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

May 10, 2024

[redacted]
600 PAOLI POINTE DRIVE OPERATIONS LLC
[redacted]

RE: HIGHGATE AT PAOLI POINTE
600 PAOLI POINTE DRIVE
PAOLI, PA, 19301
LICENSE/COC#: 13610

[redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/26/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[redacted]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *HIGHGATE AT PAOLI POINTE* **License #**: *13610* **License Expiration**: *10/02/2024*

Address: *600 PAOLI POINTE DRIVE, PAOLI, PA 19301*

County: *CHESTER* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *600 PAOLI POINTE DRIVE OPERATIONS LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *05/15/1966* **Issued By**: *L & I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *96* **Waking Staff**: *72*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *02/26/2024*

Inspection Dates and Department Representative

02/26/2024 - On-Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *124* **Residents Served**: *50*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Homestead* **Capacity**: *30* **Residents Served**: *16*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *50*

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

Have Mobility Need: *46* **Have Physical Disability**: *1*

Inspections / Reviews

02/26/2024 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/23/2024*

04/03/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *05/01/2024*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *04/16/2024*

Inspections / Reviews *(continued)*

05/10/2024 - Document Submission

Submitted By: [redacted] **Date Submitted**: *05/01/2024*

Reviewer: [redacted] **Follow-Up Type**: *Not Required*

42b - Abuse

1. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted], at approximately 8:45 a.m., a staff member reported to the nurse that resident [redacted] in room [redacted] fell and hit[redacted] head. The resident had a noted injury cut or laceration to the top of [redacted] scalp. Nursing staff called 911, and resident [redacted] was taken to Paoli Hospital.
The resident returned to Highgate at Paoli Pointe at approximately 4 p.m. with half a centimeter of laceration and two staples. Based on the staff members and resident interview, resident [redacted] needs a two-person assist for care, and only one staff member was doing the care by itself when resident[redacted] fell out of the wheelchair. According to interviews, all staff know that resident [redacted] is in need of two people to assist with care.

Plan of Correction ***Accept ([redacted] 04/03/2024)***

Resident [redacted] was re- evaluated for required assistance for personal care on 2.26.24 RASP and Service planned updated to reflect residents current Care needs.
House audit will be completed to validate that current resident assistance levels were completed on 4.15.24
Community staff re-educated on 3.13.24 on residents assistance with care and the communities policy on Abuse, and Neglect to include mandatory reporting.
Executive Director/ Designee will audit weekly on both new hire orientation and on residents change of assistance needs for three months or until compliance is determined . Findings will be reported to QAPI

Licensee's Proposed Overall Completion Date: *05/15/2024*

Implemented [redacted] - 05/10/2024)

57d - Waking Hours

2. Requirements

2600.
57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On [redacted], a total of 72 hours of direct care were required. However, only 68 of the required hours were provided during waking hours.

On [redacted], a total of 72 hours of direct care were required. However, only 63 of the required hours were provided during waking hours.

Plan of Correction ***Accept ([redacted] - 04/03/2024)***

Community created a monthly schedule template that they can place Agency Hours that worked direct care.
Community created a Daily staffing assignment sheet to capture staff assigned and hours worked. Community staff educated on 3.15.24 to initial assignment and add any additional hours worked. Executive Director/ Designee will

57d - Waking Hours (continued)

audit the Daily staffing assignments and Monthly schedule to validate all hours worked by agency and Management in Direct Care are accounted for three months or until compliance is determined. Findings will be reported to QAPI

Licensee's Proposed Overall Completion Date: *05/15/2024*

Implemented (- 05/10/2024)

85a - Sanitary Conditions

3. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On , there was a sticky substance that looked and smelled like urine on the bathroom floor in bedroom

On , there was a yellow and brown stain that looked like feces on the bathroom floor in bedroom

