

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

May 13, 2024

[REDACTED]-TURTON, CEO
WOODS SERVICES, INC.

RE: BEECHWOOD CENTER 2
589 BEECHWOOD CIRCLE
LANGHORNE, PA, 19047
LICENSE/COC#: 12964

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/12/2024 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: BEECHWOOD CENTER 2 License #: 12964 License Expiration: 11/01/2024
 Address: 589 BEECHWOOD CIRCLE, LANGHORNE, PA 19047
 County: BUCKS Region: SOUTHEAST

Administrator

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

Legal Entity

Name: WOODS SERVICES, INC.
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: C-3 SP Date: 04/22/1998 Issued By: Commonwealth of PA, L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 9 Waking Staff: 7

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 02/12/2024

Inspection Dates and Department Representative

02/12/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 8 Residents Served: 8
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 0
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 1 Have Physical Disability: 3

Inspections / Reviews

02/12/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/09/2024

03/11/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/03/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/30/2024

Inspections / Reviews *(continued)*

05/03/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/03/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/06/2024

05/13/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/03/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

26c - QM Improvement

1. Requirements

2600.

26.c. The quality management plan shall include the development and implementation of measures to address the areas needing improvement that are identified during the periodic review and evaluation.

Description of Violation

Staff member A states the quality management meetings are held on an annual basis with the last meeting held in January 2023. The provided meeting minutes do not indicate the exact date of the meeting or who was in attendance other than staff member A.

Plan of Correction

Accept ([redacted] - 03/11/2024)

Staff member A met with the Director of Community Residences on 2/12/24 to discuss the needed changes to the QIP. The format of the QIP plans will be adjusted to include lines for the date and those in attendance. The new format will be used for all future QIP meetings.

Licensee's Proposed Overall Completion Date: 03/22/2024

Implemented ([redacted] - 05/03/2024)

28e - Death of a Resident

2. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident #1 passed away on [redacted]. The resident's refund was processed on [redacted]. The home cannot provide the date the resident's belongings were removed from their room.

Plan of Correction

Accept ([redacted] - 03/11/2024)

The Director of Community Residences, Director of Rehab Care Coordination and Director of Licensing met on 2/12/24 to discuss the resident fund process and pinpoint a root cause analysis on this issue. The delay was indicated as being a result of unclear ownership of the funds. In the future, should there be any unclear ownership, the funds will be provided to the estate of the person who passed.

Licensee's Proposed Overall Completion Date: 03/08/2024

Implemented ([redacted] - 05/03/2024)

42s - Privacy

3. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 02/12/24, at approximately 3:00 PM, a voice controlled electronic device was found in resident #2's bedroom. The home has not established the required policies and procedures regarding resident owned electronic communication devices. At a minimum, the following standards are to be met:

42s Privacy (continued)

- Appropriate use of resident owned devices in living units and common areas should be addressed, at a minimum, in the resident home contract.
- The facility's policies and procedures regarding use of these devices shall require compliance with local, state, and federal laws and regulations.
- Residents must be advised, in writing, of the facility's policies and procedures for use of these devices.
- The facility shall ensure that their policies and procedures include requirements for the use of these devices that respects the privacy of others, including a policy that prohibits residents from knowingly or intentionally recording, or disclosing an unintentional recording, of the image or voice of any person in the home without the person's consent or the consent of their legal representative.

Plan of Correction

Accept [REDACTED] - 03/11/2024)

On 3/8/24 a sign was posted outside of resident #2's room to notify others of the voice controlled electronic device. The Beechwood leadership team (all Directors) will be meeting on 3/11/24 to begin establishing a new policy. Policy completion date 4/1/24. Following approval by legal, all residents will be advised of the new policy regarding use of voice controlled electronic devices in writing and will be included in an addendum to the resident home contract 4/30/24.

Proposed Overall Completion Date: 04/30/2024

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented [REDACTED] - 05/03/2024)

63a - First Aid/CPR Training

4. 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 Wednesday, [REDACTED], 8 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.

On Saturday, [REDACTED], 8 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] - 03/11/2024)

Staff C completed CPR training and certification on [REDACTED]. An audit was conducted by the PCHA on 3/5/24 to identify any staff in the home who is not first aid/CPR certified. Any Staff without a current first aid/CPR certification will be removed from the schedule until he/she is certified in first aid/CPR.

Beginning 4/1/24, PCHA will conduct monthly audits of all staff in the home to ensure compliance with 2600.63.a

Licensee's Proposed Overall Completion Date: 04/01/2024

Implemented [REDACTED] - 05/13/2024)

64a - Admin Training

5. Requirements

64a Admin Training (continued)

2600.

