

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

April 25, 2024

[REDACTED], ADMINISTRATOR
FAIRFIELD HEALTH MANAGEMENT LLC
235 FRANKLIN STREET
FAIRFIELD, PA, 17320

RE: FAIRFIELD HEALTH MANAGEMENT
235 FRANKLIN STREET
FAIRFIELD, PA, 17320
LICENSE/COC#: 33455

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/21/2024 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: FAIRFIELD HEALTH MANAGEMENT License #: 33455 License Expiration: 05/19/2024
 Address: 235 FRANKLIN STREET, FAIRFIELD, PA 17320
 County: ADAMS Region: CENTRAL

Administrator

Name: [REDACTED] Phone: [REDACTED]

[REDACTED] Entity

Name: FAIRFIELD HEALTH MANAGEMENT LLC
 Address: 235 FRANKLIN STREET, FAIRFIELD, PA, 17320
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP Date: 09/14/1994 Issued By: Department of Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 12 Waking Staff: 9

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Interim Exit Conference Date: 02/21/2024

Inspection Dates and Department Representative

02/21/2024 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 25 Residents Served: 12
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 12
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 1

Inspections / Reviews

02/21/2024 - Full
 Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 03/09/2024

Inspections / Reviews (*continued*)

03/18/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/12/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 03/25/2024

04/01/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/12/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/12/2024

04/25/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/12/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 02/21/24, Resident #1's bathroom had a strong smell of urine. Urine was observed on the bathroom floor, in the shower and on the outside of the toilet.

Plan of Correction

Directed [REDACTED] - 03/28/2024)

Resident 1 is a progressive dementia patient and due to poor memory, [REDACTED] does urinates everywhere inside [REDACTED] room, On the bed, In the bathroom anywhere due to poor memory it is hard to keep the room clean. After talking with state inspector we came to conclusion [REDACTED] is not a good fit for our facility. we have provided 30 days notice to Resident 1's POA on [REDACTED]. Family is in the process to move [REDACTED] to another facility. Cleaning staff at our facility will make a schedule to clean the Resident 1's room once a day which includes bathroom, resident room and bed.

Date the conclusion made: 02/26/2024

By Administrator of this facility and staff members

Family began the process of moving resident: 03/11/2024

Date cleaning schedule was created by administrator :02/26/2024

Date the cleaning staff begin cleaning resident room: 03/01/2024

Proposed Overall Completion Date: 03/25/2024

(Directed)

- On [REDACTED], the administrator issued resident #1's POA the 30-day notice.
- Starting 02/26/24, the administrator will ensure resident 1's bathroom is cleaned once a day.
- Starting 03/01/24, the administrator will ensure weekly walkthroughs of the building are conducted to ensure areas that are unclean or in disrepair are identified and affected areas addressed immediately.
- Starting 03/05/24 the administrator will document all findings on an audit checklist and will ensure the audit checklist is kept in the home.
- On 03/11/24, Resident #1's family began the process of moving the resident out of the home.

Directed Completion Date: 03/25/2024

Implemented ([REDACTED] - 04/18/2024)

88a - Surfaces

2. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 02/21/24 at approximately 10:00am, there were three loose boards on the deck, presenting a tripping or fall hazard.

88a - Surfaces (continued)

Plan of Correction

Directed [redacted] - 03/28/2024)

See attached. It has been fixed, Administrator will check the building exteriors and interiors for once a week to make sure all floors, walls, ceilings, windows, doors and surfaces are clean, good in repair and free of hazards.

Observation deck repaired on 03/01/2024 in observation of administrator.

Date administrator started checklist: 02/26/2024

Please find attached checklist for the facility's interior and exterior.

Proposed Overall Completion Date: 03/25/2024

(Directed)

- The observation-like deck was repaired 03/01/24, and repairs were observed by the administrator.
- Starting 02/26/24, the administrator will begin checking the interior and exterior of the building once a week to make sure all floors, walls, ceilings, windows, doors, and surfaces are clean, good in repair and free of hazards and will address any issues within 5 calendar days of discovery.
- Starting 02/26/24 the administrator will document all findings on the Building Interior and exterior safety checklist and will ensure the safety Checklist is kept in the home.