Plan of Correction ***Accept (- 04/03/2024)***

Room bathroom floor was cleaned and the sticky substance removed on 2.26.24
Room bathroom floor was cleaned and the yellow and brown stain removed on 2.26.24.
Memory Care bathroom audit completed on 2.26.24 for any other rooms that had sticky substances or yellow/brown stains on them. Any areas of concern were immediately corrected.
The remaining community bathroom audit completed on 3.11.24 for any other rooms that had sticky substances or yellow/brown stains on them. Any areas of concern were immediately corrected.
Community staff re-educated on 3.11.24. New hires will be educated during orientation on the 5 and 7 step cleaning procedures.
Housekeeping Director/ Designee will audit weekly residents' bathroom floors for sticky substance and yellow/ brown stains for three months or until compliance is determined. Findings will be reported to QAPI

Licensee's Proposed Overall Completion Date: *05/15/2024*

Implemented - 05/10/2024)

88a - Surfaces

4. 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

The floor tile at the bathroom entry for resident has some missing pieces.

Plan of Correction ***Accept (- 04/03/2024)***

Resident bathroom floor was repaired on 2.27.24
Memory Care bathroom audit completed on 2.29.24 for any other bathrooms floors that had missing pieces. Any areas of concern were immediately corrected.
The remaining community bathroom audit completed on 3.11.24 for any other bathroom floors that had missing pieces. . Any areas of concern were immediately corrected.
Community staff re-educated on 3.14.24 new hires will be educated during orientation on reporting any bathroom

88a - Surfaces (continued)

floor that is in need of repair to the Maintenance department or to place a work order in TELS
The Maintenance Director / Designee will audit weekly resident bathroom floors for three months or until compliance is determined. Findings will be reported to QAPI

Licensee's Proposed Overall Completion Date: *05/15/2024*

Implemented [redacted] - 05/10/2024)

95 - Furniture and Equipment

5. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On [redacted], the lamp cover in bedroom [redacted] was broken.

Plan of Correction ***Accept ([redacted] 04/03/2024)***

Room [redacted] had a lamp placed on [redacted] bedside dresser on 2.26.2024.
Memory Care room audit completed on 2.27.24 for lamps shades that need repaired or replaced. Any areas of concern were immediately corrected.
The remaining community rooms audit completed on 3.14.24 for any other rooms that have a lamp Shades needing repaired or replaced. Any areas of concern were immediately corrected.
Community staff re-educated on 3.14.24 to report lamp shades that need repaired or replaced to the Maintenance Director or place in TELs
The Maintenance Director/Designee will audit weekly for lamp shades that need repaired or replaced for three months or until compliance is determined. Findings will be reported to QAPI

Licensee's Proposed Overall Completion Date: *05/15/2024*

Implemented [redacted] 05/10/2024)

101j7 - Lighting/Operable Lamp

6. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

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

Plan of Correction ***Accept [redacted] - 04/03/2024)***

Room [redacted] had a lamp placed on [redacted] bedside dresser on 2.26.24
Memory Care room audit completed on 2.27.24 for any other rooms that did not have a source of light that can be turned on/off at bedside. Any areas of concern were immediately corrected.
The remaining community rooms audit completed on 3.11.24 for any other rooms that did not have a source of light that can be turned on/off at bedside any areas of concern were immediately corrected.

101j7 - Lighting/Operable Lamp (continued)

Community staff re-educated on 3.14.24 to report missing light sources to The Maintenance Director or place a work order in TELs.
The Maintenance Director/Designee will audit weekly resident bathroom floors for repair needs for three months or until compliance is determined. Findings will be reported to QAPI

Licensee's Proposed Overall Completion Date: *05/15/2024*

Implemented [redacted] - 05/10/2024)

141a 1-10 Medical Evaluation Information

7. 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

The Resident [redacted] medical evaluation dated 11/27/2023 did not include the medication list.

The resident [redacted] medical evaluation dated 2/14/2023 did not include the medical information pertinent to diagnosis and treatment in case of an emergency.

The resident [redacted] medical evaluation dated 5/16/2023 did not include the medical information pertinent to diagnosis and treatment in case of an emergency and the medication list.

