

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

April 4, 2024

[REDACTED], AUTHORIZED PERSON
BH GLEN MILLS MANAGEMENT PA LLC
[REDACTED]
[REDACTED]

RE: MERRILL GARDENS AT GLEN MILLS
52 BALTIMORE PIKE
GLEN MILLS, PA, 19342
LICENSE/COC#: 14670

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/26/2024, 02/27/2024 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: MERRILL GARDENS AT GLEN MILLS License #: 14670 License Expiration: 10/16/2024
 Address: 52 BALTIMORE PIKE, GLEN MILLS, PA 19342
 County: DELAWARE Region: SOUTHEAST

Administrator

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

Legal Entity

Name: BH GLEN MILLS MANAGEMENT PA LLC
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 11/20/2019 Issued By: Chester Heights Borough

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 92 Waking Staff: 69

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 02/27/2024

Inspection Dates and Department Representative

02/26/2024 - On-Site [REDACTED]
 02/27/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 120 Residents Served: 66

Secured Dementia Care Unit
 In Home: Yes Area: Garden House Capacity: 20 Residents Served: 14

Hospice
 Current Residents: 6

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 66
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 26 Have Physical Disability: 0

Inspections / Reviews

02/26/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/18/2024

03/20/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/04/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/25/2024

Inspections / Reviews *(continued)*

04/04/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/04/2024

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

04/04/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/04/2024

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.

The resident-home contract, dated [REDACTED], for Resident 2 was not signed by the resident.

Plan of Correction

Accept [REDACTED] - 04/04/2024)

The Guest Services Director will have the POA complete the "Unable to sign" document and sign the contract when the resident is unable to sign for themselves.

The Guest Services Director audited all other contracts to assure they are signed within the regulations on March 13, 2024. The General Manager In-Serviced the Marketers, Guest Services Director and the Business Office Manager on the proper procedures regarding contract signing on March 18, 2024.

The GM will review all new contracts to assure they are signed appropriately.

Date of completion: February 31, 2024

Licensee's Proposed Overall Completion Date: 03/21/2024

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

57c - 2 Hours/Day

2. Requirements

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

On [REDACTED], there were 66 residents in the home, including 26 residents with mobility needs, requiring a total minimum of 92 hours of direct care service. On this date, only 74 hours of direct care staffing were provided.

Plan of Correction

Accept [REDACTED] - 04/04/2024)

This discrepancy was caused by numerous last minute call offs.

The Resident Care Director and Lead Caregiver (and others on the "on -call" list) will step in for the future to assure there is adequate staffing for each day. An "on-call" list was created, the staffing regulation and call off procedures were in-serviced by the HSD on March 21, 2024 and a weekly meeting between the RCD and Lead caregiver has been established effective March 21. .

We will work with an Agency staffing company to supplement our care staff if needed to provide sufficient direct care hours.

The GM will provide oversight to ensure compliance.

Completion Date: March 31, 2024

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

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

57d Waking Hours

3. 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 2/25/24, a total of 92 hours of direct care were required. However, only 67 of the required hours, or 73 percent, were provided during waking hours.

Plan of Correction

Accept ([redacted] - 04/04/2024)

This discrepancy was caused by numerous last minute call offs.

The Resident Care Director and Lead Caregiver (and others on the "on -call" list) will step in for the future to assure there is adequate staffing for each day. An "on-call" list was created, the staffing regulation and call off procedures were in-serviced by the HSD on March 21, 2024 and a weekly meeting between the RCD and Lead caregiver has been established effective March 21, 2024.

We will work with an Agency staffing company to supplement our care staff if needed to provide sufficient direct care hours.

The GM will provide oversight to ensure compliance.

Completion Date: March 31, 2024

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

Implemented ([redacted] - 04/04/2024)

85a Sanitary Conditions

4. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 2/26/24 at 1:40pm, there was a strong odor of urine in Resident 3's apartment and a soiled incontinence pad on top of the resident's bed.

Plan of Correction

Accept ([redacted] - 04/04/2024)

This apartment was cleaned and sanitized immediately on February 26 and the soiled pad was removed.

The Resident Care Director and Lead Caregiver did an apartment to apartment check on February 28 and did not identify any additional violations.

The Resident Care Director or designee will complete a minimum of five random apartment checks each week starting on March 18, 2024 which will be documented for the next two months.

The caregiver staff will be in-serviced on March 27 regarding the expectations for sanitation.

The General Manager will ensure compliance.

Licensee's Proposed Overall Completion Date: April 9, 2024

Licensee's Proposed Overall Completion Date: 03/27/2024

Implemented ([redacted] - 04/04/2024)

103d Storing Food Off Floor

5. Requirements

103d Storing Food Off Floor (continued)

2600.
103.d. Food shall be stored off the floor.