Directed Completion Date: 03/25/2024

Implemented [redacted] - 04/18/2024)

100a - Exterior - Free of Hazards

3. 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

On 02/21/24 at approximately 10:00am the gutter and downspout was observed dripping water onto the walkway, as evidenced by the build-up of ice directly below on the walkway. The snow and ice poses an obstruction to the wood walkway toward the front of the home.

Plan of Correction

Directed [redacted] - 03/28/2024)

See attached. Gutters has been clean on 02/28/24 by facility's maintenance team. snow has been cleaned from the wood walkway. Administrator will check the exteriors surfaces once a week and keep a log of it for the days it has been checked and if there are any obstructions or any kinds of the repair observed then get it repaired or cleaned at earliest convenience.

Gutters cleaned by Facility's maintenance person under the observation of administrator of this facility on 02/28/2024.

Date administrator started checklist: 02/26/2024

Please find attached checklist which will be use for the building's exterior and interior's good shape.

100a Exterior Free of Hazards (continued)

Proposed Overall Completion Date: 03/25/2024

(Directed)

- On 02/28/24, the gutter was cleaned by the facilities maintenance team.
- On 02/26/24, the administrator created the Building Interior and exterior safety checklist.
- Starting 02/28/24, the administrator will check the gutters and the downspout once a week, will document findings on the safety checklist and will maintain the safety checklists at the home. The administrator will immediately address any issues upon discovery.

Directed Completion Date: 03/25/2024

Implemented (████) - 04/15/2024)

100b - Removal Snow/Obstructions

4. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

On 02/21/24 at approximately 10:00am, the wooden walkway near the library was observed covered in 2" of snow, ice, which poses a potential slip or fall hazard.

Plan of Correction

Directed (████) - 03/28/2024)

See attached. wooden walkway has been cleaned, there was a heavy snow day before the inspection which leads to snow build at the walkway, that was is not used by our residents. Administrator has provided verbal training to all the staff about having the unobstructed exit for the emergency like situation on 02/22/24. Administrator will check the surfaces once a week for any kind of tripping hazards or obstructions and keep a log of it.

Wooden walkway was cleared on 02/22/2024 by Administrator of this facility. Administrator created a checklist for the interior and exterior of the building on 02/26/2024. Please find attached checklist.

Proposed Overall Completion Date: 03/25/2024

(Directed)

- On 02/22/24, the snow and ice were cleared from the wooden walkway by the facilities maintenance team.
- On 02/22/24, the administrator provided verbal training to all the staff regarding ensuring walkways and exits are unobstructed.
- on 02/26/24, the administrator created a checklist to document audit findings.
- Starting 02/28/24, the administrator will check the wooden walkway surfaces, and will document findings on the checklist and will maintain the checklists at the home. The administrator will immediately address any issues upon discovery.

Directed Completion Date: 03/25/2024

Implemented (████) - 04/15/2024)

101j3 - Bed/Linens/Pillows/Blankets

5. Requirements

2600.

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

3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

On 2/21/24 two pillowcases were observed on resident #1's bed; 1 pillow was stained and had no pillowcase, and the other pillow is stained with a dark brown substance.

Plan of Correction

Directed (████) - 03/28/2024)

Resident 1 has a poor memory and urinates everywhere which includes █████ bed and pillows as well. staff members tried putting a pillow case before but resident do not like when staff touches █████ things and like the way only █████ likes it. Currently that pillow has been replaced and put a new pillow case on it by administrator on 02/21/24.

Administrator has provided instructions to residents and made him aware of the house rules and 2600. 101. j.

Administrator has given instruction to the cleaning staff as well to check the resident's room once a day for cleaning and any sorts of stain observed must be cleaned. Since this facility won't be able to take care of this resident, administrator has given 30 days to notice to resident's POA on 02/26/24. Administrator provided instruction to resident on 02/26/2024. Administrator discussed with cleaning staff the cleaning conditions on 02/26/2024. Please find attached checklist for cleaning resident's room.