64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:

1. An orientation program approved and administered by the Department.
2. A 100 hour standardized Department approved administrator training course.
3. A Department approved competency based training test with a passing score.
4. Paragraphs (1), (2) and (3) do not apply to an administrator hired or promoted prior to October 24, 2005.

Description of Violation

Staff person B, who is the [REDACTED], has not successfully completed the Department-approved and administered orientation program.

Plan of Correction

Accept [REDACTED] - 03/11/2024)

During an audit on 10/27/23 by the Director of Licensing, the missing orientation for staff person B was identified. The next class was scheduled for 11/16/23 but did not have any openings. Staff B registered for the following class on 12/14/23 but was unable to attend due to an unexpected conflict. As of 2/12/24 staff B was registered for the orientation on 2/26/24 at which time staff B completed it.

Licensee's Proposed Overall Completion Date: 03/08/2024

Implemented [REDACTED] - 05/03/2024)

65d Initial Direct Care Training

6. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging cognitive, psychological and functional abilities of individuals who are older.
 - vi. Implementation of the initial assessment, annual assessment and support plan.
 - vii. Nutrition, food handling and sanitation.
 - viii. Recreation, socialization, community resources, social services and activities in the community.
 - ix. Gerontology.
 - x. Staff person supervision, if applicable.
 - xi. Care and needs of residents with special emphasis on the residents being served in the home.
 - xii. Safety management and hazard prevention.
 - xiii. Universal precautions.
 - xiv. The requirements of this chapter.
 - xv. Infection control.
 - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person C, hired on [REDACTED], began providing unsupervised ADL services in December 2019

65d - Initial Direct Care Training (continued)

. However, the home could not provide verification that staff person C completed and passed the Department-approved direct care training course and competency test.

Repeat Violation: 11/02/22.

Plan of Correction

Accept (█) - 03/11/2024)

Direct care staff person C was not permitted to provide unsupervised ADL until they completed and passed the Department-approved direct care training course and competency test. Completed on 2/22/24. An audit was conducted by the Personal Care Home Administrator on 2/15/24 to ensure all staff have completed the course and competency test. As of April 1, 2023, monthly audits will be conducted by the Personal Care Home Administrator to ensure compliance with 2600.65d.

Licensee's Proposed Overall Completion Date: 03/08/2024

Implemented (█) - 05/03/2024)

65e - 12 Hours Annual Training

7. Requirements

2600.

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

Description of Violation

Direct care staff person C received 0 hours of annual training in training year 06/01/22 to 05/31/23.

Plan of Correction

Accept (█) - 03/11/2024)

During an audit on 9/14/23 an error in the tracking system of staff training was noted by the Director of Licensing. The Director of Licensing met with the Director of Training on 10/6/23 to review notification capabilities of the Relias training database. A system was set up in Relias starting 11/1/23 for coming due and overdue alerts to be sent to the Personal Care Home Administrator of the home to ensure timely completion of staff annual training. Staff C is currently at 19 hours total for the current training year. As of 4/1/24 the Personal Care Home Administrator will be conducting quarterly audits to ensure compliance with 2600.65 (e, f, g, i). A record of all annual training will be retained in each staff folder for department review.

Licensee's Proposed Overall Completion Date: 03/08/2024

Implemented (█) - 05/03/2024)

65f - Training Topics

8. 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.

65f - Training Topics (continued)

- 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 C did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments, 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, care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 06/01/22 to 05/31/23.

Plan of Correction

Accept () - 03/11/2024

During an audit on 9/14/23 an error in the tracking system of staff training was noted by the Director of Licensing. The Director of Licensing met with the Director of Training on 10/6/23 to review notification capabilities of the Relias training database. A system was set up in Relias starting 11/1/23 for coming due and overdue alerts to be sent to the Personal Care Home Administrator of the home to ensure timely completion of staff annual training. Staff C is currently at 19 hours total for the current training year.

Licensee's Proposed Overall Completion Date: 03/08/2024

Implemented () - 05/03/2024

65g - Annual Training Content

9. 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 C did not receive training in 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, resident rights, and the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), falls and accident prevention during training year 06/01/22 to 05/31/23.

Plan of Correction

Accept () - 03/11/2024

During an audit on 9/14/23 an error in the tracking system of staff training was noted by the Director of Licensing.

65g - Annual Training Content (continued)

The Director of Licensing met with the Director of Training on 10/6/23 to review notification capabilities of the Relias training database. A system was set up in Relias starting 11/1/23 for coming due and overdue alerts to be sent to the Personal Care Home Administrator of the home to ensure timely completion of staff annual training. Staff C is currently at 19 hours total for the current training year.

Licensee's Proposed Overall Completion Date: 03/08/2024

Implemented () - 05/03/2024

65i - Training Record

10. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home could not provide training records for staff person C.

