



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: AUGUST 9, 2024

[REDACTED]
HSRE – Waters of Peters VII, LLC
[REDACTED]
[REDACTED]

RE: The Waters of McMurray
441 Valley Brook Road
McMurray, Pennsylvania 15317
License/COC #: 452782

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on February 27, 2024, February 28, 2024, March 26, 2024, and April 23, 2024, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence), mistreatment or abuse of residents being cared for in the facility, failure to submit an acceptable plan to correct noncompliance items, and failure to comply with the acceptable plan to correct noncompliance items, the Department hereby issues you a SECOND PROVISIONAL license to operate the above facility. A SECOND PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5) (relating to conditions for denial, nonrenewal or revocation). Your SECOND PROVISIONAL license is enclosed and is valid from August 9, 2024 to February 9, 2025.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.


Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2800.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2800	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
<u>Section:</u>					
187(d)	II	81	\$5	\$405	5 calendar days from mailing date of this letter
42(b)	II	81	\$5	\$405	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:


 Pennsylvania Department of Human Services
 Bureau of Human Services Licensing
 Room 631, Health and Welfare Building
 625 Forster Street
 Harrisburg, Pennsylvania 17120
 PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

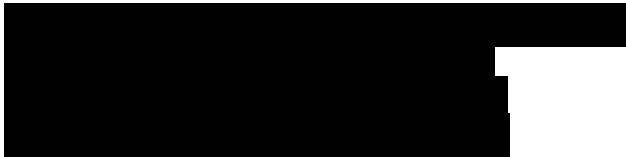
Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala". The signature is written in a cursive, flowing style.

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:



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

Facility Information

Name: *THE WATERS OF MCMURRAY* License #: *45278* License Expiration: *06/26/2024*
Address: *441 VALLEY BROOK ROAD, MCMURRAY, PA 15317*
County: *WASHINGTON* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *HSRE-WATERS OF PETERS VII, LLC*

[REDACTED]
[REDACTED] [REDACTED]

[REDACTED]

[REDACTED] Date: *12/18/2021* Issued By: *Peters Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *127* Waking Staff: *95*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Provisional* Exit Conference Date: *02/28/2024*

Inspection Dates and Department Representative

02/27/2024 - On-Site: [REDACTED]
02/28/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *127* Residents Served: *83*

Special Care Unit

In Home: *Yes* Area: *1st Floor* Capacity: *21* Residents Served: *16*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *83*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *44* Have Physical Disability: *0*

Inspections / Reviews

02/27/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/25/2024*

03/26/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 04/10/2024
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/02/2024

04/04/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 04/10/2024
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/11/2024

07/10/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: 04/10/2024
Reviewer: [REDACTED] Follow-Up Type: Enforcement

18 Other laws, regs, ordins.

1. Requirements

2800.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance. However, on 2/27/24:

- At 12:48 p.m. the carbon monoxide detector on the ceiling in living unit #406 was located approximately 10' 2" from the natural gas furnace located in the closet.
- At 1:14 p.m. the carbon monoxide detector on the ceiling in living unit #212 was located approximately 10' 2" from the natural gas furnace in the closet.
- At 1:30 p.m. the carbon monoxide detector on the ceiling in living unit #108 was located approximately 12" from the natural gas furnace located in the closet.

Plan of Correction

Accept [REDACTED] 03/26/2024)

In response to the violation on 02/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/04/2024 by the Environmental Service Manager to move the Carbon Monoxide Alarms at least 15' from the heating and a/c units in apartments 406, 212, and 108.

To enhance the currently compliant operations, on 03/06/2024 the Environmental Service Manager will walk the entire community and inspect all apartments to ensure that no further Carbon Monoxide Alarms are less than 15' from any fossil-fuel burning device, with a completion date of 03/20/2024.

Effective 03/20/2024 the Environmental Service Manager will perform annually All apartments have been checked and an additional 43 Carbon Monoxide Alarms have been relocated to ensure that they are 15' from heating and a/c units. through 03/20/2024 to maintain ongoing compliance with Effective 3/20/2024, all Carbon Monoxide Alarms have been moved complying with applicable Federal, State and local laws, ordinances and regulations. Compliance monitoring activities will be implemented under the supervision of the Environmental Service Manager. Any deficiencies will be corrected immediately, and findings will be documented and submitted to the Executive Director for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 03/20/2024
Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] 07/10/2024)

66b Content of training plan

2. Requirements

2800.

66.b. The plan must include training aimed at improving the knowledge and skills of the residence's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- 3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The staff training plan for training year 2024 does not include the dates, times and locations of the scheduled training for each staff person for the upcoming year.

66b Content of training plan (continued)

Plan of Correction

Accept [REDACTED] 03/26/2024)

In response to the violation on 02/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/04/2024 by the Business Operations Manager to add Relias print outs which include each staff persons dates, times and locations of the scheduled trainings.

To enhance the currently compliant operations, on 03/04/2024 the Business Operations Manager will continue to add Relias printouts of each staff person including the dates, times and locations of the scheduled trainings, with a completion date of 12/31/2024.

Effective 03/04/2024 the Business Operations Manager will perform as needed print Relias reports through 12/31/2024 to maintain ongoing compliance with ensuring the plan includes training aimed at improving the knowledge and skills of the residence’s direct care staff persons in carrying out their job responsibilities, and the staff training plan must include, including the dates, times and locations of the scheduled training for each staff person for the upcoming year. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2024

Licensee’s Proposed Date for POC Implementation

Implemented [REDACTED] 07/10/2024)

85a Sanitary conditions

3. Requirements

2800.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 2/27/24 at approximately 10:30 a.m., there were crushed peanuts and other pieces of food debris inside the gaskets of the sliding lid and scattered on the bottom of the kitchen's ice cream freezer.

Plan of Correction

Accept [REDACTED] 03/26/2024)

In response to the violation on 02/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/27/2024 by the Dining Room Manager to thoroughly clean the ice cream freezer including gaskets as well as the bottom.

To enhance the currently compliant operations, on 03/20/2024 the Dining Room Manager will check the ice cream freezer at least two times daily and conduct ongoing education with entire department on cleanliness, with a completion date of 03/22/2024.

Effective 03/22/2024 the Dining Room Manager will perform daily checks through 09/30/2024 to maintain ongoing compliance with A sign off sheet has been developed and will be utilized daily to ensure we are maintaining sanitary conditions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Licensee’s Proposed Date for POC Implementation

Not Implemented [REDACTED] 07/10/2024)

101j7 Lighting/operable lamp

4. Requirements

2800.

101.j. Each resident shall have the following in the living unit:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 2/27/24, the following residents did not have a source of light that could be turned on/off at bedside:

- *At 11:15 a.m., resident #1's lamp was located approximately 2 1/2' from [REDACTED] bed.*
- *At 11:30 a.m., resident #2's lamp was located approximately 2 1/2' behind the resident's bed, on top of a dresser.*
- *At 11:45 a.m., resident #3's lamp was located at the foot of the bed.*
- *At 1:30 p.m., resident #4's lamp was located at the foot of the bed.*

REPEAT VIOLATION: 11/15/2022 et al.

Plan of Correction**Accept [REDACTED] 03/26/2024)**

In response to the violation on 02/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/27/2024 by the Director of Health and Wellbeing to move all nightstands and lamps beside residents beds within arms reach.

To enhance the currently compliant operations:

1. *on 03/22/2024 the Director of Health and Wellbeing will add that nightstands and lamps are within reach to each residents services in our ElderMark system so that the care aides have to sign off on it daily, with a completion date of 03/22/2024.*
2. *on 03/22/2024 the Director of Health and Wellbeing will adhere push lights to the wall near each residents bed within arms reach and educate staff on the importance, with a completion date of 03/22/2024.*

The overall completion date is 03/22/2024.

Effective 03/22/2024 the Director of Health and Wellbeing will perform daily service check off in ElderMark through 12/31/2024 to maintain ongoing compliance with ensuring each resident has an operable lamp or other source of lighting that can be turned on at bedside. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Licensee's Proposed Date for POC Implementation

Implemented [REDACTED] 07/10/2024)

103e Leftovers

5. Requirements

2800.

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

On 2/27/24 at 10:15 a.m., there was an unlabeled and undated bowl of approximately 3 lbs. of shredded white cheddar cheese in the walk-in cooler.

103e Leftovers (continued)

Plan of Correction

Accept [REDACTED] 03/26/2024)

In response to the violation on 02/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/27/2024 by the Assistant Director of Culinary Services to discard unlabeled and undated cheese.

To enhance the currently compliant operations, on 03/20/2024 the Director of Culinary Services will educate all team members on proper food storage, with a completion date of 03/22/2024.

Effective 03/22/2024 the Director of Culinary will perform daily audits through 12/31/2024 to maintain ongoing compliance with ensuring food served and returned from an individual's plate is not be served again or used in the preparation of other dishes, and leftover food is labeled and dated. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] - 07/10/2024)

103f Fridge/Freezer Temps

6. Requirements

2800.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 2/27/24 at 10:34 a.m., there was no thermometer in the Hoshizaki Low-Boy Cooler under the flattop and char-broiler in the kitchen.

