

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

May 3, 2024

[REDACTED], CEO  
CHANDLER HALL HEALTH SERVICES INC  
99 BARCLAY STREET  
NEWTOWN, PA, 18940

RE: CHANDLER HALL HEALTH SERVICES,  
INC. - HICKS  
99 BARCLAY STREET  
NEWTOWN, PA, 18940  
LICENSE/COC#: 12987

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/15/2024 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:** CHANDLER HALL HEALTH SERVICES, INC. - HICKS      **License #:** 12987      **License Expiration:** 02/28/2024

**Address:** 99 BARCLAY STREET, NEWTOWN, PA 18940

**County:** BUCKS      **Region:** SOUTHEAST

**Administrator**

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

**Legal Entity**

**Name:** CHANDLER HALL HEALTH SERVICES INC

**Address:** 99 BARCLAY STREET, NEWTOWN, PA, 18940

**Phone:** [REDACTED]      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 09/29/1986      **Issued By:** L&I

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 46      **Waking Staff:** 35

**Inspection Information**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**

**Reason:** Renewal      **Exit Conference Date:** 02/15/2024

**Inspection Dates and Department Representative**

02/15/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 36      **Residents Served:** 23

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** Entire building      **Capacity:** 36      **Residents Served:** 23

**Hospice**

**Current Residents:** 4

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 23

**Diagnosed with Mental Illness:** 5      **Diagnosed with Intellectual Disability:** 0

**Have Mobility Need:** 23      **Have Physical Disability:** 0

**Inspections / Reviews**

**02/15/2024 Full**

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 03/10/2024

**03/11/2024 - POC Submission**

**Submitted By:** [REDACTED]      **Date Submitted:** 05/03/2024

**Reviewer:** [REDACTED]      **Follow-Up Type:** Document Submission      **Follow-Up Date:** 04/24/2024

Inspections / Reviews *(continued)*

05/03/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/03/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

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

Description of Violation

The resident-home contract, dated [REDACTED], for resident #1 was not signed by the resident or payor.

Plan of Correction

Accept [REDACTED] - 03/11/2024)

This regulation ensures that the contract constitutes a pledge by both parties to abide by the specified terms. The PCHA updated the Secure Memory Care Admission Agreement on 3/07/24. Based on their involvement in bringing new residents into the community, the staff from Admissions and Marketing, the Director of Nursing, the Resident Care Coordinator, and the Memory Care Coordinator, will receive an updated copy of the Admission Agreement on 3/11/24, along with information from the Regulatory Compliance Guide (pages 216-219) to provide a clear understanding of the primary benefits of the regulations related to the Resident Home Contract 2600.25a-25. An audit of the memory care resident files was completed by the PCHA on 3/07/24 using the Resident File Audit Tool, to ensure that required signatures are on the resident contracts. Corrections needed for compliance were documented on 3/08/24. Resident #1 moved to a Skilled Nursing facility on 2/22/24. To ensure on-going compliance, effective 3/15/2024, each new resident will be added to the Resident File Audit Tool by the Memory Care Coordinator or designee, and contract signatures will be reviewed/verified when auditing the new file. If for any reason, the resident does not sign, documentation of efforts made to obtain signature, shall be kept in the resident's record to maintain ongoing compliance with this regulation.

Proposed Overall Completion Date: 03/15/2024

Licensee's Proposed Overall Completion Date: 03/15/2024

Implemented [REDACTED] - 05/03/2024)

41e - Signed Statement

2. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept [REDACTED] - 03/11/2024)

This regulation protects the home by verifying that residents have been informed of the rights and procedure for filing a complaint. The PCHA updated the Secure Memory Care Admission Agreement on [REDACTED]. It contains information about complaint procedures under #34, and resident rights are included under #37, as an attachment to the agreement. Certification and Acknowledgement of Receipt is listed under #39 in the agreement, to be signed by the resident, their designated responsible person, and a representative from the community. The staff from Admissions and Marketing, the Director of Nursing, the Resident Care Coordinator, and the Memory Care

**41e Signed Statement (continued)**

Coordinator, will receive an updated copy of the Admission Agreement on 3/11/24, along with information from the Regulatory Compliance Guide (pages 216 219) to provide a clear understanding of the primary benefits of the regulations related to the Resident Home Contract 2600.25a 25h. An audit of the memory care resident files was completed by the PCHA on 3/07/24 using the Resident File Audit Tool, to ensure that required signatures are on the resident contracts. Corrections needed for compliance were documented on 3/08/24. Resident #1 moved to a Skilled Nursing facility on 2/22/24. To ensure on going compliance, effective 3/15/24, each new resident will be added to the Resident File Audit Tool by the Memory Care Coordinator or designee, and contract signatures will be reviewed/verified when auditing the new file. If for any reason, the resident does not sign, documentation of efforts made to obtain signature, shall be kept in the resident's record to maintain ongoing compliance with this regulation.