Plan of Correction ***Accept [redacted] - 04/03/2024)***

Resident [redacted] Medical Evaluation had the Medication list attached on 2.27.24
Resident [redacted] Medical Evaluation was updated with information pertinent to Diagnosis and treatment in case of Emergency on 2.28.24
Resident [redacted] Medical Evaluation was updated with information pertinent to Diagnosis and treatment in case of Emergency and attached a Medication list on 2.28.24
Current Community Resident audit completed on 2.26.24 to validate residents Medical Evaluations have Medication List attached and information pertinent to Diagnosis and treatment in case of Emergency
Executive Director and Memory Care Director educated on 3.15.24 to review Medical Evaluation for completion of DME Form. New Hire Nurses, Director of Health & Wellness and Marketing Director will be educated during Orientation.
The Executive Director/Designee will audit weekly Current changes to residents DME and New Residents for three months or until compliance is determined . Findings will be reported to QAPI

141a 1-10 Medical Evaluation Information (continued)

Proposed Overall Completion Date: 05/15/2024

Licensee's Proposed Overall Completion Date: *05/15/2024*

Implemented [redacted] - 05/10/2024)

162c - Menus Posted

8. Requirements

2600.
162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's daily menu for [redacted] was posted. However, the menu for the current week and for one week in advance was not posted in a conspicuous and public place in the memory care unit.

Plan of Correction ***Accept [redacted] - 04/03/2024)***

Current week and the one week in advance was posted by the resident's dining Room on 2.26.24.
The Dining Director purchased frames to place them on 2.26.24. The frames arrived on 2.27.24 and were placed by the Dining room entrance.
The Dietary Director completed an audit on 2.28.24 to validate the current week and advanced week menu was posted.
Community staff re-educated on 3.16.24 to report missing or outdated menus to the Dietary Director.
The Dietary Director/Designee will audit weekly the Menus for current week and one week advanced is displayed for three months or until compliance is determined. Findings will be reported to QAPI

Proposed Overall Completion Date: 05/15/2024

Licensee's Proposed Overall Completion Date: *05/15/2024*

Implemented [redacted] - 05/10/2024)

201 - Positive Interventions

9. Requirements

2600.
201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Based on interviews and documentation reviewed, resident [redacted] has the behavior of hitting and biting residents and staff members. On 1/30/2024, resident [redacted] hit resident [redacted] unprovoked. On 2/2/2024, resident [redacted] hit resident [redacted] unprovoked. Also, on various occasions, resident [redacted] has been biting and hitting staff members. However, the home has not implemented positive interventions to modify or eliminate the behavior.

201 - Positive Interventions *(continued)*

Plan of Correction ***Accept [redacted] - 04/03/2024)***

Resident [redacted] was re- evaluated for required assistance for personal care on 2.20.24 Community staff re-educated on 3.15.25 on resident's assistance with care and the community's policy on Abuse and Neglect to include mandatory reporting.

BOM/HR and Director of Health and Wellness / Designee will audit weekly on both new hire orientation and on resident's change of assistance needs for three months or until compliance is determined. Findings will be reported to QAPI

Proposed Overall Completion Date: 05/15/2024

Licensee's Proposed Overall Completion Date: *05/15/2024*

Implemented [redacted] - 05/10/2024)

202 - Prohibitions

10. Requirements

2600.

202. The following procedures are prohibited:

1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).
2. Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
3. Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.
5. Mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device.
6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

Based on staff interviews, resident [redacted] has been restrained to reduce [redacted] ability to move [redacted] arms in order to assist resident [redacted] with care. "On one occasion, we were trying to clean resident [redacted] as quickly as possible because [redacted] was refusing care. Resident [redacted] was soiled, and we needed to give [redacted] care, and a staff member was holding resident [redacted] from the hands, wrist, arms, and forearms." "I have witnessed resident [redacted] bruising on the hands, wrist, arm, and forearms. That bruising is from skin-to-skin contact; there is a skin rub mark on [redacted] hands and forearms. The staff held [redacted] firm so resident [redacted] wouldn't hit us and bite. It's so stressful that we don't quite feel capable of handling resident [redacted] by ourselves." The home has not taken any resolution to stop that.