REPEAT VIOLATION: 11/15/2022 et al.

Plan of Correction

Accept [REDACTED] 03/26/2024)

In response to the violation on 02/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/27/2024 by the Asssitant Director of Culinary to get the thermometer that fell under the drawer and put it back up in place.

To enhance the currently compliant operations:

- 1. on 03/20/2024 the Director of Culinary will order a magnetic thermometer for the freezer so it adheres to the side, with a completion date of 03/22/2024.*
- 2. on 03/20/2024 the Director of Culinary will conduct an all staff training on the necessity of temping all coolers, refrigerators and freezers, with a completion date of 03/22/2024.*

The overall completion date is 03/22/2024.

Effective 03/20/2024 the Director fo Culinary will perform daily logs through 12/31/2024 to maintain ongoing compliance with ensuring food that requires refrigeration is stored at or below 40°F, and frozen food is kept at or below 0°F, and thermometers are in refrigerators and freezers. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

103f Fridge/Freezer Temps (*continued*)

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

Licensee's Proposed Date for POC Implementation

Implemented [REDACTED] 07/10/2024)

103g Storing food

7. Requirements

2800.

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

Description of Violation

On 2/27/24 at 10:15 a.m., there were 4 uncovered roasted turkey breasts in the walk-in cooler.

Plan of Correction

Accept [REDACTED] 03/26/2024)

In response to the violation on 02/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/27/2024 by the Assistant Director of Culinary to discard the turkey breasts. Turkey breasts were placed in the cooler the night before and had to sit to temp before being covered.

To enhance the currently compliant operations, on 03/20/2024 the Director of Culinary will conduct education with entire department on food storage, with a completion date of 03/22/2024.

Effective 03/22/2024 the Director of Culinary Service will perform daily check list of daily duties through 12/31/2024 to maintain ongoing compliance with storing food in closed or sealed containers. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Licensee's Proposed Date for POC Implementation

Implemented [REDACTED] 07/10/2024)

103i Outdated food

8. Requirements

2800.

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

Description of Violation

On 2/27/24 at approximately 10:24 a.m., the following unlabeled, undated foods were in the walk-in freezer:

- a container of barbecued pork ribs
- a bag of cod nuggets
- approximately three pounds of Italian sausage wrapped in plastic wrap

Plan of Correction

Accept [REDACTED] 03/26/2024)

In response to the violation on 02/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/27/2024 by the Assistant Director of Culinary to discard all opened unlabeled and undated.

To enhance the currently compliant operations:

1. on 03/20/2024 the Director of Culinary will educate entire department on labeling and dating opened food, with a completion date of 03/22/2024.
2. on 03/20/2024 the Director of Culinary will purchase storage containers for opened bags of food, with a

103i Outdated food (continued)

completion date of 03/22/2024.

The overall completion date is 03/22/2024.

Effective 03/22/2024 the Director of Culinary will perform daily audits through 12/31/2024 to maintain ongoing compliance with ensuring outdated or spoiled food or dented cans are not be used. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] - 07/10/2024)

132c Fire drill records

9. Requirements

2800.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the residence at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 2/12/24 at 12:30 p.m. indicates there were 60 residents in the residence at the time of the drill and 60 residents were evacuated; however, there were 79 residents in the building at the time of the drill.

Plan of Correction

Accept [REDACTED] 03/26/2024)

In response to the violation on 02/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/05/2024 by the Executive Director to redo the Fire Drill Record for February 2024.

To enhance the currently compliant operations, on 03/20/2024 the Executive Director will educate all directors and lead concierge on who what residents we count for under # of residents in the home at the time alarm sounds, that is is both Assisted Living and Memory Care, with a completion date of 03/20/2024.

Effective 03/20/2024 the Executive Director will perform monthly sign off through 12/31/2024 to maintain ongoing compliance with a written fire drill record including the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the residence at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/20/2024

Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] 07/10/2024)

132g Fire drills – days/times

10. Requirements

2800.

132g Fire drills – days/times (continued)

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home regularly schedules 4 staff persons in the home between 11:00 p.m. and 7:00 am; however, the home has not conducted a fire drill with the minimum of 4 staff persons within the past year.

Plan of Correction

Accept [REDACTED] 03/26/2024)

In response to the violation on 02/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/05/2024 by the Executive Director to review staffing on overnight shifts.

To enhance the currently compliant operations, on 03/05/2024 the Executive Director will ensure that appropriate staffing levels are on each shift and fire drills occur when we have lesser staff on shift, overnight shift has a minimum 4 nursing staff persons along with bringing someone in early on days to assist with getting residents up for the day and we also have a full time concierge that works overnights as well, with a completion date of 12/31/2024.

Effective 03/05/2024 the Executive Director will perform monthly fire drill through 12/31/2024 to maintain ongoing compliance with fire drills being held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Executive Director for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 12/31/2024
Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] 10/2024)

141a Medical evaluation

11. Requirements

2800.

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.

Description of Violation

Resident #5's medical evaluation, dated 1/3/24, does not include the medical professional's license number. This area of the form is blank.

Plan of Correction

Accept [REDACTED] 03/26/2024)

In response to the violation on 02/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/22/2024 by the Director of Health and Wellbeing to get a new medical evaluation on the resident since the physician who signed the original one could not be reached.

To enhance the currently compliant operations, on 03/25/2024 the Senior Director of Health and Wellbeing will educate nurses on ensuring that all medical evaluations are fully complete upon receiving them from the physician, with a completion date of 03/25/2024.

141a Medical evaluation (continued)

Effective 03/29/2024 the Senior Director of Health and Wellbeing will perform monthly audits through 12/31/2024 to maintain ongoing compliance with resident having 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, and the evaluation includes, including a general physical examination by a physician, physician's assistant or nurse practitioner. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/25/2024

Licensee's Proposed Date for POC Implementation

Not Implemented ([REDACTED] 07/10/2024)

141b1 Annual medical evaluation

12. Requirements

2800.

141.b. A resident shall have a medical evaluation:

- 1. At least annually.

Description of Violation

Resident #2's most recent medical evaluation was completed on 1/24/24. The resident's previous medical evaluation was unable to be located; therefore, timeliness of the medical evaluation is unable to be determined.

Plan of Correction

Accept ([REDACTED] 03/26/2024)

In response to the violation on 02/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/20/2024 by the Senior Director of Health and Wellbeing to put an audit tool in place tracking all medical evaluations.

To enhance the currently compliant operations, on 03/20/2024 the Senior Director of Health and Wellbeing will provided education to nurses on timeliness and completion of medical evaluations, with a completion date of 03/25/2024.

Effective 03/29/2024 the Senior Director of Health Wellbeing will perform monthly audits through 12/31/2024 to maintain ongoing compliance with each resident having a medical evaluation at least annually. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/25/2024

Licensee's Proposed Date for POC Implementation

Not Implemented ([REDACTED] - 07/10/2024)