Proposed Overall Completion Date: 03/25/2024

(Directed)

- *On 02/21/24, the administrator replaced the pillowcases on resident #1's pillows.*
- *On 02/21/24, the administrator provided the resident with instructions regarding the use of pillowcases, per the 2600.101.j3 regulatory requirement as well as informed the resident of the house rules.*
- *On 02/21/24, the administrator provided the cleaning staff with instructions to check the resident #1's room once a day and immediately clean areas required.*
- *The administrator will provide staff training on ensuring all resident's pillows, bed linens, and blankets are clean and in good repair by 04/04/24.*
- *Starting 04/04/24, the administrator will conduct a weekly walkthrough of resident's rooms to ensure the resident's room's pillows, bed linens, and blankets are clean and in good repair and will correct any issues immediately upon discovery.*
- *The administrator will use the checklist created 02/26/24 to document the cleanings and findings.*
- *On 02/26/24, the home determined the facility cannot provide the needs of the the resident, and the administrator provided the 30-day notice to the resident's POA on 02/26/24.*
- *On 03/11/24, Resident #1's family began the process of moving the resident out of the home.*

Directed Completion Date: 04/04/2024

Implemented (████) - 04/19/2024)

141b1 - Annual Medical Evaluation

6. Requirements

141b1 - Annual Medical Evaluation (continued)

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's most recent medical evaluation was completed on [REDACTED].

Plan of Correction

Directed [REDACTED] - 03/28/2024)

Resident 2 had Drs appointment on [REDACTED] and Medical evaluation has been done by the physician. Resident's POA lives in [REDACTED] and because of the issue nobody was able to take Resident to the Drs office that is why it was delayed. Administrator will do monthly check on each Resident's DMEs and RASPs and keep a log of it. Please find attached log. Resident 2's DME was completed on 01/22/2024. It was misplaced by administrator in the Resident's records. Administrator began Monthly Checklists on DME and Rasps on 03/01/2024. Please find attached DME and Checklist.

Proposed Overall Completion Date: 03/25/2024

(Directed)

- The administrator scheduled Resident 2's annual medical evaluation which was completed on 03/01/24.
- Starting 03/01/24, the administrator will audit all resident's DME's monthly for 3 months, and schedule any required medical evaluation immediately.
- On 03/01/24, the administrator developed an audit checklist and will document the audit results.
- The administrator will ensure the audit checklists are up to date and kept in the home.

Directed Completion Date: 03/25/2024

Implemented [REDACTED] - 04/19/2024)

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 #3's glucometer was cross-referenced with the Weekly Diabetes Record resulting in several dates on the glucometer that do not match the dates on the Weekly Diabetes Records such as the following –

- Glucometer shows a reading of [REDACTED] at [REDACTED] dated [REDACTED] the worksheet shows a reading of [REDACTED] dated [REDACTED] at breakfast.
- Glucometer shows a reading of [REDACTED] at [REDACTED] dated [REDACTED], the worksheet shows a reading of [REDACTED] dated [REDACTED] at bedtime.
- Glucometer shows a reading of [REDACTED] at [REDACTED] dated [REDACTED], the worksheet shows a reading of [REDACTED] dated [REDACTED] at breakfast.
- Glucometer shows a reading of [REDACTED] at [REDACTED] dated [REDACTED], the worksheet shows a reading of [REDACTED] dated [REDACTED] at breakfast.

Resident #4 is prescribed the following medications which were not found in the home:

185a Implement Storage Procedures (continued)

- [REDACTED] on
- [REDACTED]
- [REDACTED]
- [REDACTED]

Plan of Correction

Directed [REDACTED] - 03/29/2024)

Resident 3's glucometer has dates messed up that why the date on the glucometer and the actual reading on the log doesn't match sometimes. facility has requested a new glucometer for Resident 3, we are currently waiting on it. once we received a new glucometer, administrator will cross reference daily glucometer readings with noted readings and keep a log of it. if any discrepancies arise then , administrator will provide training to staff on diabetic readings.