Plan of Correction ***Accept [redacted] - 04/03/2024)***

Resident [redacted] was seen by the Provider on 2.20.24 The Provider recommended increase in medication.

Memory Care audits of residents presenting with refusal of necessary care or disruptive behavior have appropriate

202 - Prohibitions (continued)

interventions in place on 2.6.24
Community staff re-educated on 3.13.24 on interventions to utilize when a resident is refusing necessary services/care.
Memory Care Director/ Designee will audit weekly for refusal of care and disruptive behavior for three months or until compliance is deter ..

Proposed Overall Completion Date: 05/15/2024

Licensee's Proposed Overall Completion Date: *05/15/2024*

Implemented [redacted] - 05/10/2024)

225c - Additional Assessment

11. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Based on the resident, a resident family member, and staff member interviews, resident [redacted] significantly changed, and now resident [redacted] has a need for two-person assistance. However, the resident's support plan, dated 5/10/2023, does not document this need or how it will be met.

Plan of Correction ***Accept ([redacted] - 04/03/2024)***

Resident[redacted] was re- evaluated for required assistance for personal care on 2.29.29
RASP and Service planned updated to reflect residents current Care needs.
Community staff re-educated on 3.15.2024 on resident's assistance with care.
Executive Director/ Designee will audit weekly on both new hire orientation and on resident's change of assistance needs for three months or until compliance is determined. Findings will be reported to QAPI
....

Proposed Overall Completion Date: 05/15/2024

Licensee's Proposed Overall Completion Date: *05/15/2024*

Implemented ([redacted] - 05/10/2024)

227c - Support Plan Revision

12. Requirements

2600.
227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

227c - Support Plan Revision *(continued)*

Description of Violation

Resident [redacted] medical evaluation, dated 2/14/2023, stated that resident [redacted] has a need for a non-concentrated sweet diet. However, the resident's support plan completed on February 9, 2024, did not specify the resident's need for a non-concentrated sweet diet.

Plan of Correction ***Accept [redacted] - 04/03/2024)***

Resident [redacted] Provider completed a new DME on 3.5.24 Resident's service plan and diet order was updated on 2.29.24. Community Med Teach and Nurses educate on 3.15.24 to validate DME and Providers orders match the Diet on residents service Plan and PCC diet order.
Dietary Manager/ Designee will audit weekly in PCC to validate resident diet .... orders. They will collaborate with the Wellness team to validate service plans and DME matches.

Proposed Overall Completion Date: 05/15/2024

Licensee's Proposed Overall Completion Date: *05/15/2024*

Implemented [redacted] - 05/10/2024)

227d - Support Plan Medical/Dental

13. 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

Based on the resident, a resident family member, and staff member interviews, resident [redacted] significant change and now resident [redacted] has a need for two-person assistance. However, the resident's support plan, dated 5/10/2023, does not document this need or how it will be met.

The assessment for resident [redacted], dated 12/29/2023, doesn't specify any changes in resident behaviors towards other residents, including aggression on various occasions.

The assessment for resident [redacted] dated February 9, 2024, indicates the resident has a need for transferring in and out of bed and chair, toileting, obtaining clean and seasonal clothing, engaging in social and leisure activities, writing correspondence, caring for personal possessions, making and keeping appointments, using the telephone, managing finances, securing and using transportation, shopping, doing laundry, turning and positioning, securing health care, managing health care, bladder management, bowel management, ambulating, and personal hygiene. The resident's support plan, dated February 9, 2024, does not document how these needs will be met.