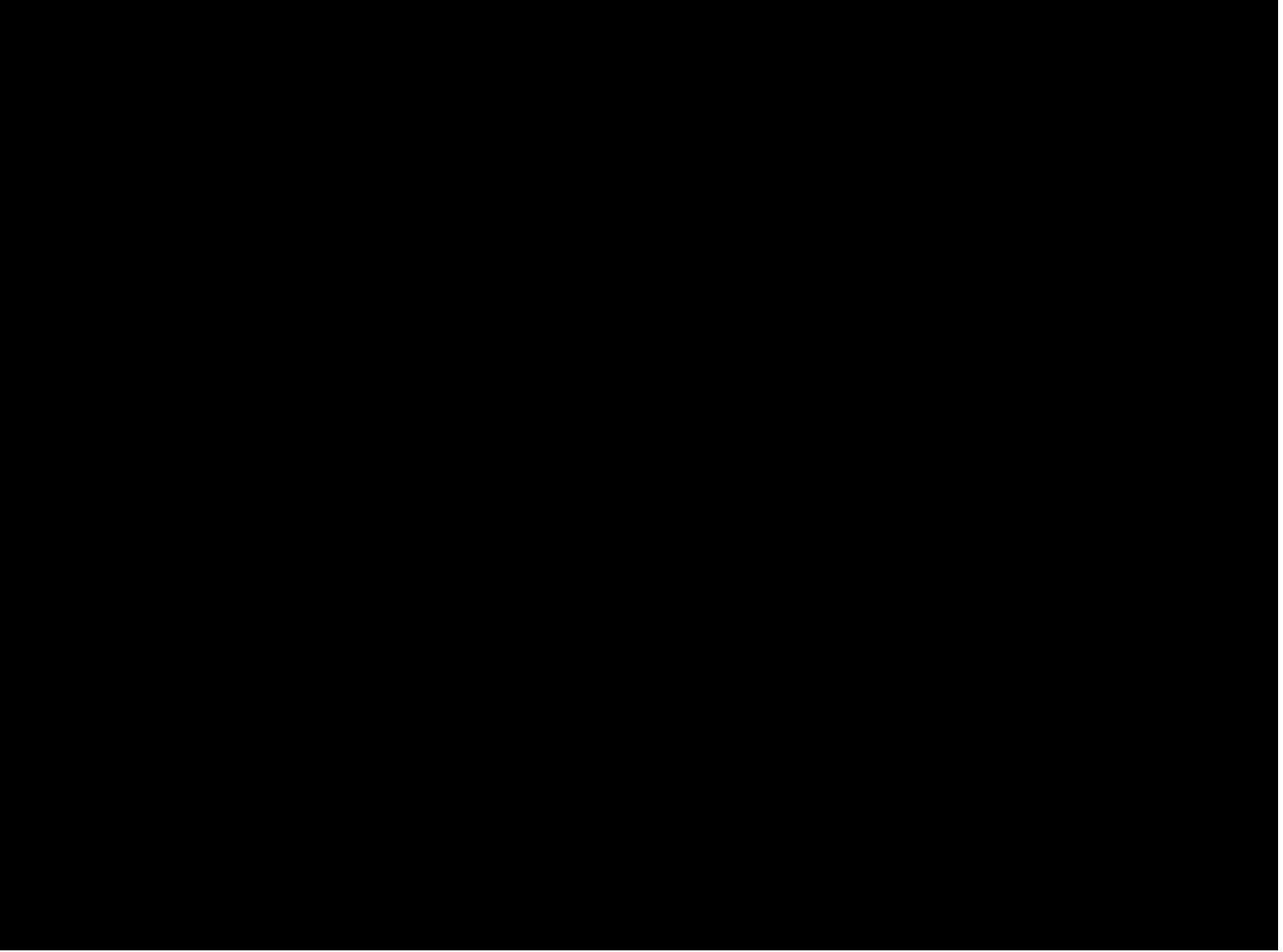
141b2 Medical evaluation changes

13. Requirements

2800.

141.b. A resident shall have a medical evaluation:

- 2. If the medical condition of the resident changes prior to the annual medical evaluation.



161g Snacks

14. Requirements

2800.

161.g. Between-meal snacks and beverages shall be available at all times for each resident, unless medically contraindicated as documented in the resident’s support plan.

Description of Violation

Staff and resident interviews indicate that between-meal snacks and beverages are not available to assisted living residents from approximately 7:30 p.m. when the main kitchen closes until it reopens at approximately 5:30 a.m. daily.

Plan of Correction

Accept [redacted] 03/26/2024)

In response to the violation on 02/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/15/2024 by the Executive Director and Director of Health and Wellbeing to remind residents that snacks are readily available to them even when the kitchen is closed.

To enhance the currently compliant operations:

1. on 03/15/2024 the Executive Director and Director of Health and Wellbeing will put a reminder in our weekly update email that goes out to all families and residents about snacks being readily available for them, with

161g Snacks (continued)

a completion date of 03/15/2024.

2. on 03/20/2024 the Director of Health and Wellbeing will educate all staff on availability of snacks for residents at all times and where they can go to get these, with a completion date of 03/22/2024.

The overall completion date is 03/22/2024.

Effective 03/20/2024 the Executive Director and Director of Health and Wellbeing will perform weekly checks with residents and team members through 06/30/2024 to maintain ongoing compliance with between-meal snacks and beverages being available at all times for each resident, unless medically contraindicated as documented in the resident's support plan. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] 07/10/2024)

183d Current medications

15. Requirements

2800.

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

Description of Violation

On 2/28/24, resident #2's albuterol HFA 90mcg inhaler prescribed on 12/28/23-Inhale 2 puffs every 4 hours as needed for 14 days- was in the residence's medication cart.

Plan of Correction

Accept [REDACTED] 03/26/2024)

In response to the violation on 02/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/28/2024 by the Senior Director of Health and Wellbeing to discard of the inhaler.

To enhance the currently compliant operations, on 03/20/2024 the Senior Director of Health and Wellbeing will provide education to all nurses and med techs, with a completion date of 03/25/2024.

Effective 03/20/2024 the Senior Director of Health and Wellbeing will perform daily med cart audits through 12/31/2024 to maintain ongoing compliance with only current prescription, OTC, sample and CAM for individuals living in the home being kept in the residence. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/25/2024

Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] 07/10/2024)

184a Resident meds labeled

16. Requirements

2800.

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

184a Resident meds labeled (*continued*)

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

Description of Violation

Resident #7's Humalog insulin does not have a pharmacy label.

Plan of Correction

Accept [REDACTED] 03/26/2024)

In response to the violation on 02/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/28/2024 by the Director of Health and Wellbeing to contact the pharmacy and have them send over a label for the Humalog.

To enhance the currently compliant operations, on 03/20/2024 the Senior Director of Health and Wellbeing will provide education to all nurses and med techs, with a completion date of 03/25/2024.

Effective 03/20/2024 the Nurses and/or med techs will perform daily med cart audits through 12/31/2024 to maintain ongoing compliance with the original container for prescription medications being labeled with a pharmacy label that includes , including the resident's name, and the name of the medication, and the prescribed dosage and instructions for administration, and the name and title of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director of Health and Wellbeing for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 03/25/2024

Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] 07/10/2024)

185a Storage procedures

17. Requirements

2800.

185.a. The residence 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 #1 is ordered hydroxyzine HCL 25mg-Take 1 tablet by mouth every 8 hours as needed; however, on 2/28/24, the medication had not been available in the residence since 2/17/24.

Resident #3 is ordered olanzapine 10mg-Take 1 tablet by mouth every 6 hours as needed; however, on 2/28/24, the medication was not available in the residence.

Plan of Correction

Accept [REDACTED] 03/26/2024)

In response to the violation on 02/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/28/2024 by the Director of Health and Wellbeing to order both missing medications.

To enhance the currently compliant operations, on 03/20/2024 the Senior Director of Health and Wellbeing will provide education to all nurses and med techs, with a completion date of 03/25/2024.

185a Storage procedures (continued)

Effective 03/20/2024 the nurses and med techs will perform daily med cart audits through 12/31/2024 to maintain ongoing compliance with the residence developing and implementing procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Director of Health and Wellbeing for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 03/25/2024

Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] 07/10/2024)

187b Date/time of med admin

18. Requirements

2800.

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

Description of Violation

Resident #7's February 2024 medication administration record (MAR) indicates multiple staff, including staff member A and staff member B, administered Micro-guard 2% on various dates at 9:00 a.m. and 5:00 p.m.; however, staff interviews indicate the resident's [REDACTED] has been administering the medication instead of the staff.

Plan of Correction

Accepted [REDACTED] 03/26/2024)

In response to the violation on 02/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/28/2024 by the Director of Health and Wellbeing to review proper medication management with nurses and med techs.

To enhance the currently compliant operations, on 03/20/2024 the Senior Director of Health and Wellbeing will provide further education to nurses and med techs on proper medication management, with a completion date of 03/25/2024.

Effective 03/25/2024 the Director of Health and Wellbeing will perform weekly nurse and/or med tech interviews through 12/31/2024 to maintain ongoing compliance with the information in subsection (a)(13) and (14) being recorded at the time the medication is administered. Any deficiencies will be corrected immediately, and findings will be documented and reported to the Executive Director for further review and continuous improvement.

Licensee's Proposed Overall Completion Date: 03/25/2024

Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] 07/10/2024)

187d Follow prescriber's orders

19. Requirements

2800.

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

Description of Violation

Resident #7 is prescribed Humalog Kwikpen 100 units/mL-Inject subcutaneously three times a day per sliding scale, as follows: 141-180=2U, 181-220= 4U, 221-260=6U, 261-300=8U, 301-340=10U, 341-449=12U, > 450 notify MD. On 2/4/24, at 4:00 p.m., resident #7's blood glucose reading was 178; however, Humalog insulin was not administered to

187d Follow prescriber's orders (continued)

the resident.

REPEAT VIOLATION; 6/26/2023 et al.

Plan of Correction

Directed [REDACTED] 04/04/2024)

In response to the violation on 02/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/25/2024 by the Senior Director of Health and Wellbeing to educate nurses and med techs on how to follow prescriber orders and if a med error occurs, on ensuring that resident, and the resident designated person are aware of the med error, as well as the prescriber of the medication. Process on how to file an incident report when there is a medication error was reviewed as well. Also educated on documenting the medication error in the residents permanent record including the date and time that the residents record was updated.

To enhance the currently compliant operations, on 03/25/2024 the Senior Director of Health and Wellbeing will provide further education to nurses and med techs on newly developed medication tool to track prescribers orders, with a completion date of 04/01/2024.

Effective 03/29/2024 the Senior Director of Health and Wellbeing will perform monthly audits through 12/31/2024 to maintain ongoing compliance with the home following the directions of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Please see attachments

Proposed Overall Completion Date: 04/01/2024

DIRECTED

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall notify the resident and the resident's designated person of the medication error. Documentation of the notification shall be kept. 4/4/24 [REDACTED]

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall notify the resident's prescriber of the medication error. Documentation of the notification shall be kept. 4/4/24 [REDACTED]

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall file an incident report for the medication error. 4/4/24 [REDACTED]

Within 1 calendar day of receipt of the accepted plan of correction: The administrator shall document the medications error as part of the resident's permanent record. 4/4/24 [REDACTED]

Directed Completion Date: 04/05/2024

Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] 07/10/2024)

224a2 30 days prior to admission

20. Requirements

2800.

