. The start dates for the 2 weeks reviews will be March 1st, 2024.

Licensee's Proposed Overall Completion Date: 03/30/2024

Implemented (████) - 04/05/2024)

82b - Poisonous Material Storage (continued)

91 - Telephone Numbers

11. Requirements

2600.

- 91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in front of the nurse station.

Plan of Correction

Accept (█ - 02/29/2024)

The list of emergency numbers has been replaced at the phone table by the Nurses station. Ongoing checking for all building and resident room phones for the emergency numbers required has been added to our maintenance checklist to be checked monthly. This checklist will be monitored by the Executive Director monthly for three months by the Executive Director to ensure compliance. The start date for the monthly checks is March 1st, 2024.

Licensee's Proposed Overall Completion Date: 03/30/2024

Implemented (█ - 04/05/2024)

101j7 - Lighting/Operable Lamp

12. 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 3 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept (█ - 02/29/2024)

A tap light is being placed on the table next to this resident's couch where █ chooses to sleep. █ has a tap lamp on █ nightstand, but █ sleeps the opposite way, and there is nowhere to put the lamp, within █ reach. Ongoing we have added checking for touch lamps working and reachable for each resident to the maintenance check list. This task was done immediately. Checklist was updated on 2/16/2024, and will be monitored monthly by maintenance.

Licensee's Proposed Overall Completion Date: 03/01/2024

Implemented (█ - 04/05/2024)

103d - Storing Food Off Floor

13. Requirements

103d Storing Food Off Floor (continued)

2600.

103.d. Food shall be stored off the floor.

Description of Violation

On 1/25/24 at 10:15am, a box of pudding was stored on the floor in the dry food storage near the kitchen.

Plan of Correction

Accept (redacted) - 02/29/2024)

When we checked the pantry after inspection, there was NOT pudding on the floor BUT boxes of Eco lab dip it. Our pudding comes in big cans. Food is never kept on the floor. Ongoing we will add survey of pantry items to the dietary checklist to ensure food and chemicals are in their proper areas. The cook is responsible for following and initialing this check list. Checklist was updated on 2/16/2024. The new checklist will be monthly starting 3/1/2024.

Licensee's Proposed Overall Completion Date: 03/30/2024

Implemented (redacted) - 04/05/2024)

103e Left Overs

14. Requirements

2600.

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

Description of Violation

There was a container of potato salad, a dish of coleslaw, leftover mayonnaise, a chunk of meat, and a glass tray of green Jello that were unlabeled and undated in the refrigerator near the dry food storage.

Plan of Correction

Directed (redacted) - 02/29/2024)

This being a very unusual circumstance. as our cook is normally adamant about labeling food or he will throw it out, However, we immediately placed signage on both refrigerators as a reminder to date and label every food item not in original container. In addition to monitor compliance labeling and dating leftovers will be added to the cook's checklist to be checked daily. The date signs were placed was 1/26/2024. The checklist was updated 2/16/2024 and will be started March 1st, 2024. The checklist for this violation will be daily.

Directed Completion Date: 03/30/2024

Implemented (redacted) - 04/05/2024)

103f Refrigerator/Freezer Temps

15. Requirements

2600.

103f - Refrigerator/Freezer Temps (continued)

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 1/25/24 at 4:03pm, the temperature in the kitchen refrigerator was 45 degrees Fahrenheit, and the freezer was 9 degrees Fahrenheit.

Plan of Correction

Accept (████) - 02/29/2024)

These temps are checked every morning by the cook. During prepping of meals when staff are opening and closing refrigerator doors the temps will a go up few degrees higher temporarily. The licensing inspector checked these temps at 4:30 pm, and dinner is at 5pm. Ongoing, we will consult with a technician about whether it is advisable to adjust the internal thermostats. Inservice training regarding refrigerator/freezer temps was done on 2/22/2024, this training included regulation parameters when temperatures should be checked, and who needs to be informed of any issues.

Licensee's Proposed Overall Completion Date: 02/23/2024

Implemented (████) - 04/05/2024)

162c - Menus Posted

17. Requirements

2600.

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

Description of Violation

On 1/25/24, the home only posted the lunch menu for 1/25/24. However, the weekly menu for the upcoming week was not displayed in a conspicuous and public place in the home.

Plan of Correction

Accept (████) 02/21/2024)

The weekly menu was posted on the bulletin board in the dining area. Residents are aware of the placement. On 1/25/2024 at the licensing inspector's recommendation, we moved the menus to a more conspicuous area. Ongoing the weekly menu will be posted on the whiteboard near the daily menu.

Licensee's Proposed Overall Completion Date: 02/16/2024

Implemented (████) - 04/05/2024)

185a - Implement Storage Procedures

18. 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 1 is prescribed ██████████, inhale 2 puffs by mouth every 6 hours as needed for COPD. On 1/25/24, medication was not available in the home.