Plan of Correction

Accept () - 03/11/2024

During an audit on 9/14/23 an error in the tracking system of staff training was noted by the Director of Licensing. The Director of Licensing met with the Director of Training on 10/6/23 to review notification capabilities of the Relias training database. A system was set up in Relias starting 11/1/23 for coming due and overdue alerts to be sent to the Personal Care Home Administrator of the home to ensure timely completion of staff annual training. Staff C is currently at 19 hours total for the current training year.

Licensee's Proposed Overall Completion Date: 03/08/2024

Implemented () - 05/03/2024

81a - Accommodation

11. Requirements

2600.

81.a. The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.

Description of Violation

The home has not developed procedures for bedside mobility devices to include a periodic assessment for proper installation and maintenance and that the device remains appropriate to the resident's need.

Plan of Correction

Accept () - 03/11/2024

The Beechwood leadership team (all Directors) will be meeting on 3/11/24 to begin establishing new policy and procedures for bedside mobility devices to include periodic assessment for proper installation and maintenance. Policy expected completion date 4/15/24. Following approval by legal, the Personal Care Home Administrator will review the new policy and procedures with staff and participants.

Licensee's Proposed Overall Completion Date: 05/10/2024

Implemented () - 05/03/2024

81b - Resident Personal Equipment

12. 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

Resident #2 has a bedside mobility device that is not attached to the bed frame but slides under the resident's mattress.

Bedside mobility devices that slide under the mattress and are not securely attached to the structure of the bed can move and create entrapment zones not always present upon inspection. These types of devices are not permitted under any circumstance.

Plan of Correction

Accept () - 03/11/2024

Personal Care Home Administrator submitted a maintenance request on 3/7/24 to have the mobility device securely attached to the structure of the bed. Personal Care Home Administrator inspected all beds within the home to ensure that all mobility devices are attached on 3/7/24. Personal Care Home Administrator to ensure that maintenance secures the device by 3/15/24. As of 4/1/24 the Personal Care Home Administrator will conduct monthly checks of all mobility devices. A record of these monthly checks will be available for review.

Licensee's Proposed Overall Completion Date: 04/01/2024

Implemented () - 05/03/2024

95 - Furniture and Equipment

13. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

Bedrooms 3 and 4 share a bathroom. The air vent in this bathroom is located at floor level against the wall next to the door leading out into the hallway. The vent cover is dirty, rusted and bent in the middle.

Plan of Correction

Accept () - 03/11/2024

Personal Care Home Administrator submitted a maintenance request on 2/12/24 and a new air vent cover was ordered and replaced on 2/22/24

Personal Care Home Administrator, housekeeper, and designated staff will submit a maintenance request to replace any air vent that is too old or rusted during the monthly environmental checks starting 4/1/24.

A record of the monthly environmental check will be available for department review.

Licensee's Proposed Overall Completion Date: 04/01/2024

Implemented () - 05/03/2024

100a - Exterior - Free of Hazards

14. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

Behind the home is a large area for water runoff with two drains and a small marsh pond. This area is a hazard

100a - Exterior - Free of Hazards (continued)

enclosed by an old, dilapidated fence with fence posts missing and a chicken wire fence that has been pulled away from the fence posts in some areas. Additionally, the gate to this area was left open during this inspection.

Plan of Correction

Accept () - 03/11/2024

On 2/13/24 the gate was closed by the Personal Care Home Administrator. The Director of Licensing submitted a maintenance request on 3/8/24 to have the area temporarily caution taped and further repaired ASAP.

Licensee's Proposed Overall Completion Date: 03/22/2024

Implemented () - 05/03/2024

103i - Outdated Food

15. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

Several boxes of cereal (Rice Krispies, Cheerios...) were unlabeled and undated in the home's pantry.

Repeat Violation: 11/02/22.

Plan of Correction

Accept () - 03/11/2024

On 2/13/24, all unlabeled and undated cereal boxes were removed from the pantry y the housekeeper.

As of 4/1/24, housekeeper and designated staff will conduct daily checks of pantry to ensure all food items are labeled and dated. Any unlabeled or undated food item will be considered expired and discarded.

Licensee's Proposed Overall Completion Date: 04/01/2024

Implemented () - 05/03/2024

141a 1-10 Medical Evaluation Information

16. Requirements

2600.

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

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

Description of Violation

Resident #2's medical evaluation, dated (), did not include special health or dietary needs of the resident, medication regimen, contraindicated medications, medication side effects and body positioning and movement

141a 1-10 Medical Evaluation Information (continued)

stimulation for residents, if appropriate.

Plan of Correction

Accept (█) - 03/11/2024)

On 3/8/24 the Medical Scheduler removed the DME with missing items and uploaded the complete evaluation into resident #2's record. The AVP of nursing met with the Medical Scheduler on 3/8/24 to review the process of checking all DME's for completion prior to uploading. The Nursing Manager will complete quarterly sample audits of uploaded DME's beginning 4/1/24.