224.a.2. An individual shall have a written initial assessment that is documented on the Department's assessment form within 30 days prior to admission unless one of the conditions contained in paragraph (3) apply.

224a2 30 days prior to admission (continued)

Description of Violation

Resident #1 was admitted to the residence on [REDACTED] 23; however, the resident's initial assessment was not completed until 10/25/23.

Resident #7 was admitted on [REDACTED] 23; however, the resident's Initial assessment was not completed until 10/25/23.

Plan of Correction

Accept [REDACTED] - 03/26/2024)

In response to the violation on 02/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/20/2024 by the Senior Director of Health and Wellbeing to educate nurses on timeliness of assessments.

To enhance the currently compliant operations, on 03/25/2024 the Senior Director of Health and Wellbeing will use tracker sheet to ensure timeliness completion of assessments, with a completion date of 12/31/2024.

Effective 03/29/2024 the Senior Director of Health and Wellbeing will perform monthly audits through 12/31/2024 to maintain ongoing compliance with an individual having a written initial assessment that is documented on the Department's assessment form within 30 days prior to admission unless one of the conditions contained in paragraph (3) apply. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2024

Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] - 07/10/2024)

225a1 Assessment – annually

21. Requirements

2800.

225.a.1. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department's assessment form. Additional written assessments shall be completed as follows: Annually.

Description of Violation

Resident #7's most recent assessment, dated [REDACTED] 23, indicates the resident requires a soft IDDSI Level 6 diet; however, on 2/19/24, the resident was ordered a minced moist IDDSI Level 5 diet.

Plan of Correction

Accept [REDACTED] - 04/04/2024)

In response to the violation on 02/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/22/2024 by the Senior Director of Health and Wellbeing to update resident assessment.

To enhance the currently compliant operations, on 03/20/2024 the Senior Director of Health and Wellbeing will educate nurses and med techs on thoroughness and timeliness of resident assessments along with introducing a tool that will be used for monthly diet audits, with a completion date of 04/02/2024.

225a1 Assessment – annually (continued)

Effective 04/01/2024 the Senior Director of Health and Wellbeing will perform monthly audits through 12/31/2024 to maintain ongoing compliance with the administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN completing additional written assessments for each resident, and a residence using its own assessment form if it includes the same information as the Department's assessment form, and additional written assessments being completed annually. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Please see attachments

Licensee's Proposed Overall Completion Date: 04/02/2024

Licensee's Proposed Date for POC Implementation

Not Implemented (██████████ 07/10/2024)

227d Support plan – med/dental

22. Requirements

2800.

227.d. Each residence shall document in the resident's final support plan the dietary, 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 residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.

Description of Violation

Resident #4's most recent assessment, dated ██████████/23, indicates the resident requires assistance with eating, transferring in/out of bed/chair, bladder management, and bowel management; however, the resident's most recent support plan, dated 6/20/23, does not address the services the residence will provide to meet the resident's needs.

Plan of Correction

Accept (██████████ 03/26/2024)

In response to the violation on 02/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/22/2024 by the Director of Health and Wellbeing to update residents support plan.

To enhance the currently compliant operations, on 03/20/2024 the Senior Director of Health and Wellbeing will educate all nurses on proper completion of support plans, with a completion date of 03/25/2024.

Effective 03/23/2024 the Senior Director of Health and Wellbeing will perform monthly audits through 12/31/2024 to maintain ongoing compliance with each residence documenting in the resident's final support plan the dietary, 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, and this requirement does not require a residence to pay for the cost of these medical and behavioral care services, and the final support plan documenting the assisted living services and supplemental health care services, if applicable, that will be provided to the resident. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/25/2024

Licensee's Proposed Date for POC Implementation

Not Implemented (██████████ 07/10/2024)

227g Support plan - signatures

23. Requirements

2800.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #4's most recent assessment and support plan, dated [REDACTED] 23, was not signed by the assessor.

Resident #8's most recent assessment and support plan, dated [REDACTED] 23, was not signed by the assessor.

Plan of Correction

Accept [REDACTED] 03/26/2024)

In response to the violation on 02/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/05/2024 by the Director of Health and Wellbeing to have both assessments and support plans signed by the assessor.

To enhance the currently compliant operations, on 03/20/2024 the Senior Director of Health and Wellbeing will educate all nurses on how to properly complete assessments and support plans, with a completion date of 03/25/2024.

Effective 03/29/2024 the Senior Director of Health and Wellbeing will perform monthly audits through 12/31/2024 to maintain ongoing compliance with individuals who participate in the development of the support plan signing and dating the support plan. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/25/2024

Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] 07/10/2024)

227h Support plan – refusal sign

24. Requirements

2800.

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

Description of Violation

Resident #2's most recent support plan, dated [REDACTED] /24, is not signed by the resident and does not indicate if the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

Resident #4's most recent support plan, dated [REDACTED] 23, is not signed by the resident and does not indicate if the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

Plan of Correction

Accept [REDACTED] 03/26/2024)

In response to the violation on 02/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/22/2024 by the Director of Health and Wellbeing to correct both residents support plans.

To enhance the currently compliant operations, on 03/20/2024 the Senior Director of Health and Wellbeing will provide education to nurses on how to properly complete a support plan ensuring that either a signature is obtained or if the resident is unable to participate, declined to participate, refused to sign or was unable to sign is documented on the support plan, with a completion date of 03/25/2024.

227h Support plan – refusal sign (continued)

Effective 03/29/2024 the Senior Director of Health and Wellbeing will perform monthly audits through 12/31/2024 to maintain ongoing compliance with if a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign being documented. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/25/2024
Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] 07/10/2024)

231b Medical evaluation

25. Requirements

2800.

231.b. Medical evaluation. A resident or potential 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.

1. Documentation for a special care unit for residents with Alzheimer's disease or dementia must include the resident's diagnosis of Alzheimer's disease or dementia and the need for the resident to be served in a special care unit.

Description of Violation

Resident #1's initial medical evaluation was completed on [REDACTED] 23. The resident's ability to self-administer medications and mobility needs were updated on 10/11/23; however, the medical evaluation does not indicate the date, time, and that the medical professional who completed the form was contacted and gave permission to update the form.

Resident #7's initial medical evaluation was completed on [REDACTED] 23. The resident's mobility need was updated on 10/25/23; however, the medical evaluation does not indicate the date, time, and that the medical professional who completed the form was contacted and gave permission to update the form. In addition, documentation does not include the resident's diagnosis of Alzheimer's disease or dementia and the need for the dementia-related care in a secured area.

Plan of Correction

Accept [REDACTED] 03/26/2024)

In response to the violation on 02/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/22/2024 by the Director of Health and Wellbeing to both residents medical evaluations were fixed so that they now contain all the necessary information.

To enhance the currently compliant operations, on 03/20/2024 the Senior Director of Health and Wellbeing will provide education to nurses on how to properly complete a medical evaluation, with a completion date of 03/25/2024.

Effective 03/29/2024 the Senior Director of Health and Wellbeing will perform monthly audits through 12/31/2024 to maintain ongoing compliance with a resident or potential resident having 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, and documentation for a special care unit for residents with Alzheimer's disease or dementia including the resident's diagnosis of Alzheimer's disease or dementia and the need for the resident to be served in a special care unit. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

231b Medical evaluation (continued)

Licensee's Proposed Overall Completion Date: 03/25/2024

Licensee's Proposed Date for POC Implementation

Not Implemented (■■■■ 07/10/2024)

231c1 Preadmit screening

26. Requirements

2800.

231.c.1.i. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's cognitive preadmission screening form shall be completed for each resident within 72 hours prior to admission to a special care unit.

Description of Violation

Resident #2 was admitted to the special care unit on ■■■■ 23. However, the resident's written cognitive preadmission screening is stamped with a faxed date of 1/3/23 and does not include a diagnosis requiring special care services or the participants. These areas of the form are blank.

Resident #3 was admitted to the special care unit on ■■■■ 23; however, the resident's written cognitive preadmission screening, dated 4/12/23, is not signed by the physician. This area of the form is blank.

Resident #7 was admitted to the special care unit on ■■■■ 14/23; however, the resident's written cognitive preadmission screening, dated 6/13/23, is not signed by the physician. This area of the form is blank.

Plan of Correction

Accept (■■■■ 03/26/2024)

In response to the violation on 02/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/22/2024 by the Director of Health and Wellbeing to update all all residents written cognitive preadmission screenings with all necessary information.

To enhance the currently compliant operations, on 03/20/2024 the Senior Director of Health and Wellbeing will provide education to nurses on the proper way for a written cognitive preadmission screening to be completed, with a completion date of 03/25/2024.

Effective 03/29/2024 the Senior Director of Health and Wellbeing will perform monthly audits through 12/31/2024 to maintain ongoing compliance with a written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's cognitive preadmission screening form being completed for each resident within 72 hours prior to admission to a special care unit. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/25/2024

Licensee's Proposed Date for POC Implementation

Not Implemented (■■■■ 07/10/2024)

234a Admission – support plan

27. Requirements

2800.

234.a.1. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the special care unit, a support plan shall be developed, implemented and documented in the resident record.