Resident 3: Medication supervisor start noticing date on the glucometer are not right, staff including: [REDACTED] [REDACTED]. it was determined by the inspection officer on 02/21/2024 and made aware to the staff . It was requested by morning shift staff , date is not actual. Administrator started cross referencing on 03/01/2024. please find attached reading log for resident 3 for month of March 2024. Administrator will do monthly audit and provide training and address any discrepancies if any in the readings and actual log to the staff on first week on next month on ongoing basis.

Resident 4 moved to this facility couple of months back, [REDACTED] is his own POA, Resident was refusing to take medications when [REDACTED] had the medications, Resident was refusing to find a new doctor and get the prescriptions filled. Resident's previous doctor said he will not be able to discontinue medications which residents takes at this time. Due to this inspection we were able to convince Resident that we will find [REDACTED] a new doctor and [REDACTED] has to go there and get [REDACTED] checked and get medications So now Resident has a doctor's appointment on [REDACTED] Office name: Wellspan Internal medicine in Gettysburg with [REDACTED]. To prevent such things in the future, Administrator will do Monthly Resident records check and assign a supervisor to cross check all the medications once a week with all residents.

Resident 4 was made aware of the home rules on [REDACTED] Medtech Staff person A contacted previous doctor , Date unknown. Staff person A reached out to new doctor [REDACTED]. Administrator started doing monthly records check on [REDACTED]. Administrator has assigned a staff person A beginning on [REDACTED] to do cross reference with medical records once a week. Administrator will use look a like MAR to check the medications were given properly. Please find attached MAR which will use in cross reference the medications.

Proposed Overall Completion Date: 03/25/2024

(Directed)

- On 03/01/2024, the administrator began cross referencing the Glucometer with the Monthly Blood Glucose Logbook.
- Starting 03/01/24, staff member A will also cross reference resident #3's and applicable resident's glucometers with their Monthly Blood Glucose Logbook.
- The administrator will ensure the home obtain a new glucometer for Resident #3 by 4/5/24.
- The administrator will ensure staff receive education by 4/5/24 on calibrating glucometers to the correct date and time and the glucometer readings and times are accurately documented on the Monthly Blood Glucose Logbook.

185a - Implement Storage Procedures (continued)

- On or about 2/29/24, staff member A contacted Resident #4's prior physician regarding the medications.
- Staff member A contacted Resident #4's new physician on [REDACTED] Resident #4 is scheduled to see the physician on [REDACTED]
- Starting [REDACTED] the administrator began completing monthly MAR Audits and will document results on the audit checklist. The administrator will immediately address any concerns and ensure documentation is kept in the home.

Directed Completion Date: 04/05/2024

Implemented [REDACTED] - 04/19/2024)

187c - Refusal of Medication

8. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #4 is prescribed the following medications and the resident refused to take the scheduled dose of each medication from [REDACTED] as follows:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

The home documented the refusals for [REDACTED] on the resident's medication administration record; the home did not document the medication refusals for the [REDACTED] and no documentation provided that either refusal was reported the resident's physician.

Plan of Correction

Directed ([REDACTED] - 03/29/2024)

Administrator has provided training to all med tech staff for the refusal dose , Administrator will reinforce training through repetition to all staff on 03/15/2024. Administrator will check all resident records once a month and assigned a supervisor to check all the MARs once a week and keep a track of all the medications documented correctly. Resident doesn't have any medications so pharmacy stopped sending this facility any MARs for the Resident 4. Staff person c is responsible for the communications with the pharmacy. Administrator will start checking Resident 4's records once Resident will go to Drs office on [REDACTED] and bring back the medications and facility receives the new MARs from the pharmacy. Administrator has assigned a staff person A to check all residents records once a week. Administrator will check 4 weeks resident records and address to the staff if there are any discrepancies on the next month first week.