Description of Violation

On 2/26/24 at 9:55am, 12 boxes of Deerpark water bottles were stored on the floor outside of the main kitchen in the hallway.

On 2/26/24 at 10:05am, 5 boxes of dry food items, 2 gallons of pancake and waffle syrup, and 2 bottles of imitation vanilla flavor were stored on the floor in the dry food storage near the main kitchen.

Plan of Correction

Accept [REDACTED] - 04/04/2024)

The items noted were immediately removed from the floor upon notification.
The Executive Chef immediately checked all other areas in the kitchen to ensure there were no additional violations on February 28, 2024. The Executive Chef In-Serviced the entire dining department staff concerning proper sanitation policies on March 11, 2024
The Executive Chef and General Manager will perform weekly checks starting on March 18, 2024 to ensure compliance. This will be documented for the next two months.
Licensee's Proposed Overall Completion Date: May 9, 2024

Licensee's Proposed Overall Completion Date: 03/21/2024

Implemented [REDACTED] - 04/04/2024)

103e Left Overs

6. Requirements

2600.
103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was a bag of diced potatoes, a bag of diced carrots, and a bag of ground beef patties that were unlabeled and undated in the walk-in freezer in the main kitchen.

Plan of Correction

Accept [REDACTED] - 04/04/2024)

The items noted were immediately removed from the floor upon notification.
The Executive Chef immediately checked all other areas in the kitchen to ensure there were no additional violations on February 28, 2024. The Executive Chef In-Serviced the entire dining department staff concerning proper sanitation policies on March 11, 2024
The Executive Chef and General Manager will perform weekly checks starting on March 18, 2024 to ensure compliance. This will be documented for the next two months.
Licensee's Proposed Overall Completion Date: May 9, 2024

Licensee's Proposed Overall Completion Date: 03/21/2024

Implemented [REDACTED] - 04/04/2024)

103g Storing Food

7. Requirements

2600.

103g Storing Food (continued)

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

There was a bag of diced potatoes, a bag of diced carrots, and a bag of ground beef patties that were opened and unsealed in the walk in freezer in the main kitchen.

Plan of Correction

Accept ([redacted]) - 04/04/2024)

The items noted were immediately removed from the floor upon notification.

The Executive Chef immediately checked all other areas in the kitchen to ensure there were no additional violations on February 28, 2024. The Executive Chef In Serviced the entire dining department staff concerning proper sanitation policies on March 11, 2024

The Executive Chef and General Manager will perform weekly checks starting on March 18, 2024 to ensure compliance. This will be documented for the next two months.

Licensee's Proposed Overall Completion Date: May 9, 2024

Licensee's Proposed Overall Completion Date: 03/21/2024

Implemented ([redacted]) - 04/04/2024)

105g - Lint Removal and Duct Cleaning

8. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 2/26/24, there was an approximate 1 inch accumulation of lint in the lint trap of the two clothes dryers on the second floor laundry room and one clothes dryer on the third floor laundry room. There were no clothes in the dryers at the time.

Plan of Correction

Accept ([redacted]) - 04/04/2024)

The dryers noted are available for resident use and were cleaned on February 27, 2024.

The Maintenance Director immediately checked all other dryer lint traps to assure there were no additional violations on February 27, 2024. The Maintenance Director In Serviced the Health services department members concerning proper safety policies on March 15, 2024.

The Maintenance Director or designee will perform weekly checks starting on March 18, 2024 to ensure this does not continue. This will be documented for the next two months.

The General Manager will ensure compliance.

Licensee's Proposed Overall Completion Date: May 9, 2024

Licensee's Proposed Overall Completion Date: 03/21/2024

Implemented ([redacted]) - 04/04/2024)

141a 1-10 Medical Evaluation Information

9. 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 4's medical evaluation, dated [REDACTED], did not include the immunization history.

Plan of Correction

Accept ([REDACTED] - 04/04/2024)

Immunization history was not completed by MD, and during initial review error was not observed. RCD or HSD to review all DME's when obtained from physician and request correction/completion of any noted missing required information.

Periodic random audits Utilizing the attached audit tool and our electronic health record. of DME's by RCD to ensure all DME's have been completed in entirety. The RCG was reviewed by the HSD, RCD and GM.

The General Manager will ensure compliance.

Licensee's Proposed Overall Completion Date: May 9, 2024

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

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

162c - Menus Posted

10. Requirements

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

Description of Violation

On 2/26/24, the home posted the menu for the period of 1/14/24-2/24/24. However, the weekly menus for the current week and the upcoming week were not displayed in a conspicuous and public place in the home.

Plan of Correction

Accept ([REDACTED] - 04/04/2024)

The Calendar was immediately posted upon notification.

The Executive Chef immediately checked all other areas in the dining areas and elevators to ensure there were no additional violations.