234a Admission – support plan (continued)

Description of Violation

Resident #1 was admitted to the special care unit on [REDACTED]/23; however, the resident's initial support plan was completed on 10/25/23 and does not indicate the plan to meet [REDACTED] needs in the areas of orientation, judgment, aggression, and communication of needs. In addition, the resident has a history of falls and has a fall mat in [REDACTED] room; however, this is not indicated on [REDACTED] support plan.

Resident #2 was admitted to the special care unit on [REDACTED] 23; however, the resident's initial support plan was completed on 1/25/23.

Plan of Correction

Accept [REDACTED] 03/26/2024)

In response to the violation on 02/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/22/2024 by the Director of Health and Wellbeing to correct residents support plans.

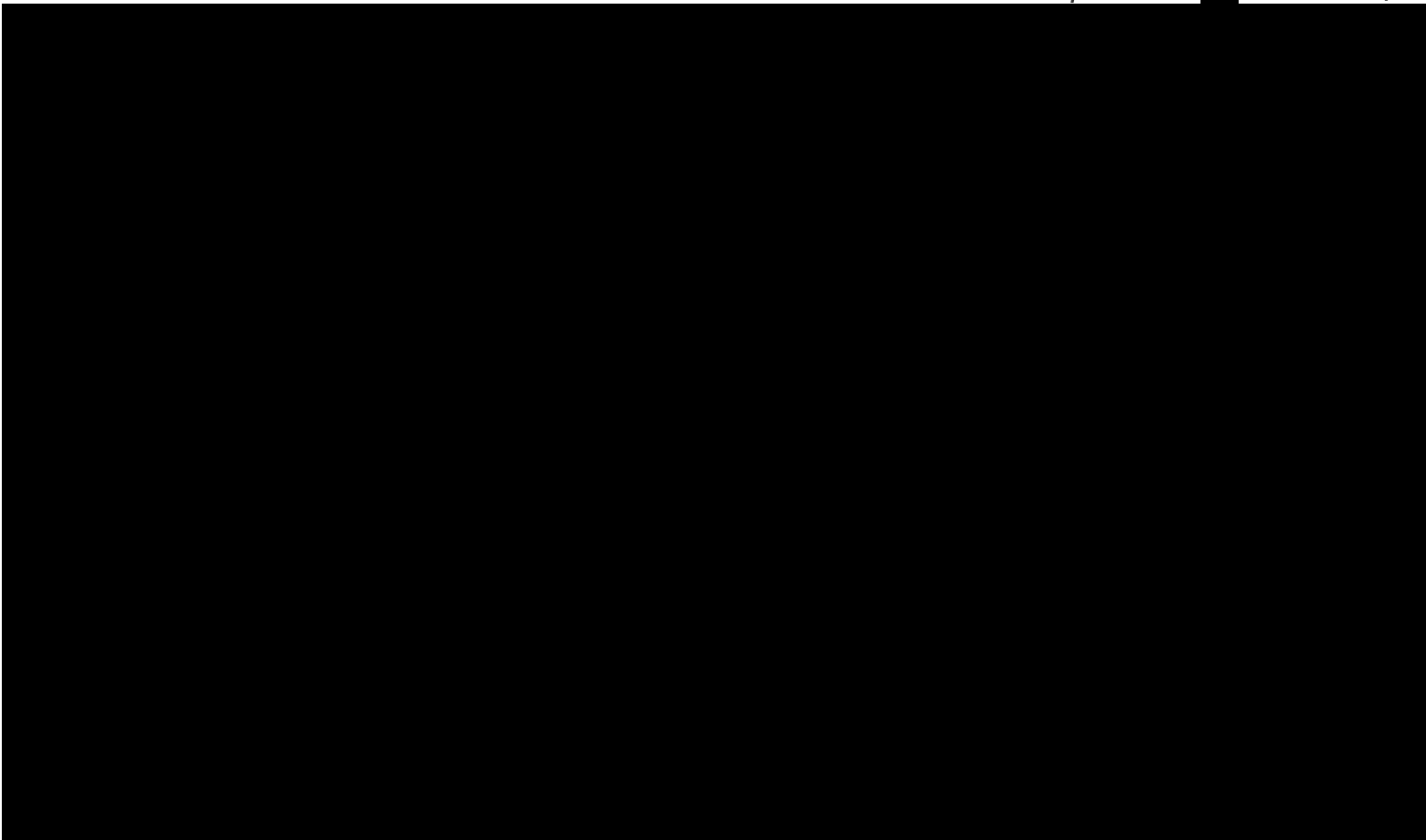
To enhance the currently compliant operations, on 03/20/2024 the Senior Director of Health and Wellbeing will educate nurses on proper guidelines and timelines of completion of support plan for residents admitted to special care units, with a completion date of 03/25/2024.

Effective 03/29/2024 the Senior Director of Health and Wellbeing will perform monthly audits through 12/31/2024 to maintain ongoing compliance with , within 72 hours of the admission, or within 72 hours prior to the resident's admission to the special care unit, a support plan being developed, implemented and documented in the resident record. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

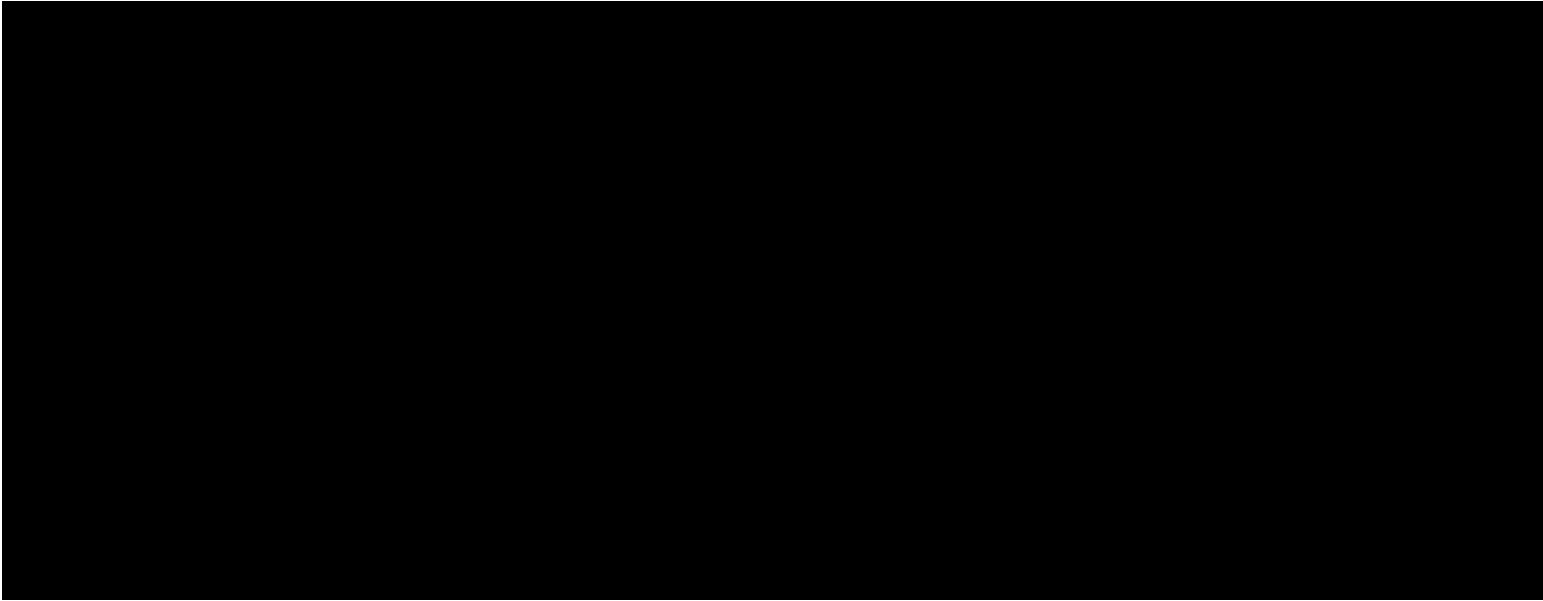
Licensee's Proposed Overall Completion Date: 03/25/2024

Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] - 07/10/2024)



234d Support plan - review (continued)



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

Facility Information

Name: *THE WATERS OF MCMURRAY* License #: *45278* License Expiration: *06/26/2024*
Address: *441 VALLEY BROOK ROAD, MCMURRAY, PA 15317*
County: *WASHINGTON* Region: *WESTERN*

Administrator

Name: [REDACTED]

Legal Entity

Name: *HSRE-WATERS OF PETERS VII, LLC*
[REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *12/18/2021* Issued By: *Peters Township*

Staffing Hours

Resident Support Staff: Total Daily Staff: *128* Waking Staff: *96*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Provisional, Incident* Exit Conference Date: *03/26/2024*

Inspection Dates and Department Representative

03/26/2024 - [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *127* Residents Served: *84*

Special Care Unit

In Home: *Yes* Area: *First Floor* Capacity: *21* Residents Served: *17*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *84*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *44* Have Physical Disability: *0*

Inspections / Reviews

03/26/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/13/2024*

Inspections / Reviews (*continued*)

04/16/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 05/10/2024

Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/23/2024

04/25/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 05/10/2024

Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 05/10/2024

07/10/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: 05/10/2024

Reviewer: [REDACTED] Follow-Up Type: Enforcement

42b Abuse/Neglect

1. Requirements

2800.

