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

May 3, 2024

[redacted], VP OF HEALTH SERVICES
FREDERICK MENNONITE COMMUNITY
2849 BIG ROAD - OFFICE
ZIEGLERVILLE, PA, 19492

RE: FREDERICK LIVING - MAGNOLIA HOUSE
2849 BIG ROAD
ZIEGLERVILLE, PA, 19492
LICENSE/COC#: 12772

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/04/2024, 03/05/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

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

Sincerely,
[redacted]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *FREDERICK LIVING - MAGNOLIA HOUSE* **License #**: *12772* **License Expiration**: *07/22/2024*

Address: *2849 BIG ROAD, ZIEGLERVILLE, PA 19492*

County: *MONTGOMERY* **Region**: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *FREDERICK MENNONITE COMMUNITY*

Address: *2849 BIG ROAD - OFFICE, ZIEGLERVILLE, PA, 19492*

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

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *04/19/2000* **Issued By**: *CWOPA L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *100* **Waking Staff**: *75*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *03/05/2024*

Inspection Dates and Department Representative

03/04/2024 - On-Site: [redacted]

03/05/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *104* **Residents Served**: *57*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *57*

Diagnosed with Mental Illness: *25* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *43* **Have Physical Disability**: *2*

Inspections / Reviews

03/04/2024 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/06/2024*

04/15/2024 - POC Submission

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

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/19/2024*

Inspections / Reviews *(continued)*

04/19/2024 POC Submission

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

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *05/01/2024*

05/03/2024 Document Submission

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

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

16b - Incident Policies

1. Requirements

2600.
16.b. The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

Description of Violation

The home does not have a written policy on the prevention, reporting, notification, investigation and management of reportable incidents.

Plan of Correction ***Accept (- 04/15/2024)***

Risk Manager and PCHA to review and update current Incident and Accident Management Policy to include all requirements under 16b. Policy to be completed by 4/15/2024.

Licensee's Proposed Overall Completion Date: *04/15/2024*

Implemented (- 05/03/2024)

65a - FS Orientation 1st Day

3. Requirements

2600.
65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was , did not receive orientation on the following topics until evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Staff person B, whose first day of work was , did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

65a FS Orientation 1st Day *(continued)*

Plan of Correction ***Accept (- 04/19/2024)***

By 4/30/2024, Human Resources and/or designee will provide Staff Person B with orientation on all of the topics outlined in 2600.54a.

By 4/30/2024, HR and/or designee will audit all current personal care staff hired in the last year to ensure they received orientation (first day). If any new hires do not have a record of orientation (first day), HR and/or designee will orient those new hires on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Beginning immediately, PCHA and/or designee will audit all new hire paperwork weekly to ensure that new hires receive orientation on all the topics in 2600.65a. The audit will continue monthly for 3 months to ensure all new personal care staff complete the required orientation.

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

Implemented - 05/03/2024)

65b - Rights/Abuse 40 Hours

4. Requirements

2600.
65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person B completed his/her 40th scheduled work hour on However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102), reporting of reportable incidents and conditions.

Plan of Correction ***Accept - 04/19/2024)***

By 4/30/2024, the PCHA and/or designee will provide training to Staff Person B on resident rights, emergency medical plans, mandatory reports of and abuse and neglect, reporting of reportable incidents and conditions.

By 4/30/2024, PCHA and/or designee will audit all new hire paperwork to ensure that new hires receive orientation on the topics in 2600.65b: Resident Rights/Abuse 40 hours. The audit will continue monthly for 3 months to ensure all staff have completed the required orientation.

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

Implemented (- 05/03/2024)

65c Ancillary Staff Orientation

5. Requirements

2600.
65.c. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Description of Violation

Ancillary staff person B, whose first day of work was [redacted], did not have a general orientation to his/her specific job functions.

Plan of Correction ***Accept ([redacted] - 04/19/2024)***

By 4/30/2024, Human Resources and/or designee will provide general orientation to Ancillary Staff Person B. The general orientation will be specific to the Ancillary Staff Person's job functions as it relates to their position.

By 4/30/2024, PCHA and/or designee will audit all new ancillary staff orientation paperwork to ensure that new ancillary person hired receives orientation to their specific job functions as it relates to their position prior to working in that capacity. The audit will continue monthly for 3 months to ensure all staff have completed the required orientation.

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

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

65f Training Topics

6. Requirements

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:
1. Medication self administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person C did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, personal care service needs of the resident, safe management techniques , care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year January 2023 to December 2023.