Proposed Overall Completion Date: 03/15/2024

Licensee's Proposed Overall Completion Date: 03/15/2024

Implemented [REDACTED] - 05/03/2024)

**82c - Locking Poisonous Materials****3. Requirements**

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

**Description of Violation**

On [REDACTED] around [REDACTED], the bathroom cabinet in resident room #409 with a [REDACTED] toothpaste and [REDACTED] skin protectant with a warning label "if swallowed, get medical help or contact a Poison Control Center right away" was unlocked, unattended, and accessible to residents. Resident room #600 bathroom cabinet with a [REDACTED] toothpaste with a similar warning label was unlocked, unattended, and accessible to residents. Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

**Plan of Correction**

Accept [REDACTED] - 03/11/2024)

This regulation protects residents who are unable to safely use or avoid poisonous materials from illness, injury, or death related to misuse of accessible poisons. The [REDACTED] toothpaste and [REDACTED] skin protectant with the warning label in the bathroom cabinet in resident room #409, and the Colgate toothpaste with a warning label in resident room #600 were removed immediately during inspection of each room on 2/15/24. Individual bins were purchased for each resident that lives in the memory care area and were labeled with their names on 3/07/24. Personal products for the residents in memory care, including those with any type of warning label and are considered poisonous, were placed in the labeled bins for each resident. All resident bins were placed in a locked closet, centrally located in the 600 hall, next to the 600 hall shower room on 3/08/24 so staff can easily access the products. Any potentially poisonous materials will not be in the resident rooms. A memo explaining the new procedure will be posted in the Hicks nursing office for review and staff signature, on 3/11/24. The Med Tech and Care Partner on the 11pm to 7am shift will be responsible to continue to monitor the bathroom cabinets daily to maintain compliance with this regulation. The Memory Care Coordinator or Designee with complete random room checks once a week to follow up through 3/31/24, to ensure that staff have adopted this new work practice to maintain ongoing compliance.

Proposed Overall Completion Date: 03/31/2024

82c - Locking Poisonous Materials (continued)

Licensee's Proposed Overall Completion Date: 03/31/2024

Implemented ( ) - 05/03/2024

86b - Bathroom

4. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathroom in resident room #409 does not have an operable window. The ventilation fan is inoperable.

Plan of Correction

Accept ( ) - 03/11/2024

This regulation is to for the resident's health/safety, as it ensures that there is good air circulation in bathrooms to prevent the build-up of mold, mildew, and odor, and clears dust from the air. At the time of inspection, the exhaust fan in resident room #409 was not working. The Community Support Supervisor was present during the survey and confirmed that the maintenance department was aware that the ventilation fan was inoperable. A replacement fan had been ordered on February 8, 2024, from Home Depot Pro. The PCHA placed a maintenance work order #30829 on 3/07/24 to have the exhaust fan repaired. The Community Support Supervisor assigned the work order to a Maintenance Tech and the fan motor was replaced on 3/07/24 at 2:44pm. The Community Support Supervisor conducted a walk through the memory care area on 3/04/24 to check all the bathroom ventilation fans to confirm they are operable. Vent hood motor kits were ordered to complete repairs as needed. Any ventilation fan in need of repair will be completed by 3/31/24. To maintain ongoing regulatory compliance, work orders were placed for the maintenance department to conduct monthly checks of all fans in resident room bathrooms and common bathrooms in memory care.

Proposed Overall Completion Date: 03/31/2024

Licensee's Proposed Overall Completion Date: 03/31/2024

Implemented ( ) - 05/03/2024

141a 1-10 Medical Evaluation Information

5. Requirements

2600.

141a 1 10 Medical Evaluation Information (continued)

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

**Description of Violation**

Resident #2's medical evaluation dated [REDACTED] did not include (4) Special Health or dietary needs of the resident.