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 1/26/24, when resident #1's hospice aide arrived for the resident's scheduled care. The hospice aide reported the resident had a low-grade fever, was clammy to the touch and laboring to breathe, and was asking for [REDACTED] and [REDACTED] to come as soon as possible. The hospice nurse and the resident's family were called to the residence at approximately 2:30 p.m. The hospice nurse indicated that the resident had increased respiration, diminished lung sounds, and wheezing inspiration and expiration in the resident's upper lobe. The resident was visibly anxious but was able to use thumbs up and thumbs down to respond to questions. At 3:15 p.m., the hospice nurse obtained a verbal order from the resident's doctor for the following treatments:

- azithromycin 3-day dose pack 500mg oral tablet-Take 1 tablet orally once a day for 3 days. 1/26-1/28/24
- oxygen concentrator-Administer 2l/minute. May titrate to 4l as needed.

A comfort kit was ordered including these medications, lorazepam 2mg/ml and morphine 20mg/ml to be delivered to the residence as soon as possible. Because the resident was in distress, the nurse used an oxygen BiPAP machine to keep the resident's oxygen stats above 90 until the oxygen and medications arrived from the pharmacy.

The medications arrived on 1/27/24 at approximately 6:30 p.m.; however, staff person A, an LPN, refused the delivery of the azithromycin because it was not ordered from the home's pharmacy, the morphine because it was not in pre-filled syringes, and the lorazepam because it was in tablet form. The resident was in active distress; however, morphine was not administered until sometime between 11:30 p.m. on 1/26/24 and 12:30 a.m. on 1/27/24 when the family phoned the home because they saw resident #1, through a camera installed in the resident's room, having severe difficulty breathing. The resident's hospice nurse arrived to see the resident later that day and found the resident still had not been administered the antibiotics for possible aspiration pneumonia because the medication was not available in the residence. On 1/28/24, sometime after 4:30 p.m., the azithromycin was delivered a second time from the same pharmacy and was accepted by the residence's staff. However, the resident was not administered the medication until 1/29/24 at 9:00 a.m. because the nursing supervisor had never entered the medication into the electronic medication administration record (eMAR) system, causing a delay in treatment of approximately 36 hours.

On 1/24/24 at approximately 10:00 p.m., staff person B transferred resident #2 from [REDACTED] wheelchair to [REDACTED] bed in a violent and rough manner. The resident indicated that staff person B pushed and dragged to position [REDACTED] on the mattress as if [REDACTED] were a rolled-up rug and pulled very hard on [REDACTED] left arm while the resident was yelling at [REDACTED] in pain. The resident bit the inside of his mouth so hard that it was bleeding, and the resident's lower left arm had an approximate 4" by 4" skin tear from the staff person's rough handling. Other staff and resident interviews indicated that staff person B was awkward in transferring and interacting with residents, including resident #3 who indicated that staff person B was obnoxious and nasty and yelled at [REDACTED] in the home's elevator recently, saying-You shouldn't even be here. Nobody likes you. After this "verbal tirade", [REDACTED] told staff [REDACTED] did not want [REDACTED] to work with [REDACTED] in [REDACTED] room.

REPEAT VIOLATION: 8/1/2023 et al.; 6/26/2023 et al.

42b Abuse/Neglect (continued)

Plan of Correction

Accepted (████) 04/25/2024)

In response to the violation on 03/26/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/03/2024 by the Senior Director of Health and Wellbeing and Executive Director to educate staff on reporting of resident abuse, neglect and prevention. Also, reported the abuse to all necessary parties. Staff person B was suspended immediately, and then terminated once investigation was complete.

To enhance the currently compliant operations, on 04/11/2024 the Executive Director &/or Designee will schedule an ongoing education with Area Agency on Aging on reporting abuse, neglect and prevention for the entire staff. This education is scheduled for May 8th. FOX Rehab will also conduct a training on 4/23/24 on safe resident transfer techniques, with a completion date of 05/09/2024.

Effective 04/30/2024 the Executive Director &/or Designee will perform monthly resident interviews with 3 residents a month through 12/31/2024 to maintain ongoing compliance with ensuring each resident is not neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Licensee's Proposed Date for POC Implementation

Not Implemented (████) 07/10/2024)

65e Rights/Abuse 40 Hours

2. Requirements

2800.

65.e. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Safe management techniques.
6. Core competency training that includes the following:
 - i. Person-centered care.
 - ii. Communication, problem solving and relationship skills.
 - iii. Nutritional support according to resident preference.

Description of Violation

Staff person A, hired █████ 24, completed █████ 40th scheduled work hour; however, this staff person did not complete training in the following topics: mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), safe management techniques, core competency training that includes the following: person-centered care, communication, problem solving and relationship skills, and nutritional support according to resident preference.

Plan of Correction

Accepted (████) 04/25/2024)

In response to the violation on 03/26/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 03/26/2024 by the Executive Director &/or Designee to update our current PA Agency Onboarding Checklist to include regulation 65e along with all other state required trainings. Staff person A was educated to this, and signed off on new trainings.

65e Rights/Abuse 40 Hours (continued)

To enhance the currently compliant operations, on 04/04/2024 the Executive Director &/or Designee will ensure that all future agency staff have signed off and are trained on regulation 65e along with all other state required trainings, with a completion date of 04/22/2024.

Effective 04/04/2024 the Executive Director &/or Designee will perform monthly audits through 12/31/2024 to maintain ongoing compliance with ensuring that within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers have an orientation that includes , including mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and safe management techniques, and person-centered care, and communication, problem solving and relationship skills, and nutritional support according to resident preference. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] 07/10/2024)

141b1 Annual medical evaluation

3. Requirements

2800.

141.b. A resident shall have a medical evaluation:

- 1. At least annually.

Description of Violation

Resident #2's most recent medical evaluation was completed on [REDACTED] 24. The resident's previous medical evaluation was not provided; therefore, timeliness of the document is unable to be determined.

Plan of Correction

Accept [REDACTED] 04/25/2024)

In response to the violation on 03/26/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/12/2024 by the Senior Director of Health and Wellbeing to provide ongoing education to nurses on timeliness of completion of medical evaluations. A new medical evaluations. Could not complete a new med eval on resident #2 due to them no longer residing at the community.

To enhance the currently compliant operations, on 04/12/2024 the Senior Director of Health and Wellbeing will put an audit tool in place for tracking all medical evaluations, with a completion date of 04/30/2024.

Effective 04/30/2024 the Senior Director of Health and Wellbeing &/or Designee will perform monthly audits through 12/31/2024 to maintain ongoing compliance with each resident having a medical evaluation at least annually. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] 07/10/2024)

187b Date/time of med admin

4. Requirements

2800.

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 was administered azithromycin 500mg on 1/28/24 at 9:00 a.m. by staff person C; however, the resident's January 2024 medication administration record (MAR) does not include the initials of the staff person who administered the medication.

Resident #1 was administered morphine 20mg/ml sometime between 11:30 p.m. on 1/26/24 and 12:30 a.m. on 1/27/24; however, the resident's January 2024 MAR does not include the initials of the staff person who administered the medication.

Plan of Correction

Accept [REDACTED] 04/25/2024)

In response to the violation on 03/26/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/10/2024 by the Senior Director of Health and Wellbeing to review proper medication management with nurses and med techs. Unable to back date resident #1's MAR, so provided the education for moving forward.

To enhance the currently compliant operations, on 04/10/2024 the Senior Director of Health and Wellbeing will educate all nurses and med techs on proper procedures on medication administration, labeling, storing, dispositioning with emphasis on ensuring they are signing off on each medication administration, with a completion date of 04/23/2024.

Effective 04/30/2024 the Senior Director of Health and Wellbeing &/or Designee will perform monthly audits through 12/31/2024 to maintain ongoing compliance with the information in subsection (a)(13) and (14) being recorded at the time the medication is administered. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/23/2024

Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] 07/10/2024)

187d Follow prescriber's orders

5. Requirements

2800.

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

Description of Violation

On 1/26/24 at 3:15 p.m., resident #1 was prescribed azithromycin 3-day dose pack 500mg oral tablet-Take 1 tablet orally once a day for 3 days. 1/26-1/28/24. However, the medication was not administered until 1/28/24 at 9:00 a.m., 1/29/24 at 8:00 a.m., and 1/30/24 at 8:00 a.m.

REPEAT VIOLATION: 6/26/2023 et al.

Plan of Correction

Accept [REDACTED] 04/25/2024)

In response to the violation on 03/26/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/10/2024 by the Senior Director of Health and Wellbeing to educate nurses and med techs on how to follow prescribers orders. POA of resident #1 was notified of med error on 4/4/24 by Senior Director of Health of Wellbeing. Prescriber was also notified on 4/23/24 and PA State Incident Report was filed.