227d - Support Plan Medical/Dental *(continued)*

Plan of Correction ***Accept [redacted] - 04/03/2024)***

Resident [redacted] was re- evaluated for required assistance for personal care on 2.27.24 RASP and Service planned updated to reflect resident's current Care needs.
Resident [redacted] assessment was evaluated and updated for behaviors toward other residents including aggression on various occasions on 2.8.24
Resident [redacted] support plan was updated on to include how the residents needs will be met in the areas of transferring, toileting, obtaining clean and seasonal clothing, engaging in social and leisure activities, writing correspondence, caring for personal possessions, making and keeping appointments, using the telephone, managing finance, securing and using transport, shopping, doing laundry, turning and repositioning, securing health care, managing health care, bladder management, bowel management, ambulating, and personal hygiene.
Community staff re-educated on 3.15.24 on notification to the Executive Director, Memory Care Director, Nurse or Med Tech on any change of condition.
Executive Director/ Designee will audit weekly for any resident change of condition that would require a modification in current support plan for three months or until compliance is determined . Findings will be reported to QAPI ....

Proposed Overall Completion Date: 05/15/2024

Licensee's Proposed Overall Completion Date: *05/15/2024*

Implemented ([redacted] - 05/10/2024)

231b - Medical Evaluation

14. Requirements

2600.
231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident [redacted] was admitted to the [redacted] on [redacted]; however, the resident's medical evaluation did not specify the behaviors the resident exhibits.

Plan of Correction ***Accept [redacted] - 04/03/2024)***

Resident [redacted] was re- evaluated for required assistance for personal care on 3.14.24 RASP and Service planned updated to reflect residents current Care needs.
Resident [redacted] assessment was evaluated and updated for behaviors toward other residents including aggression on various occasions on 2.8.24 ....
Resident [redacted] support plan was updated on 3.5.24 to include how the residents needs will be met in the areas of transferring, toileting, obtaining clean and seasonal clothing, engaging in social and leisure activities, writing correspondence, caring for personal possessions, making and keeping appointments, using the telephone, managing finance, securing and using transport, shopping, doing laundry, turning and repositioning, securing health care, managing health care, bladder management, bowel management, ambulating, and personal hygiene.
House audit will be completed to validate that residents assessment and support plan support residents current needs on 4.15.24
Community staff re-educated on 3.15.24 on notification to the Executive Director, Memory Care Director, Nurse or Med Tech on any change of condition.

231b - Medical Evaluation (continued)

Executive Director/ Designee will audit weekly for any resident change of condition that would require a modification in current support plan for three months or until compliance is determined . Findings will be reported to QAPI

Proposed Overall Completion Date: 05/15/2024

Licensee's Proposed Overall Completion Date: *05/15/2024*

Implemented [redacted] - 05/10/2024)

252 - Record Content

15. Requirements

2600.

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

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

Residents [redacted], and [redacted] records do not include a record of incident reports for the individual residents.

252 - Record Content (continued)

Resident [redacted] record does not include a face sheet with the following:

1. Name, gender, admission date, birth date, and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number, and relationship of a designated person to be contacted in case of an emergency.
6. The name, address, and telephone number of the resident's physician or source of health care.
7. Dietary restrictions.
8. A record of incident reports for the individual resident.
9. A list of allergies.

Plan of Correction ***Accept [redacted] - 04/03/2024)***

Resident [redacted] Incidents report was entered into their PCC Medical record on 2.27.24
Resident [redacted] Incidents report was entered into their PCC Medical record on 2.27.24
Resident [redacted] Incidents report was entered into their PCC Medical record on 2.27.24
Resident [redacted] Face Sheet was in PCC. A Hard Copy was placed on residents Paper chart on 2.27.24
Management Staff Inserviced on the process for completing Incident reports in PCC.
Incident Report Packet completed and Direct Care Staff educated on
Management Team, Community Nurses and Med Techs Educated on printing a residents Face Sheet and placing on Hard Chart when any new Demographic information updated on 2.28.24
Executive Director/ Designee will audit weekly on Incident Report Completion and Change in Resident Demographic information for three months or until compliance is determined . Findings will be reported to QAPI ....

Proposed Overall Completion Date: 05/15/2024

Licensee's Proposed Overall Completion Date: *05/15/2024*

Implemented [redacted] - 05/10/2024)