Plan of Correction ***Accept ([redacted] - 04/19/2024)***

Human Resources and/or designee will ensure Direct Care Person C receives the training requirements in 2600.65f by 4/30/2024.

65f Training Topics (continued)

HR and Staff Development to audit Relias (online training platform) modules to ensure all annually required trainings are presently available and assigned to team members by 4/12/2024.

Beginning 7/1/2024 HR and Staff Development to inform individual department managers if team members have not completed annually required trainings 30 days prior to the end of the training year

Proposed Overall Completion Date: 04/30/2024

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

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

65g - Annual Training Content

7. Requirements

2600.
65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person A did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert during training year January 2023 to December 2023.

Staff person C did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, the Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102), falls and accident prevention, new population groups that are being served at the home that were not previously served, if applicable during training year January 2023 to December 2023.

Staff person D did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert during training year January 2023 to December 2023.

Plan of Correction ***Accept ([redacted] - 04/15/2024)***

Staff person A and D will receive fire safety training by 05/15/2024. Staff person C received fire safety training on 3/26/2024.
PCHA and/or designee to audit team member training records to ensure fire safety training was completed by a staff person trained by a fire safety expert by 4/22/2024.
Beginning 7/1/2024 HR and Staff Development to inform individual department managers if team members have

65g - Annual Training Content (continued)

not completed annually required trainings 30 days prior to the end of the training year.

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

Implemented (- 05/03/2024)

81b - Resident Personal Equipment

8. Requirements

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On , Resident 1 has an enabler bar that measures 20"h x 16"w and has a cover. However, the enabler is not secured to the bed frame and is strapped around the mattress.

Plan of Correction ***Accept - 04/15/2024)***

Work order entered for proper attachment on 3/28/2024. Maintenance completed on 3/29/2024.
PCHA and/or designee to audit all resident accommodations for bedside mobility devices by 4/10/2024. Any needed mobility device adjustments to be completed by the maintenance department by 4/30/2024.
PCHA and/or Manager of Facility Services to provide additional training for maintenance team members on proper installation of Halo Safety Ring and Stander Bedrail Advantage Traveler bedside mobility devices by 4/30/2024.
PCHA and/or Manager of Facility Services will audit new enabler bar requests for the next 3 months to ensure proper installation.

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

Implemented (- 05/03/2024)

91 - Telephone Numbers

9. Requirements

2600.
91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in Resident 1's room.

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in Resident 2's room.

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in Resident 5's room.

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in Resident 7's room.

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the

91 - Telephone Numbers (continued)

telephone in Resident 8's room.

Plan of Correction ***Accept (- 04/15/2024)***

PCHA obtained pocket stickers for PC telephones and added required telephone numbers on 3/25/2024 for resident 1, 2, 5. 7, and 8 rooms.

PCHA and/or designee will audit all telephones with outside lines to ensure emergency telephone number stickers are in place by 4/30/2024.

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

Implemented - 05/03/2024)

107b - Emergency Procedures

10. Requirements

2600.
107.b. The home shall have written emergency procedures that include the following:

1. Contact information for each resident's designated person.
2. The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
3. Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
4. Means of transportation in the event that relocation is required.
5. Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
6. Alternate means of meeting resident needs in the event of a utility outage.

Description of Violation

The home does not have written emergency procedures.

Plan of Correction ***Accept (- 04/15/2024)***

Risk Manager contacted the local township for their EOP on 4/2/2024.

PCHA and PC DON to create binder of required information to be kept in the care base. Binder to be completed by 4/30/2024.

PCHA and Risk Manager to update current EOP to meet regulatory requirements by 4/30/2024.

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

Implemented (- 05/03/2024)

123c - Evacuation Diagrams

11. Requirements

2600.
123.c. For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

Description of Violation

The home currently serves 57 residents. However, the emergency evacuation diagrams posted do not show a line of travel.

123c Evacuation Diagrams *(continued)*

Plan of Correction ***Accept (- 04/15/2024)***

Architect service providing updated evacuation maps and drafts received 3/22/2024.
Manager of Facility Services and/or designee to complete audit of new maps by 4/15/2024 to ensure accuracy of evacuation routes, fire pull station locations, and fire extinguisher locations. Any needed adjustments to be completed by 4/30/2024 for installation.

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

Implemented - 05/03/2024)

130h - Inoperable Smoke Detector

12. Requirements

2600.
130.h. The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

Description of Violation

The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable. The home does not have a procedure.