**Plan of Correction**

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

Having accurate medical information helps homes decide whether a resident's needs can be met at the home, helps the home develop accurate assessments and support plans, and ensures that residents' medical needs will be met. The DME for Resident #2 did not include a check off indicating that the resident needed a Secured Dementia Care Unit. The Resident Care Coordinator/LPN did review the DME dated [REDACTED] with the PCP on [REDACTED] and determined that the missing check mark in Box #4 was an oversight due to human error. The Resident Care Coordinator/LPN checked off the box indicating the need for the SDCU, initialed it, and dated it [REDACTED] on the record. Upon review/follow up, SDCU was accurately checked off in Box #4 on the Resident's DME for the following year dated [REDACTED]. To prevent future violations of this regulation, the PCHA created the Resident File Audit Tool on [REDACTED] and it will be used effective [REDACTED], upon admission by the Director of Nursing, the Resident Care Coordinator, the Memory Care Coordinator, or a Designee to audit the resident's Contract, Pre screen, DME, and RASP to ensure they are filled out in their entirety upon admission. It will also be used for annual reviews as well. This updated practice will go into use as of [REDACTED] to ensure ongoing compliance.

Proposed Overall Completion Date: 03/15/2024

Licensee's Proposed Overall Completion Date: 03/15/2024

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

183d - Prescription Current

**6. Requirements**

2600.  
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**Description of Violation**

On [REDACTED], [REDACTED] prescribed for resident #3 was in the home's medication cart; however, the medication expired on [REDACTED].

**Plan of Correction**

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

The benefit of this regulation is that it ensures the home does not keep medications that are for residents no longer living in the home or that have been discontinued. Staff Member A immediately removed the expired medication from the cart during the inspection on 2/15/24 and explained that it was her error. The Resident Care

**183d - Prescription Current (continued)**

Coordinator/LPN and the PCHA checked the cart following the end of the inspection on 2/15/24, and there were no other expired medications. The carts were neat, clean and organized. To avoid a reoccurrence of this violation, the PCHA created a Med Cart Audit Tool/Checklist on 3/09/24 to be used by the 3rd shift (11pm to 7am) Med Techs to conduct a weekly cart audit, every Wednesday, to begin on 3/20/24. The Director of Nursing, Resident Care Coordinator, or Designee will educate the nursing and Med Tech staff regarding the audit tool by 3/22/24, when it goes into use. The Director of Nursing, Resident Care Director, Memory Care Coordinator, or Designee will be available for questions/concerns when needed and will conduct spot checks of the audits every week for the first month, to ensure that best practices are being followed. After the first month, the Director of Nursing, Resident Care Director, Memory Care Coordinator, or Designee will conduct a monthly cart audit to ensure consistency.

Proposed Overall Completion Date: 04/22/2024

Licensee's Proposed Overall Completion Date: 04/22/2024

Implemented [REDACTED] - 05/03/2024)

**185a - Implement Storage Procedures****7. 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 #4 is prescribed [REDACTED]. This medication started [REDACTED] and should finish at [REDACTED], which means that there should be three pills remaining. However, there was no pill left at [REDACTED]. According to staff A, the staff administered the last pill at [REDACTED]. The pharmacy was contacted for clarification and the pharmacy confirmed that 12 pills instead of 14 pills were dispensed, which still does not account for one missing pill.

**Plan of Correction**

Accept [REDACTED] - 03/11/2024)

The benefit of this regulation is that it reduces the risk that medications and medical equipment will be misplaced, lost, or misused. After the last pill was administered to Resident #4 one day early, the Resident Care Coordinator contacted the pharmacy. Although the pharmacy tech could not explain why, he did confirm that only 12 capsules were delivered instead of 14 capsules. The PCHA attempted to retrieve the empty blister card to confirm the actual number of capsules in the card, however the empty blister card had already been discarded. According to the "packing slip proof of delivery," 12 capsules were delivered. If that was the case, there was one missing capsule. The PCHA contacted DHS on 2/16/24 to report the updated information and sent a reportable incident for a med error. The Resident Care Coordinator contacted the Physician for Resident #4, and received a new order to extend the treatment, and the pharmacy sent additional medication for the resident. To prevent a reoccurrence of this violation, the Med Techs will be in-serviced by the Director of Nursing, Resident Care Coordinator, or Designee on the updated procedure for receiving medications from the pharmacy by 3/22/24. The Nursing staff will begin using the PCC dashboard by 3/25/24 to make the Med Tech staff aware of which Residents have new/updated medication orders that have been approved. Med Techs will check the PCC dashboard at the start of their shift and when the medication arrives, they will review the packing slip proof of delivery sheet to ensure that the medication count in the blister card matches the packing slip, before signing the slip. The packing slip will be placed in the labeled file folder that was mounted on the wall in the nursing office by the PCHA, on 3/08/24. The Director of Nursing, Resident Care Coordinator, or Designee will spot check the packing slips weekly, for one month to monitor and evaluate the

185a - Implement Storage Procedures (continued)

updated procedure for receiving medications from the pharmacy.

Proposed Overall Completion Date: 04/22/2024

Licensee's Proposed Overall Completion Date: 04/22/2024

Implemented ( ) - 05/03/2024)

187b - Date/Time of Medication Admin.

8. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #4's Feb medication administration record (MAR) does not include the initials of the staff person who administered

and on eye drop and

Resident #5 is prescribed three times a day. The controlled medication log for this medication indicates that the medication was not signed out/administered on . However, the resident's Feb MAR was documented as administered.

Plan of Correction

Accept ( ) - 03/11/2024)

The benefit of this regulation is that it ensures MAR accuracy by minimizing the chances of documentation mistakes if a resident refuses a medication. The Med Techs/LPNs will be in-serviced by the Director of Nursing, Resident Care Coordinator, or Designee by 3/22/24 to ensure that all medication administration is appropriately documented on the EMAR. The Director of Nursing, Resident Care Coordinator, or Designee will monitor that all medications have been documented three times a week for one month through the EMAR dashboard to monitor and ensure compliance. The Director of Nursing, Resident Care Coordinator, or Designee will monitor that all medications have been documented on a random basis thereafter, to ensure ongoing compliance.

Proposed Overall Completion Date: 04/22/2024

Licensee's Proposed Overall Completion Date: 04/22/2024

Implemented ( ) - 05/03/2024)

187d - Follow Prescriber's Orders

9. Requirements

2600.

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

Description of Violation

Resident #5 is prescribed three times a day. The controlled medication log for this medication indicates that the medication was not signed out/administered on .

Plan of Correction

Accept ( ) - 03/11/2024)

The benefit of this regulation is that it ensures that residents receive medications and treatments as ordered by a

187d Follow Prescriber's Orders (continued)

physician. The Med Techs/LPNs will be in serviced by the Director of Nursing, Resident Care Coordinator, or Designee by 3/22/24 to review expectations and best practices for medication administration and documentation, utilizing the PCC Dashboard to ensure that we are following the directions of the prescriber and maintaining ongoing compliance with regulations. The EMARs will be monitored for compliance by the Director of Nursing, Resident Care Coordinator, or Designee three times a week for one month. They will then be audited on a random basis to ensure ongoing compliance. Controlled medication record sheets will be monitored and cross referenced with the MAR, by the Director of Nursing, Resident Care Coordinator, or Designee three times a week for one month. to ensure that the controlled medication has been administered as prescribed and documented on the controlled medication log and the EMAR. They will then be randomly spot checked to continue to monitor compliance.

Proposed Overall Completion Date: 04/22/2024

Licensee's Proposed Overall Completion Date: 04/22/2024

Implemented [REDACTED] - 05/03/2024)

191 - Resident Right to Refuse

10. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, admitted [REDACTED], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Accept [REDACTED] - 03/11/2024)

The benefit of this regulation is that it protects residents' right to refuse medications that they believe will be erroneously administered. Although Resident #1 may have been educated when [REDACTED] was admitted on [REDACTED], [REDACTED] did not sign [REDACTED] admission agreement, nor is there any documentation of efforts made to obtain signature; therefore, we cannot verify receipt of education of Resident Rights. The PCHA updated the Secure Memory Care Admission Agreement on 3/07/24. Based on their involvement in bringing new residents into the community, the staff from Admissions and Marketing, the Director of Nursing, the Resident Care Coordinator, and the Memory Care Coordinator, will receive an updated copy of the Admission Agreement on 3/11/24, along with information from the Regulatory Compliance Guide (pages 216 219) to provide a clear understanding of the primary benefits of the regulations related to the Resident Home Contract 2600.25a 25h. An audit of the memory care resident files was completed by the PCHA on 3/07/24 using the Resident File Audit Tool, to ensure that required signatures are on the resident contracts. Corrections needed for compliance were documented on 3/08/24. Resident #1 moved to a Skilled Nursing facility on 2/22/24. To ensure on going compliance, effective 3/15/2024, each new resident will be added to the Resident File Audit Tool by the Memory Care Coordinator/designee, and contract signatures will be reviewed/verified when auditing the new file. If for any reason, the resident does not sign, documentation of efforts made to obtain signature, shall be kept in the resident's record to maintain ongoing compliance with this regulation.

Proposed Overall Completion Date: 03/15/2024

Licensee's Proposed Overall Completion Date: 03/15/2024

191 - Resident Right to Refuse (continued)

Implemented [REDACTED] - 05/03/2024)

227h - Support Plan Refuse Sign

11. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #2's support plan dated [REDACTED] did not make a notation regarding the resident's ability/refusal to participate/sign.