The Executive Chef and General Manager will perform weekly checks beginning on March 18, 2024 to ensure this does not continue. This will be documented for the next two months.

Licensee's Proposed Overall Completion Date: May 9, 2024

Licensee's Proposed Overall Completion Date: 03/21/2024

162c - Menus Posted (continued)

Implemented () - 04/04/2024)

184a - Resident's Meds Labeled

11. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

The pharmacy label for Resident 5's () inhalation aerosol powder does not include the prescribed dosage and instructions for administration.

Plan of Correction

Accept () - 04/04/2024)

Medication was not in original box that indicates dosage and instructions; therefore, new medication was ordered from pharmacy with dosage and instructions.

All other carts were checked for similar issues on February 28, 2024, and none were found.

Weekly medication cart audits to be completed by medication technician and bi-monthly by RCD or HSD or designee starting on March 18, 2024. This will be ongoing to ensure that medications are kept in original containers as part of the monthly QA program. Med-aides were in-serviced on March 15, 2024 on lesson 5 of the PA. DHS med-Tech training course.

General Manager to ensure compliance.

Audit chart needed for binder.

Licensee's Proposed Overall Completion Date: May 9, 2024

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

Implemented () - 04/04/2024)

185a - Implement Storage Procedures

12. 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

On (), the following prescription medications were not available in the home:

- Resident 1's (), take one tablet by mouth three times daily as needed for ().
- Resident 1's () lotion, apply to bilateral upper and lower extremities and back daily as needed for ().
- Resident 1's (), take one tablet by mouth every 8 hours as needed for ().
- Resident 4's (), take one tablet by mouth every 8 hours as needed for ().

185a Implement Storage Procedures (continued)

- Resident 6's [REDACTED] by mouth once daily as needed for [REDACTED] max dose [REDACTED] in 24 hours.
- Resident 6's [REDACTED] apply to affected area(s) twice daily as needed.
- Resident 7's [REDACTED], take one tablet by mouth twice daily as needed.

Plan of Correction

Accept ([REDACTED] - 04/04/2024)

Medications were not available for residents due to requiring new prescriptions from physician, therefore new prescriptions were requested from physicians to be sent to the pharmacy.

In Service: Review with med tech PA DHS medication administration course lesson 5: recording and storage of medications [on 3/15/2024 by HSD].

In Serviced: Review of Merrill Gardens policies on medication management with med tech [on 3/15/2024 by HSD].

Educate med tech on timely ordering of medication from the pharmacy [on 3/15/2024 by HSD].

Weekly medication cart audits (over the next two months) by RCD, HSD or designee [starting 3/18/2024].

General Manager will ensure compliance.

Licensee's Proposed Overall Completion Date: 05/09/2024

Implemented ([REDACTED] 04/04/2024)

187b - Date/Time of Medication Admin.

13. 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 1 is prescribed the following medications, and their medication administration record does not include the initials of the staff person who administered medications at [REDACTED]

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

Resident 2 is prescribed the following medications, and their medication administration record does not include the initials of the staff person who administered medications at [REDACTED]

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

Resident 4 is prescribed the following medications, and their medication administration record does not include the initials of the staff person who administered medications at AM morning (7:01am 10:59am) and 9:00am on 2/26/24

187b - Date/Time of Medication Admin. (continued)

and 2/27/24.

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

Plan of Correction

Accept [Redacted] - 04/04/2024)

Med Tech failed to sign out the medications she had administered to residents, therefore medication administration was verified by counting contents of weekly cycle filled medications.
 All other medications were checked to ensure they were signed out.
 Staff were in-serviced on March 15, 2024 to Review PA DHS medication administration course lesson 7: Administration of medication, lesson 8 Documentation and lesson 9: medication errors.
 Staff were in-serviced on March 15, 2024 to Review of Merrill Gardens medication management policies with med techs.
 The Medication Tech Trainer Increased weekly medication pass observations starting March 18 .
 General Manager will ensure compliance.

Licensee's Proposed Overall Completion Date: 03/21/2024

Implemented ([Redacted] - 04/04/2024)

225c - Additional Assessment

14. 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

Resident 4's current annual assessment was completed on [Redacted]. However, the resident's previous assessment was completed on [Redacted]

Plan of Correction

Accept [Redacted] - 04/04/2024)

Assessment was late, and should have been completed on [Redacted]. Other assessments were checked for date accuracy on February 29.
 Assessment schedule was reviewed in facilities EHR by the HSD on March 21, 2024.
 HSD Verified in EHR that assessments are coded correctly on March 4, 2024
 General Manager will ensure compliance.
 Licensee's Proposed Overall Completion Date: May 9, 2024

225c - Additional Assessment (continued)

Licensee's Proposed Overall Completion Date: 03/21/2024

Implemented [REDACTED] - 04/04/2024)

227d - Support Plan Medical/Dental

15. 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 4 uses glasses to see, according to the preadmission screening form completed on [REDACTED]. However, the resident's assessment and support plan, dated [REDACTED], does not indicate this device for the vision need.