187d Follow prescriber's orders (continued)

To enhance the currently compliant operations, on 04/10/2024 the Senior Director of Health and Wellbeing will further educate nurses and med techs on newly developed medication tool to track prescribers orders as well as educate on notifying the prescriber of the medication error, including who made the notification, and the date that it was made, We will also follow the direction of the prescriber related to the medication error, with a completion date of 04/23/2024.

Effective 04/30/2024 the Senior Director of Health and Wellbeing &/or Designee will perform monthly audits through 12/31/2024 to maintain ongoing compliance with the home following the directions of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/23/2024

Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] 07/10/2024)

224a2 30 days prior to admission

6. Requirements

2800.

224.a.2. An individual shall have a written initial assessment that is documented on the Department's assessment form within 30 days prior to admission unless one of the conditions contained in paragraph (3) apply.

Description of Violation

Resident #2 was admitted to the residence on [REDACTED] 23; however, an initial assessment was not completed.

Resident #4 was admitted to the residence on [REDACTED] 23; however, an initial assessment was not completed.

Plan of Correction

Accept [REDACTED] 04/16/2024)

In response to the violation on 03/26/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/10/2024 by the Senior Director of Health and Wellbeing to complete new assessments and on both residents, however resident #2 is no longer with us so the assessment can not be finalized.

To enhance the currently compliant operations, on 04/10/2024 the Senior Director of Health and Wellbeing will provide ongoing education with all nurses on timeliness of assessment completion and will use a tracker to monitor, with a completion date of 04/12/2024.

Effective 04/30/2024 the Senior Director of Health and Wellbeing &/of Designee will perform monthly audits through 12/31/2024 to maintain ongoing compliance with an individual having a written initial assessment that is documented on the Department's assessment form within 30 days prior to admission unless one of the conditions contained in paragraph (3) apply. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/12/2024

Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] 07/10/2024)

224c1 Initial SP-30 days prior/adm

7. Requirements

2800.

224.c.1. An individual requiring services shall have a written preliminary support plan developed within 30 days prior to admission to the residence unless one of the conditions contained in paragraph (2) applies.

Description of Violation

Resident #2 was admitted to the residence on [REDACTED] 23; however, a written preliminary support plan was not completed.

Resident #4 was admitted to the residence on [REDACTED] /23; however, a written preliminary support plan was not completed.

Plan of Correction**Accept [REDACTED] 04/16/2024)**

In response to the violation on 03/26/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/10/2024 by the Senior Director of Health and Wellbeing and designee to update both residents support plans, however resident #2 is no longer with us so it could not be finalized.

To enhance the currently compliant operations, on 04/10/2024 the Senior Director of Health and Wellbeing will educate nurses on timeliness of written preliminary support plans, with a completion date of 04/10/2024.

Effective 04/30/2024 the Senior Director of Health and Wellbeing &/or Designee will perform monthly audits through 12/31/2024 to maintain ongoing compliance with an individual requiring services having a written preliminary support plan developed within 30 days prior to admission to the residence unless one of the conditions contained in paragraph (2) applies. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/10/2024

Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] 07/10/2024)**225a1 Assessment – annually****8. Requirements**

2800.

225.a.1. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department's assessment form. Additional written assessments shall be completed as follows: Annually.

Description of Violation

Resident #4's most recent assessment is undated; therefore, timeliness of the document is unable to be determined.

Plan of Correction**Accept [REDACTED] 04/16/2024)**

In response to the violation on 03/26/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/10/2024 by the Senior Director of Health and Wellbeing and designee to complete a new assessment for resident #4.

To enhance the currently compliant operations, on 04/10/2024 the Senior Director of Health and Wellbeing will educate all nurses on the importance of timeliness and completion of assessments, with a completion date of 04/12/2024.

225a1 Assessment – annually (continued)

Effective 04/30/2024 the Senior Director of Health and Wellbeing &/or designee will perform monthly audits through 12/31/2024 to maintain ongoing compliance with the administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN completing additional written assessments for each resident, and a residence using its own assessment form if it includes the same information as the Department’s assessment form, and additional written assessments being completed annually. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/12/2024

Licensee’s Proposed Date for POC Implementation

Not Implemented [REDACTED] 07/10/2024)

227c Final support plan - revision

9. Requirements

2800.

227.c. The final 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. The residence shall review each resident’s final support plan on a quarterly basis and modify as necessary to meet the resident’s needs.

Description of Violation

Resident #1’s assessment, dated [REDACTED] 23, indicates the resident was admitted to hospice services. However, the resident’s support plan, dated 10/22/23, does not indicate the care and services that hospice provides.

Plan of Correction

Accept [REDACTED] 04/16/2024)

In response to the violation on 03/26/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/10/2024 by the Senior Director of Health and Wellbeing and designee to update resident #1’s assessment, however resident #1 is no longer with us, so it was not able to be finalized.

To enhance the currently compliant operations, on 04/10/2024 the Senior Director of Health and Wellbeing will educate nurses on resident support plans and ensuring that they are updated to include any changes made to their assessments, with a completion date of 04/12/2024.

Effective 04/30/2024 the Senior Director of Health and Wellbeing &/or Designee will perform monthly audits through 12/31/2024 to maintain ongoing compliance with the final support plan being revised within 30 days upon completion of the annual assessment or upon changes in the resident’s needs as indicated on the current assessment, and the residence reviewing each resident’s final support plan on a quarterly basis and modifying as necessary to meet the resident’s needs. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/12/2024

Licensee’s Proposed Date for POC Implementation

Not Implemented [REDACTED] 07/10/2024)

227g Support plan - signatures

10. Requirements

2800.

227g Support plan - signatures (continued)

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #4's most recent support plan, which is undated, is not signed by the resident or the assessor, and there is no indication of the resident's refusal or inability to sign.

Plan of Correction

Accept [REDACTED] 04/16/2024)

In response to the violation on 03/26/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/10/2024 by the Senior Director of Health and Wellbeing and designee to update residents support plan ensuring that a signature was obtained by both the assessor and resident.

To enhance the currently compliant operations, on 04/10/2024 the Senior Director of Health and Wellness will educate nurses on importance of completion of support plans ensure that signatures of both assessor and resident, or the residents inability or refusal to sign are noted, with a completion date of 04/12/2024.

Effective 04/30/2024 the Senior Director of Health and Wellbeing &/or Designee will perform monthly audits through 12/31/2024 to maintain ongoing compliance with individuals who participate in the development of the support plan signing and dating the support plan. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/12/2024

Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] 07/10/2024)

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

Facility Information

Name: *THE WATERS OF MCMURRAY* License #: *45278* License Expiration: *06/26/2024*
Address: *441 VALLEY BROOK ROAD, MCMURRAY, PA 15317*
County: *WASHINGTON* Region: *WESTERN*

Administrator

Name: [REDACTED]

Legal Entity

Name: *HSRE-WATERS OF PETERS VII, LLC*
Address: [REDACTED]
Phone: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *12/18/2021* Issued By: *Peters Township*

Staffing Hours

Resident Support Staff: Total Daily Staff: *120* Waking Staff: *90*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Provisional* Exit Conference Date: *04/23/2024*

Inspection Dates and Department Representative

04/23/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *127* Residents Served: *81*

Special Care Unit

In Home: *Yes* Area: *First Floor* Capacity: *21* Residents Served: *17*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *81*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *39* Have Physical Disability: *0*

Inspections / Reviews

04/23/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/05/2024*

Inspections / Reviews *(continued)*

05/28/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 06/28/2024
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/04/2024

06/17/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 06/28/2024
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 07/01/2024

07/10/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: 06/28/2024
Reviewer: [REDACTED] Follow-Up Type: Enforcement

182b Prescription medication

1. Requirements

2800.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, RN, certified registered nurse practitioner, LPN or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the residence.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the residence.
4. A staff person who has completed the medication administration training as specified in § 2800.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

On 4/3/24 and on 4/17/24, staff person A administered Trulicity, a non-insulin injection medication, to resident #1; however, staff person A is not qualified to administer this type of medication.

On 4/15/24, staff person B administered Mounjaro, a non-insulin injection medication, to resident #2; however, staff person B is not qualified to administer this type of medication.

On 4/22/24, staff person A administered Mounjaro, a non-insulin injection medication, to resident #2; however, staff person A is not qualified to administer this type of medication.

Plan of Correction**Directed (██████ 06/17/2024)**

In response to the violation on 04/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/25/2024 by the Senior Director of Health and Wellbeing to educate med techs and nurses on what type of insulin injections unlicensed team members (med techs) are able to give.

To enhance the currently compliant operations, on 05/13/2024 the Director of Health and Wellbeing will provide further education of our homes policies and procedures of what staff members are qualified to administer a non insulin injection medication, specifically GLP-1 Agonist Medications, as well as discuss this in monthly meetings until the end of the year and daily huddles as well as a reminder as to what injections can be given by non licensed team members, with a completion date of 12/31/2024.