Plan of Correction ***Accept (- 04/19/2024)***

At the time of the survey, the Fire Watch Policy was located on the Frederick Living "shared drive", but PHCA could not find the policy on the shared drive.

By 4/30/2024, the Director of Risk Management and Compliance (and/or designee) will: 1) educate all Personal Care staff on the Fire Watch Policy 2) educate all personal care leadership (i.e. PCHA, PC DON, licensed staff and med techs) where to locate the emergency policies and procedures, including the fire watch policy which is implemented when a smoke detector or fire alarm in inoperable and 3) make the emergency policies more easily accessible (i.e. a binder or a clear icon on the care base computer's desktop).

Licensee's Proposed Overall Completion Date: *05/10/2024*

Implemented - 05/03/2024)

141b1 - Annual Medical Evaluation

13. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 1's most recent medical evaluation was completed on The resident does not have a current Medical evaluation.

Resident 2's most recent medical evaluation was completed on The resident does not have a current Medical evaluation.

141b1 - Annual Medical Evaluation *(continued)*

Plan of Correction ***Accept [redacted] - 04/15/2024)***

PC DON and/or designee will complete a current medical evaluation for resident 1 and 2.
PCHA, PC DON and/or designee to complete DME resident record audit by 4/15/2024.
PCHA and PC DON to review twice monthly to ensure compliance with DME completion starting for 3 months to ensure compliance.

Licensee's Proposed Overall Completion Date: *04/15/2024*

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

143a - Emergency Medical Plan

14. Requirements

2600.
143.a. The home shall have a written emergency medical plan that includes the following:
1. The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible.
2. Emergency transportation to be used.
3. An emergency-staffing plan.

Description of Violation

The home does not have a written emergency medical plan.

Plan of Correction ***Accept ([redacted] - 04/15/2024)***

PCHA and PC DON to update Emergency Medical Plan procedure by 4/15/2024.
PC DON and/or designee to ensure team member training and implementation of Emergency Medical Plan procedure by 4/30/2024.

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

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

182b - Prescription Medication

15. Requirements

2600.
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, registered nurse, certified registered nurse practitioner, licensed practical nurse 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 home.
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 home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (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 [redacted] staff person D administered medications to resident 1 and resident 2. Staff person D does not have a valid medication training certificate.

Plan of Correction ***Accept ([redacted] - 04/15/2024)***

PC DON to complete Medication Technician Train the Trainer course and face to face on 4/11/2024. PC DON

182b Prescription Medication (continued)

and/or designee to complete team member record audit and remediation by 4/30/2024.
Staff Development Coordinator to complete Medication Technician Train the Trainer course when eligible (after 6 months of employment with Frederick Living). Certification to be obtained by one year anniversary 9/25/2024.
Staff person D's original certification date is [redacted]. 2 observations (7/11/2023 and 12/20/2023) and 1 medication record review (May 2023) completed at the time of this survey.

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

Implemented [redacted] - 05/03/2024)

183e - Storing Medications

16. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [redacted], there was a loose pill found in cart 2.

Plan of Correction ***Accept ([redacted] - 04/15/2024)***

Loose pill identified in Cart #2 was properly destroyed at the time of the survey.
Licensed Professional Nurse and/or designee to complete biweekly medication cart cleanings. Cleanings to start with checklist provided the week of 4/15/2024.

Licensee's Proposed Overall Completion Date: *04/15/2024*

Implemented [redacted] - 05/03/2024)

185a - Implement Storage Procedures

17. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On [redacted] at [redacted] during the medication pass with Resident 2, the glucometer was not calibrated correctly. It had a date of [redacted] and a time of [redacted].

Resident 7 is prescribed [redacted] solution as needed. On [redacted] the medication(s) were not available in the home.

Plan of Correction ***Accept [redacted] - 04/15/2024)***

All resident glucometers recalibrated by Licensed Practical nurse on 3/4/2024.
Licensed Professional Nurse and/or designee to complete monthly glucometer calibration audits to start 4/2024.
Resident 7's ProAir HFA Inhaler reordered.
PCHA and/or PC DON to reeducate team members of monthly medication audit process and record keeping by 4/15/2024.

Licensee's Proposed Overall Completion Date: *04/15/2024*

Implemented [redacted] - 05/03/2024)

185b - Medication Procedures

18. Requirements

2600.
185.b. At a minimum, the procedures must include:

1. Documentation of the receipt of controlled substances and prescription medications.
2. A process to investigate and account for missing medications and medication errors.
3. Limited access to medication storage areas.
4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.