Plan of Correction

Accept [REDACTED] - 03/11/2024)

The benefit of this regulation is that If a resident and/or designated person participates in the development of the support plan and is unable or chooses not to sign and date the support plan, noting this in the record provides a record of who participated in the development of the support plan for future reference purposes (even though the persons did not sign). The PCHA did meet with Resident #2 on 3/08/24 and explained that a signature was missing from her support plan dated 10/28/2022, which helps us know what we can do to assist her. When Resident #2 was asked if we could talk about that, she listened for a few minutes before stating that had to go home to see the kids. After a couple of attempts to redirect Resident #2, the PCHA checked off the boxes indicating that Resident #2 was unable to participate or sign and dated it 3/08/24 on the record.

The support plan completed the following year, in 2023, does have the boxes checked off, and also has a note about participation of the daughter/responsible party. To prevent future violations of this regulation, the PCHA created the Resident File Audit Tool on 3/07/24 and it will be used effective 3/15/24. Upon admission the Director of Nursing, the Resident Care Coordinator, the Memory Care Coordinator, or a Designee will audit the resident's Contract, Pre-screen, DME, and RASP to ensure they are filled out in their entirety. This tool will also be used for annual reviews as well, to ensure all documentation is complete. This updated practice will go into use as of 3/15/24 to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/15/2024

Implemented [REDACTED] - 05/03/2024)

231c - Preadmission Screening

12. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #2 was admitted to Secured Dementia Care Unit (SDCU) on [REDACTED]. However, the resident's written cognitive screening was completed on [REDACTED].

Resident #6 was admitted to the Secured Dementia Care Unit (SDCU) on [REDACTED]. However, the resident's written cognitive preadmission screening was not completed.

231c Preadmission Screening (continued)

Plan of Correction

Accept ( ) - 03/11/2024)

This regulation is beneficial because it is important that a person find a home that can provide the services (s)he needs; completing a written cognitive preadmission screening in collaboration with a physician or a geriatric assessment team prior to admission to the secured dementia care unit helps both the resident and home establish what kinds of services the resident needs.

Both Resident #2 and Resident # 6 both lived in a different part of our community, in the Personal Care area, before moving over to the SDCU. When the previous Resident Care Coordinator/LPN assisted the residents to move to the SDCU, she failed to complete the Pre screen for Resident #2 in a timely manner, and we were not able to locate a Pre screen for Resident #6. To prevent this violation from occurring in the future, the PCHA created the Resident File Audit Tool on 3/07/24 and it will be used effective 3/15/24. Upon admission the Director of Nursing, the Resident Care Coordinator, the Memory Care Coordinator, or a Designee will audit the resident's Contract, Pre screen, DME, and RASP to ensure they are filled out in their entirety. This tool will also be used for annual reviews as well, to ensure all documentation is complete. This updated practice will go into use as of 3/15/24 to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 03/15/2024

Implemented ( ) - 05/03/2024)

236 - Staff Training

13. Requirements

2600.

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

Direct care staff person B and C work in the Secured Dementia Care Unit (SDCU). Staff B had only 4 hours and staff C only 3 hours of training in dementia care during the 2023 training year.

Plan of Correction

Accept ( ) - 03/11/2024)

The benefit of this regulation is that having direct care staff members who are specially trained in dementia care and services helps to provide an understanding of the needs of people with dementia and how symptoms might affect them. Staff members are trained to recognize body language, verbal and non verbal cues to establish the resident's need as well as employ other specialized training in dealing with residents of the secured dementia care unit. This may help persons with dementia show greater improvement in behavior and emotion, as they are interacting with staff members who have been specially trained to deal with their diagnosis. The PCHA reviewed the records for both Staff Person B and Staff Person C. Staff Person B fell short of having the required 6 hours of annual training related to dementia care and services, with only 4 hours logged in.

\* Please Note: Upon review of the record for Staff Person C, he did complete his 6 hours of annual training related to dementia care and services. The PCHA did follow up with the Human Resources Director during a Core Operations Meeting on 2/26/24 and requested that additional courses be offered in Relias for staff members working in Memory Care. The offering of additional courses will ensure that staff members have the opportunity to meet the education requirements, regardless of being full time, part time, or per diem status. The additional Relias training courses will be added on by 3/29/24. The 2024 Training Plan for Memory Care will be updated by 3/29/24 to include specific training Sessions to be held in person, in addition to offering Relias training. The Memory Care Coordinator, the Resident Care Coordinator, the Director of Nursing, and the PCHA, or Designee will be responsible to provide in

236 Staff Training (continued)

person training courses for dementia care, The PCHA/Designee is responsible to track and monitor staff training to ensure that ongoing compliance is maintained.

Proposed Overall Completion Date: 03/29/2024

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

Implemented [REDACTED] - 05/03/2024)