182b Prescription medication (continued)

Effective 06/30/2024 the Senior Director of Health and Wellbeing or [redacted] designee will perform monthly audits through 12/31/2024 to maintain ongoing compliance with prescription medication that is not self-administered by a resident being administered by , including a physician, licensed dentist, licensed physician’s assistant, RN, certified registered nurse practitioner, LPN or licensed paramedic, and a graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the residence, and a student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the residence, and a staff person who has completed the medication administration training as specified in § 2800.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies, and a physician, licensed dentist, licensed physician’s assistant, RN, certified registered nurse practitioner, LPN or licensed paramedic, and a graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the residence, and a student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the residence, and a staff person who has completed the medication administration training as specified in § 2800.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies, and a physician, licensed dentist, licensed physician’s assistant, RN, certified registered nurse practitioner, LPN or licensed paramedic, and a graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the residence, and a student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the residence, and a staff person who has completed the medication administration training as specified in § 2800.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies, and a physician, licensed dentist, licensed physician’s assistant, RN, certified registered nurse practitioner, LPN or licensed paramedic, and a graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the residence, and a student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the residence, and a staff person who has completed the medication administration training as specified in § 2800.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 12/31/2024

DIRECTED

Within seven calendar days of the accepted plan of correction: The administrator shall ensure all aspects of the accepted plan of correction have been initiated. 6/17/24 [redacted]

Directed Completion Date: 06/24/2024

Licensee’s Proposed Date for POC Implementation

Not Implemented [redacted] - 07/10/2024)

187b Date/time of med admin

2. Requirements

2800.

187b Date/time of med admin (continued)

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

Description of Violation

Resident #3's February 2024 medication administration record (MAR) indicates staff person C administered cyanocobalamin on 2/3/24 at 11:03 a.m.; however, the medication was administered by staff person D.

Resident #3's March 2024 MAR indicates staff person E administered cyanocobalamin on 3/3/24 at 12:34 p.m.; however, the medication was administered by staff person F.

Resident #3's April 2024 MAR indicates staff person E administered cyanocobalamin on 4/3/24 at 10:50 a.m.; however, the medication was administered by staff person F.

Resident #4's March 2024 MAR indicates staff person G administered cyanocobalamin on 3/1/24 at 1:48 p.m.; however, the medication was administered by staff person H.

Resident #5's March 2024 MAR indicates staff person E administered cyanocobalamin on 3/12/24 at 1:14 p.m.; however, the medication was administered by staff person D.

Plan of Correction

Accept [REDACTED] 05/28/2024)

In response to the violation on 04/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/10/2024 by the Senior Director of Health and Wellbeing to educate med tech and nurses by conducting a 4 hour refresher course on Medication Administration which included handouts and exams.

To enhance the currently compliant operations, on 04/17/2024 the Senior Director of Health and Wellbeing will conducted a training with all med techs and nurses on Proper Medication Management techniques, with a completion date of 05/20/2024.

Effective 04/30/2024 the Senior Director of Health and Wellbeing or her designee will perform monthly audits through 12/31/2024 to maintain ongoing compliance with the information in subsection (a)(13) and (14) being recorded at the time the medication is administered. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 05/20/2024

Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] 07/10/2024)

187d Follow prescriber's orders

3. Requirements

2800.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed Mounjaro 5mg/0.5ml pen-Inject 10mg subcutaneously weekly; however, this medication was not administered to resident #2 on 4/1/24 because the medication was not available in the residence. In addition, this medication was administered twice weekly on 4/8/24, 4/12/24, and 4/15/24.

REPEAT VIOLATION: 6/26/2023 et al.

187d Follow prescriber's orders (continued)

Plan of Correction

Accept [REDACTED] 06/17/2024)

In response to the violation on 04/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/10/2024 by the Senior Director of Health and Wellbeing to educate all med techs and nurses with a 4 hour Medication Administration refresher course which included handouts and competency exams.

To enhance the currently compliant operations, on 04/17/2024 the Senior Director of Health and Wellbeing will provide education to all med techs and nurses on the process for medication errors. First notifying the resident and responsible party, the prescriber, including who made the notification and date it was made. We will also follow the direction of the prescriber related to the medication error, file an incident report of the medication error including who made the notification and date when it was made. We will then ensure that this is a part of the residents permanent record, with a completion date of 06/01/2024.

Effective 04/30/2024 the Senior Director of Health and Wellbeing or her designee will perform monthly audits through 12/31/2024 to maintain ongoing compliance with the home following the directions of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/01/2024

Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] 07/10/2024)

224a2 30 days prior to admission

4. Requirements

2800.

224.a.2. An individual shall have a written initial assessment that is documented on the Department's assessment form within 30 days prior to admission unless one of the conditions contained in paragraph (3) apply.

Description of Violation

Resident #6 was admitted to the residence on [REDACTED]/23; however, the resident's initial assessment was completed on 10/20/23.

Resident #7 was admitted to the residence on [REDACTED]/23; however, an initial assessment was not completed.

Plan of Correction

Accept [REDACTED] - 06/17/2024)

In response to the violation on 04/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/26/2024 by the Senior Director of Health and Wellbeing to update both residents 6 and 7's assessments.

To enhance the currently compliant operations, on 04/04/2024 the Senior Director of Health and Wellbeing and Director of Health and Wellbeing will conduct training with nurses on the timeliness of resident assessments as well as audit all of the current residents records, with a completion date of 06/28/2024.

224a2 30 days prior to admission (continued)

Effective 04/30/2024 the Senior Director of Health and Wellbeing or her designee will perform monthly audits through 12/31/2024 to maintain ongoing compliance with an individual having a written initial assessment that is documented on the Department's assessment form within 30 days prior to admission unless one of the conditions contained in paragraph (3) apply. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/28/2024
Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] 07/10/2024)

224c1 Initial SP-30 days prior/adm

5. Requirements

2800.

224.c.1. An individual requiring services shall have a written preliminary support plan developed within 30 days prior to admission to the residence unless one of the conditions contained in paragraph (2) applies.

Description of Violation

Resident #6 was admitted to the residence on [REDACTED] 23; however, the resident's written preliminary support plan was completed on 10/20/23.

Resident #7 was admitted to the residence on [REDACTED] 23; however, a written preliminary support plan was not completed.

Plan of Correction

Accept [REDACTED] 06/17/2024)

In response to the violation on 04/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/23/2024 by the Senior Director of Health and Wellbeing to update both residents support plans.

To enhance the currently compliant operations, on 04/04/2024 the Senior Director of Health and Wellbeing and Director of Health and Wellbeing will provide education to all nurses on the timeliness of completion of all residents support plans and will audit all resident records ensuring that all residents have an accurate support plan in the records, with a completion date of 06/28/2024.

Effective 04/30/2024 the Senior Director of Health and Wellbeing or her designee will perform monthly audits through 12/31/2024 to maintain ongoing compliance with an individual requiring services having a written preliminary support plan developed within 30 days prior to admission to the residence unless one of the conditions contained in paragraph (2) applies. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/28/2024
Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] 07/10/2024)

227c Final support plan - revision

6. Requirements

2800.

227c Final support plan - revision (continued)

227.c. The final 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. The residence shall review each resident's final support plan on a quarterly basis and modify as necessary to meet the resident's needs.

Description of Violation

Resident #8's most recent support plan, dated [REDACTED] 4, does not include the resident's formal and informal supports. Also, the resident uses a catheter; however, the resident's support plan does not indicate the party responsible for changing and flushing the catheter.

Plan of Correction**Accept [REDACTED] 06/17/2024)**

In response to the violation on 04/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/26/2024 by the Senior Director of Health and Wellbeing to update resident #8's support plan to include formal and informal supports as well as specific instructions for residents catheter care.

To enhance the currently compliant operations, on 05/13/2024 the Senior Director of Health and Wellbeing and Director of Health and Wellbeing will educate nurses on completion of support plans as well as audit all current resident records to ensure all residents have an accurate support plan, with a completion date of 06/28/2024.

Effective 05/31/2024 the Senior Director of Health and Wellbeing or her designee will perform monthly audits through 12/31/2024 to maintain ongoing compliance with the final support plan being revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment, and the residence reviewing each resident's final support plan on a quarterly basis and modifying as necessary to meet the resident's needs. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/28/2024

Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] 07/10/2024)**234b Support plan - elements****7. Requirements**

2800.

234.b.1. The support plan and if applicable, the rehabilitation plan, must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

Resident #9's support plan, dated [REDACTED] 24, does not address the measures used to prevent the resident's frequent falls, including the use of mattress rolls, motion sensors, and a low semi-electric bed.

Plan of Correction**Accept [REDACTED] 06/17/2024)**

In response to the violation on 04/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/31/2024 by the Senior Director of Health and Wellbeing to update resident #9's support plan addressing specific measure being used to help to prevent falls.

234b Support plan - elements (continued)

To enhance the currently compliant operations, on 05/20/2024 the Senior Director of Health and Wellbeing and Director of Health and Wellbeing will educate nurses on completion and updating of residents support plans as well as complete an audit of all current residents records to ensure all residents have an accurate support plan, with a completion date of 06/28/2024.

Effective 05/31/2024 the Senior Director of Health and Wellbeing or [REDACTED] designee will perform monthly audits through 12/31/2024 to maintain ongoing compliance with the support plan and if applicable, the rehabilitation plan, identifying the resident's physical, medical, social, cognitive and safety needs. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/28/2024

Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] 07/10/2024)