Resident 5 uses glasses to see, according to the preadmission screening form completed on [REDACTED]. However, the resident's assessment and support plan, dated [REDACTED] does not indicate this device for the vision need. Additionally, Resident 5 is on a special diet, liberal diabetics and heart-healthy diet. However, the resident's assessment and support plan, dated [REDACTED] is checked 'none' for the resident's dietary needs and does not address how to meet this need.

Resident 6 uses hearing aids to hear, according to the preadmission screening form completed on [REDACTED]. However, the resident's assessment and support plan, dated [REDACTED], does not indicate this device for the hearing need.

Resident 7's assessment and support plan, dated [REDACTED], does not indicate resident's social and recreational need for group activities and the reason for not participating in solitary or group activities.

Plan of Correction

Accept [REDACTED] - 04/04/2024)

Support plans did not identify resident's needs, such as eyeglasses and hearing aids. The support plans were updated to reflect these services on March 1, 2024 by the HSD.

Addendums to RASP completed and attached to current active support plans by HSD per conversation with survey team on March 1, 2024

Residents admitted to the SDU will have medical evaluations per DHS guidelines and reviewed by RCD and HSD for compliance using the attached audit form.

Licensee's Proposed Overall Completion Date: 03/21/2024

Implemented [REDACTED] - 04/04/2024)

227g -Support Plan Signatures

16. 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 1 participated in the development of his/her support plan on [REDACTED]. However, the resident did not sign the

227g Support Plan Signatures (continued)

support plan.

Resident 2 participated in the development of his/her support plan on [REDACTED]. However, the resident did not sign the support plan.

Resident 5 participated in the development of his/her support plan on [REDACTED]. However, the resident did not sign the support plan.

Resident 8 participated in the development of his/her support plan on [REDACTED]. However, the assessor did not sign the support plan.

Plan of Correction

Accept ([REDACTED] - 04/04/2024)

Service plans were not signed by residents or assessor. HSD complied with the recommendation from surveyor reviewed by HSD and RCD on February 27, 2024

Other support plans were reviewed by the HSD starting on February 27, 2024

Future support plans will be audited weekly (Starting March 18, 2024 by the HSD over the next two months

General Manager will ensure compliance.

Licensee's Proposed Overall Completion Date: May 9, 2024

Licensee's Proposed Overall Completion Date: 03/21/2024

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

231b - Medical Evaluation

17. 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 1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]; however, the resident's medical evaluation was completed on [REDACTED].

Plan of Correction

Accept ([REDACTED] - 04/04/2024)

Resident cognitive assessment on Prescreen was not completed within 72 hours prior to admission. Prescreens for SDU reviewed for compliance by RCD and HSD or designee on March 4, 2024.

Thorough review of DME's and Prescreens to check for blanks, missed documentation and correct dates on March 4, 2024.

All future admits will be checked by RCD or designee.

General Manager to ensure compliance.

Licensee's Proposed Overall Completion Date: 03/21/2024

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

231c - Preadmission Screening

18. 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 1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident’s written cognitive preadmission screening was completed on [REDACTED].

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

Plan of Correction

Accept [REDACTED] - 04/04/2024)

Resident cognitive assessment on Prescreen was not completed within 72 hours prior to admission.

Regulation reviewed by HSD and RCD and other files audited without finding any other improper dates on March 4, 2024 by the HSD.

All new admissions to SDU will have RASP and Cognitive prescreen completed within 72 hours prior to admission.

This will be monitored by the HSD or RCD or designee

General Manager to ensure compliance.

Licensee’s Proposed Overall Completion Date: May 9, 2024

Licensee’s Proposed Overall Completion Date: 03/21/2024

Implemented [REDACTED] - 04/04/2024)

234a - Admission Support Plan

19. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident’s admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident 1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident’s initial support plan was completed on [REDACTED].

Plan of Correction

Accept [REDACTED] - 04/04/2024)

Resident’s initial Support plan was completed four weeks post admission.(Unable to rectify at this point)

HSD and RCD reviewed the supporting regulation for SDU. Dates of remainder of memory care support plans were checked for compliance on March 21, 2024

Regulations were reviewed by the admission’s team (HSD, RSD, GM) [March 21, 2024].

All new admissions to the SDU will have RASP and Prescreen cognitive assessment with in 72 hours of admission per regulation. This will be done by the HSD or designee

General Manager will ensure compliance.

Licensee’s Proposed Overall Completion Date: May 9, 2024

234a - Admission Support Plan (*continued*)

Licensee's Proposed Overall Completion Date: 03/21/2024

Implemented (█) - 04/04/2024