Resident 4 is prescribed the following medications that were not available in the home on ██████████

- ██████████, take two tablets by mouth every 6 hours as needed for elevated temperature.

185a - Implement Storage Procedures (continued)

- [REDACTED], take one tablet by mouth every 8 hours as needed for nausea or vomiting.
- [REDACTED] inhale 1/2 vial via nebulizer four times daily as needed for wheezing.
- [REDACTED], give 5mg by mouth every 4 hours as needed for shortness of breath or pain.

Plan of Correction

Accept ([REDACTED] - 02/29/2024)

Resident # 1 no longer uses this medication. Physician was notified and an order was obtained for discontinuation of this medication.

Resident # 4 had [REDACTED] [REDACTED] solution on [REDACTED] profile. These medications were not present in the home because the family refused [REDACTED] taking most of [REDACTED] meds. The physician has been notified, and an order obtained to discontinue these meds. Ongoing it is the responsibility of all med techs to review new monthly MARS.

The Director of Resident Care will monitor all MARS monthly for the next three months to ensure that what is on the residents profile matches what is present in the home. This was done on 1/26/2024, and ongoing monthly on receipt of new MARS. Every month on the first, while MARS is being checked by the Director of Resident care, we will add two signatures, one from a manager, and one from the supervisor, to ensure ongoing compliance.

Training conducted on 2/19/24.

Licensee's Proposed Overall Completion Date: 03/30/2024

Implemented [REDACTED] - 04/05/2024)

187d - Follow Prescriber's Orders

19. Requirements

2600.

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

Description of Violation

Resident 4 is prescribed [REDACTED], apply topically to clean, dry skin under breasts twice a day. However, on 1/25/24, this medication was not available in the home.

Plan of Correction

Accept ([REDACTED] - 02/29/2024)

Resident # 4 [REDACTED] was re-ordered that same day and arrived the next day. The nighttime med tech has the responsibility to make sure that all prescribed meds including creams and lotions are present in the home. The Director of Resident Care will monitor that this task is taking place, for a period of three months. Every month on the first, while MARS is being checked by the Director of Resident care, we will add two signatures, one from a manager, and one from the supervisor, to ensure ongoing compliance. Initially this done 2/16/2024 and will be done monthly through the end of the year.

Training conducted on 2/19/24

187d - Follow Prescriber's Orders (continued)

Licensee's Proposed Overall Completion Date: 03/29/2024

Implemented [redacted] - 04/05/2024)

227d - Support Plan Medical/Dental

20. 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

On 1/25/24, an uncovered bedside mobility device was present on Resident 2's bed, with openings measuring 5 inches wide by 11 inches long. Resident 2's assessment and support plan, dated [redacted] does not indicate that the resident has a need for a bedside mobility device and how this need will be met.

Plan of Correction

Accept [redacted] - 02/29/2024)

Resident # 2 had a mobility device that she was able to slide under her bed and removed when not in use. This was brought in by her family, and we only recently learned that she was using it. The resident has agreed to surrender the device, and instead our maintenance installed a grab bar to meet her mobility needs. A review of the rooms was added to the maintenance checklist on 2/22/2024 and will be checked monthly beginning 2/22/2024 and through the end of the year.

Licensee's Proposed Overall Completion Date: 03/30/2024

Implemented [redacted] - 04/05/2024)

227g -Support Plan Signatures

21. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 3 participated in the development of his/her support plan on [redacted]. However, the assessor did not sign the support plan.

Plan of Correction

Accept [redacted] - 02/29/2024)

Resident # 3's support Plan did not have a signature by the assessor. This was immediately corrected. Ongoing, When The Director of Resident Care signs the support Plan, the floor supervisor will re-check the plan and ensure all necessary signatures are in place. On 2/16/2024 all files were reviewed for signatures. This task will be audited monthly by DRC and floor supervisor.

227g -Support Plan Signatures (continued)

Licensee's Proposed Overall Completion Date: 03/30/2024

Implemented (████) - 04/05/2024)

251b - Record Entries Legible

22. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

The narcotics declining inventory log for Resident 1 was not legible. The entry for the remaining balance of ██████████ was written over on several dates without proper notation.

Plan of Correction

Accept (████) - 02/29/2024)

On 1/25/24 The narcotics sheet for Resident # 1 appeared to the Licensing inspector to be illegible. We feel that it was legible but corrected the sheet with the proper notation. A class was immediately held for all med techs on Documentation of Narcotics administration and disposal of drugs. Ongoing on a weekly basis, the Director and Director will inspect the Narcotics book to ensure all count sheets are legible. This training was done 2/19/2024. Start date for review of the Narcotics log by the Director or DRC, 2/19/2024 and continued on a daily basis.

Licensee's Proposed Overall Completion Date: 03/30/2024

Implemented (████) 04/05/2024)