Proposed Overall Completion Date: 03/25/2024

(Directed)

- On or about 03/01/24, resident #4 no longer has medications in the home, therefore the pharmacy stopped

187c Refusal of Medication (continued)

sending MARs to the home for Resident #4.

- On 3/15/23, the administrator provided education to all staff members regarding the medication refusals process and how to document refusals.
- Starting 03/15/24, staff member A will audit all residents records once a week for 4 weeks. The administrator will audit resident records monthly for 3 months. The administrator assigned a supervisor to audit resident MARs weekly. The administrator will ensure all medication refusals are documented correctly and resident's physicians are notified of medication refusals.
- The administrator will develop an audit checklist to document the findings and will immediately correct any issues. The administrator will ensure the checklists and trainings are kept in the home.

Directed Completion Date: 03/25/2024

Implemented (████) - 04/19/2024)

190b - Insulin Injections

9. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Staff Members, A, B, C, D and E whose diabetic education certification expired and had not been updated, checked resident #5's blood sugar levels or administered the resident's insulin on the following dates:

- On ██████, Staff Member A checked Resident #5's blood sugar and administered ██████ at breakfast.
- On ██████ Staff Member B checked Resident #5's blood sugar at dinner.
- On ██████, Staff Member C checked Resident #5's blood sugar and administered ██████ at breakfast.
- On ██████ Staff Member D checked Resident #5's blood sugar at dinner.
- On ██████ Staff Member E checked Resident #5's blood sugar at dinner.

Plan of Correction

Directed (████) - 03/29/2024)

Staff Members A,B,C,D and E all has the Diabetic education through Wellspan and certified. their certificate expired back in ██████ but due to the unavailability of the trainer and dates, all staff has been scheduled to do re training on 03/12/2024 at Wellspan Gettysburg in Endocrine department. Administrator will share all staff's Diabetic training certificate on 03/15/2024. To prevent this in the future, Administrator will check all staff's training once a month and will keep the record of it so we can plan re training ahead of time.

Please find attached Diabetic training for staff person A,B,C,D and E which was completed on 03/12/2024. Administrator will start checking all staff members records beginning 04/01/2024.

Proposed Overall Completion Date: 03/25/2024

190b - Insulin Injections (continued)

(Directed)

- On 3/12/24, Staff Member's A, B, C, D and E, completed Diabetic Education through Wellspan.
- Starting 4/01/24, the administrator will ensure all staff members requiring annual diabetic training are scheduled within 60 days prior to the expiration date. The administrator will ensure current copies of the diabetic certifications are maintained in the home.
- Starting 04/01/24, the administrator will audit staff's diabetic training once a month for 3 months. The administrator will develop an audit checklist to document the results of the audits, and will ensure audits are kept in the home.

Directed Completion Date: 04/01/2024

Implemented (████) - 04/19/2024)

225a - Assessment 15 Days

10. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #6 was admitted to the home █████ however, the resident's assessment was not completed.

Plan of Correction

Directed (████) - 03/29/2024)

Administrator was under impression that RASP should be completed within 30 days of the admission of the resident. Assessment done on this resident but was not documented in the RASP. This RASP has been completed in █████ Administrator will make sure in the future to complete the resident assessment in the first 15 days and document in the RASP. Administrator will also do once a month all resident record check and assign a supervisor to cross check all the resident records once a month. Administrator has completed RASP on █████ Administrator has began checking of resident records once a month on █████. Administer has assigned staff person-A to do monthly cross check. Please find attached checklist.

Proposed Overall Completion Date: 03/25/2024

(Directed)

- The administrator completed an assessment for Resident #6 on █████
- Starting 03/01/24, the administrator began auditing resident's assessments. The administrator will audit resident assessments monthly for 3 months. Staff Member A will complete monthly cross-checks of the resident's assessments,
- Starting 03/01/24, the administrator will create a reminder schedule documenting annual assessments and their due dates. The administrator will develop an audit checklist, document the findings, and will complete any required assessments immediately upon discovery.