Licensee's Proposed Overall Completion Date: 04/01/2024

Implemented (█) - 05/03/2024)

144c1 - Smoking Area Guidelines

17. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home's designated smoking area has upholstered furniture that is not labeled fire resistant.

Plan of Correction

Accept (█) - 03/11/2024)

The Personal Care Home Administrator will shop and submit a requisition order for a new fire resistant patio set by 4/1/2024.

The Personal Care Home Administrator will order a designated smoking are sign by 4/1/24.

The Designated smoking area was relocated by the Personal Care Home Administrator at least 10 feet away from the patio door 3/7/24.

Licensee's Proposed Overall Completion Date: 04/01/2024

Implemented (█) - 05/03/2024)

18. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home permit's smoking on the back patio. There are no signs indicating this as the designated smoking area.

Plan of Correction

Accept (█) - 03/11/2024)

The Personal Care Home Administrator will order a designated smoking are sign by 4/1/24.

The Designated smoking area was relocated by the Personal Care Home Administrator at least 10 feet away from the patio door 3/7/24.

144c1 - Smoking Area Guidelines (continued)

Licensee's Proposed Overall Completion Date: 04/01/2024

Implemented () - 05/03/2024

144c2 - Smoking Area Distance

19. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

The home's designated smoking area is located on the back patio. However, this area is right next to the patio door.

Plan of Correction

Accept () - 03/11/2024

The Personal Care Home Administrator will order a designated smoking are sign by 4/1/24.

The Designated smoking area was relocated by the Personal Care Home Administrator at least 10 feet away from the patio door 3/7/24.

Licensee's Proposed Overall Completion Date: 04/01/2024

Implemented () - 05/03/2024

185a - Implement Storage Procedures

20. 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 is prescribed () - Take two tabs every 6 hours as needed for pain. On 02/12/24 this medication was not available in the home.

Plan of Correction

Accept () - 03/11/2024

On 2/12/24 Beechwood Nursing provided the () to Beechwood Center 2 for resident #2. The Nursing Manager will complete monthly cart checks to monitor the PRN medications starting 4/1/25.

Licensee's Proposed Overall Completion Date: 04/01/2024

Implemented () - 05/03/2024

227d - Support Plan Medical/Dental

21. Requirements

2600.

227d - Support Plan Medical/Dental (continued)

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

The assessment for resident #2, dated [REDACTED], indicates A (Independent) under "Transferring in/out of bed/chair" but lists "Bed Mobility: {resident} tends to roll to the right or left side, and has a bed assist bar to avoid falls" in the Description of Service Need" column. Additionally, the assessment indicates A (Independent) under the Personal Care Needs and Degree column for Turning and positioning in bed/chair; however, "Can roll left or right in bed, has bed assist to avoid falls" is listed under the Plan to Meet Service Need column.

The assessment for resident #3, dated 02/14/23, indicates A (Independent) under "Transferring in/out of bed/chair" and for "Turning and positioning in bed/chair". A bed assist bar is not listed in the "Description of Service Need" for either of these assessments; however, a bar is attached to the resident's wall next to his bed.

When bedside mobility devices are being used, the Resident Support Plan must reflect:

- The specific need for the device,
- The intended Use,
- Any risks associated with the device,
- The resident's ability to use the device safely for the intended purpose,
- Identification of the specific device to be used,
- If a cover is required to meet FDA guidelines.

Plan of Correction

Accept [REDACTED] - 03/11/2024)

Following completion of policy and procedures for bedside mobility devices (anticipated 5/2024) , the Director of Rehab Care Coordination will meet with the Care Coordinators to review the RASP completion process and update in accordance with the DHS guidance on the Use of Bedside Mobility Devices in PCH and ALRs.

Proposed Overall Completion Date: 05/24/2024

Licensee's Proposed Overall Completion Date: 05/24/2024

Implemented [REDACTED] - 05/03/2024)

22. 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

The assessment for resident #3, dated [REDACTED] indicates the resident need assistance for Managing Finances and that Staff will provide some physical assistance to manage finances...". However, according to staff person A, the home does not manage any finances for resident #3.

Plan of Correction

Accept [REDACTED] - 03/11/2024)

The Director of Rehab Care Coordination and Director of Licensing met to review the interpretation of staff

227d - Support Plan Medical/Dental (continued)

providing physical assistance vs. the need should it arise on 2/12/24. Starting 4/1/24, the participant's financial management status will be reviewed monthly at Program Review Committee meetings by the Rehab Care Coordinator to ensure the home's current level of assistance regarding finances is being adequately captured in Resident Assessments and Support Plans.

Licensee's Proposed Overall Completion Date: 04/01/2024

Implemented (█) - 05/03/2024)