Description of Violation

The home does not have procedures for the safe use of medications and medical equipment.

Plan of Correction ***Accept [redacted] - 04/15/2024)***

PCHA and/or Risk Manager to update current Medication, Accepting Delivery Of Policy by 4/22/2024.
PCHA and/or PC DON to update Medication Administration Documentation procedure by 4/22/2024.

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

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

187d - Follow Prescriber's Orders

19. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 2 is prescribed [redacted]. Resident 2 is to be administered [redacted]. However, resident 2 was not administered [redacted].

Resident 3 was prescribed [redacted]. However, resident 3 was not administered [redacted] on [redacted] at [redacted].

Resident 4 is prescribed [redacted] to be administered if blood pressure is under [redacted] However, resident 4 was administered [redacted] on [redacted] at [redacted] and blood pressure was measured at [redacted].

Plan of Correction ***Accept [redacted] - 04/19/2024)***

PC DON and/or designee to complete MAR and active order audit for all residents by 4/30/2024 to ensure residents are administered medications with active physician orders. PC DON and/or designee to start weekly MAR and new order audits starting the week of 4/22/2024. Weekly audits will continue for 3 months to ensure compliance.

By 4/30/2024, PC DON and/or designee will retrain med techs on administering medications times and ensuring documentation. PC DON and/or designee will observe a medication pass for med techs to ensure all medication is administered properly, according to physician orders (i.e. blood pressure parameters).

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

187d - Follow Prescriber's Orders *(continued)*

Implemented (- 05/03/2024)

190c - Record of Training

20. Requirements

2600.
190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for staff person A does not include the signatures from the trainer.

The home's medication administration training record for staff person D does not include the signatures from the trainer.

Plan of Correction ***Accept (- 04/15/2024)***

PC DON to complete Medication Technician Train the Trainer course and face to face on 4/11/2024. PC DON to complete team member record audit and remediation by 4/30/2024.
Staff person A's original certification date is . 2 observations (7/11/2023 and 12/19/2023) and 1 medication record review (May 2023) completed at the time of this survey.
Staff person D's original certification date is . 2 observations (7/11/2023 and 12/20/2023) and 1 medication record review (May 2023) completed at the time of this survey.

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

Implemented - 05/03/2024)

202 - Prohibitions

21. Requirements

2600.
202. The following procedures are prohibited:

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

202 - Prohibitions *(continued)*

Description of Violation

On 3/5/2024, resident 5 has bedrails on each side of their bed. The resident is unable to use these and put them down themself.

Plan of Correction ***Accept (- 04/15/2024)***

Bed rails removed by maintenance department and installed bilateral Stander Bedrail Advantage Traveler on 3/6/2024.
Bedside Mobility Device policy to be updated by 4/30/2024 by PCHA and/or designee.
PCHA and/or designee to audit all resident accommodations for bedside mobility devices by 4/10/2024. Any needed mobility device adjustments to be completed by the maintenance department by 4/30/2024.

Licensee's Proposed Overall Completion Date: *05/01/2024*

Implemented - 05/03/2024)

224a - Preadmission Screen Form

22. Requirements

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident 7 was admitted to the home on however, the resident's preadmission screening form was completed on .

Plan of Correction ***Accept - 04/15/2024)***

As of preadmission screening form included with initial clinical assessment package for all new residents.
PCHA, PC DON and/or designee to audit resident records by 4/15/2024 to ensure completion of preadmission screening form.
PCHA, PC DON, and/or designee to review twice monthly to ensure compliance with preadmission screening form completion starting for 3 months to ensure compliance.

Licensee's Proposed Overall Completion Date: *04/15/2024*

Implemented (- 05/03/2024)

226b - Mobility Requirements

23. Requirements

2600.
226.b. If a resident is determined to have mobility needs as part of the initial or annual assessment, specific requirements relating to the care, health and safety of the resident shall be met immediately.

Description of Violation

On , resident 6 was assessed to have mobility needs in ambulating, personal hygiene, and toileting. The home has not met these needs.

Plan of Correction ***Accept - 04/15/2024)***

PCHA and/or PC DON to complete audit of mobility needs as documented on resident DME forms and RASPs by 4/15/2024.
PCHA and PC DON to audit initial and annual assessments to ensure resident mobility needs are met. Audits to

226b Mobility Requirements (continued)

occur twice monthly for 3 months to monitor compliance.

Licensee's Proposed Overall Completion Date: *04/17/2024*

Implemented [redacted] - 05/03/2024)