225a - Assessment 15 Days (continued)

- The administrator will ensure audit checklists are up to date and kept in the home.

Directed Completion Date: 03/25/2024

Implemented (█) - 04/19/2024)

227d - Support Plan Medical/Dental

11. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1 is known by the home to regularly urinate in various areas of the resident's bathroom and the resident's bedroom. However, the resident's support plan dated (█) does not document that an assessment was completed or indicate how the home is providing assistance in addressing the resident's toileting needs.

Plan of Correction

Directed (█) - 03/29/2024)

Corrected on (█). Administrator has added resident's toileting needs in the RASP. Administrator will make sure to check residents toileting needs meet while resident lives in this facility. Resident has assigned a duty to a cleaning staff to make sure resident's toileting and bathroom needs meet 02/28/2024 onward. Also Administrator has advised the cleaning staff to clean resident's room once a day.

Title of the staff person correcting RASP: Administrator

Date administrator begin checking resident's toileting needs: 02/22/2024

Administrator will make sure all residents all needs should be documented and revise if any changes arises during the stay at this facility. Administrator started checking resident records on 03/01/2024.

Proposed Overall Completion Date: 03/25/2024

(Directed)

- On 02/22/24, the administrator began ensuring resident #1's toileting needs are met.
- On 02/28/24, the administrator corrected the Resident #1's RASP to include the resident's toileting needs.
- On 03/11/24, Resident #1's family began the process of moving the resident out of the home.
- Starting 03/01/24, the administrator will audit all resident's RASPs monthly for 3 months. The administrator will develop an audit checklist, document the findings, and address any concerns immediately upon discovery.
- The administrator will ensure the checklists are up to date and kept in the home.

Directed Completion Date: 03/25/2024

Implemented (█) - 04/19/2024)

227g -Support Plan Signatures

12. 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 did not sign his/her support plan dated [REDACTED], indicating if the resident participated in the development of the support plan.

Plan of Correction

Directed ([REDACTED] - 03/29/2024)

Above violation has been corrected by administrator on 02/23/2024. Administrator will do monthly check on all residents records and keep a log of it. Administrator explained Resident 3 about annual updates on the RASP and asked if Resident want to participate and sign the document. Resident agreed to sign 02/23/2024. Administrator began monthly check on Resident records on 03/01/2024.

Proposed Overall Completion Date: 03/25/2024

(Directed)

- On 02/23/24, the administrator discussed the annual support plan process with resident #3. Resident #3 signed the support plan on [REDACTED]
- Starting 03/01/2024, the administrator will audit resident records monthly for 3 months. The administrator will develop an audit checklist, document the findings, and address any concerns immediately upon discovery.
- The administrator will ensure audit checklists are up to date and kept in the home.

Directed Completion Date: 03/25/2024

Implemented (NN - 04/19/2024)

252 - Record Content

13. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 3. A photograph of the resident that is no more than 2 years old.

Description of Violation

Resident # 6's record does not include a picture.

Plan of Correction

Directed ([REDACTED] - 03/29/2024)

Resident 6 is the newest resident of this facility. Administrator has not obtained the picture of this resident at the time of inspection. Above violation has been corrected on 03/05/2024. Administrator will do monthly audit on all the resident records and make sure all the residents have the current pictures on file. Administrator has corrected above violation on 03/05/2024 by placing a current picture of the Resident No.6 on Resident records . Administrator has began monthly check lists for the resident records on 03/01/2024.

Proposed Overall Completion Date: 03/25/2024

252 - Record Content (continued)

(Directed)

- On 03/05/24, the administrator took a photograph of resident #6 and placed the photograph in the resident's record.
- Starting 03/01/24, the administrator began auditing resident records monthly and any photographs found to be more than 2 years old will be retaken within 5 calendar days of discovery and placed in the resident's record.
- On 03/01/24, the administrator developed an audit checklist and will document the findings. The administrator will ensure the checklists are up to date kept in the home.

Directed Completion Date: 03/25/2024

Implemented (■■■) - 04/18/2024)