

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

April 29, 2024

[REDACTED],
FOX CHAPEL OPERATIONS LLC
[REDACTED]
[REDACTED]

RE: HARMONY AT HARTS RUN
3450 HARTS RUN ROAD
GLENSHAW, PA, 15116
LICENSE/COC#: 45322

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/04/2024 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: *HARMONY AT HARTS RUN* License #: *45322* License Expiration: *08/15/2024*
 Address: *3450 HARTS RUN ROAD, GLENSHAW, PA 15116*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *FOX CHAPEL OPERATIONS LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *08/23/2021* Issued By: *Township of Indiana*

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Provisional, Fine* Exit Conference Date: *03/04/2024*

Inspection Dates and Department Representative

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

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *114* Residents Served: *87*

Secured Dementia Care Unit
 In Home: *Yes* Area: *1st floor* Capacity: *40* Residents Served: *21*

Hospice
 Current Residents: *7*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *86*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *40* Have Physical Disability: *1*

Inspections / Reviews

03/04/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/21/2024*

03/21/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *04/24/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/27/2024*

Inspections / Reviews *(continued)*

03/26/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/24/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/25/2024

04/29/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/24/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

At approximately 10:00 AM, agents of the Department requested numerous resident records; however, the resident records were not provided to the agents of the Department until 11:23 AM.

Plan of Correction

Directed [redacted] - 03/26/2024)

On 3/5/2024 Operations Specialist (OPS) educated leadership team of the requirements for 2600.5a

Exhibit A1- in-service sign in sheet

On 3/5/2024 the OPS reviewed reports needed to be available once DHS arrives at building.

Beginning 3/26/2024 the OPS will compile a survey ready binder for leadership team.

DIRECTED: By 4/2/24: The administrator shall educate all designees on the location of all resident records to ensure access is granted to agents of the Department, immediately upon request. Documentation of the education shall be kept in accordance with 2600.65i. [redacted] 3/26/24

DIRECTED: By 4/25/24: The home shall conduct a quality management review of all items specified in 2600.26b. Documentation of the quality management review shall be kept. [redacted] 3/26/24

Proposed Overall Completion Date: 03/25/2024

Directed Completion Date: 04/25/2024

Implemented [redacted] - 04/29/2024)

103e - Left Overs

2. Requirements

2600.

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

Description of Violation

At 10:50 AM, there was an undated food plate containing beef, rice, peas, a roll, a cup of soup and piece of cherry cake present in the 1st floor pub refrigerator.

Plan of Correction

Directed [redacted] - 03/26/2024)

On 3/4/2024 All items listed in violation 2600.103e were thrown away.

On 3/5/2024 the OPS educated staff of the requirements for 2600.103e (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [redacted] 3/26/24)

Exhibit A1- in-service sign in sheet

Beginning 3/6/2024 daily on an ongoing basis All fridges and freezers will be checked by Chef and/or designated person (DIRECTED: The audits shall include a daily audit of all food storage areas to ensure all leftover food items are labeled and dated. [redacted] 3/26/24). ~~until deficiency resolved.~~

103e - Left Overs (continued)

(UNACCEPTABLE PORTION OF PLAN OF CORRECTION. [REDACTED] 3/26/24)

DIRECTED: By 4/25/24: The home shall conduct a quality management review of all items specified in 2600.26b. Documentation of the quality management review shall be kept. [REDACTED] 3/26/24

Proposed Overall Completion Date: 04/12/2024

Directed Completion Date: 04/25/2024

Implemented [REDACTED] 04/29/2024)

103g - Storing Food

3. Requirements

2600.

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

Description of Violation

At 10:10 AM, numerous open and unsealed food items were present in the walk-in freezer, to include the following:

- A 20 lb. box of Colony Lane cut corn, approximately 1/4 full
- A 10 lb. box of beef patties, approximately 1/2 full
- A 2 lb. bag of baby carrots, approximately 3/4 full
- A 20 lb. box of Otis Spunkmeyer sugar cookie dough, approximately 3/4 full

At 10:22 AM, numerous open and unsealed food items were present in the dry food storage room, to include the following:

- A 25 lb. box of Kellogg's graham crackers, approximately 3/4 full
- A 30 oz. bag of Vanilla Mousse Mix, approximately 1/4 full
- A 10 lb. plastic bag of Polenta, approximately 3/4 full
- A 2 lb. bag of General Mills Quick Grits, which was almost full

At 10:33 AM, numerous open and unsealed food items were present in the secured dementia care unit's (SDCU) kitchen, to include the following:

- A foil tin of baked quick bread, which was present in the SDCU refrigerator
- A 16 oz. bag of Lays Potato Chips, approximately 1/2 full, on a metal shelf above the microwave

REPEAT VIOLATION: 12/19/2023; 9/27/2023, et. al.

Plan of Correction

Directed [REDACTED] - 03/26/2024)

On 3/4/2024 during visit All items listed in violation were thrown away.

On 3/5/2024 Operations Specialist (OPS) educated leadership team of the requirements for 2600.103g Exhibit A1- in-service sign in sheet

103g - Storing Food (continued)

Beginning 3/6/2024 daily on an ongoing basis All fridges and freezers will be checked by Chef and/or designated person (DIRECTED: The audits shall include a daily audit of all food storage areas to ensure all food items are kept in closed or sealed containers. [REDACTED] 3/26/24) until deficiency resolved. (UNACCEPTABLE PORTION OF PLAN OF CORRECTION [REDACTED] /26/24)

DIRECTED: By 4/9/24: All staff persons shall be educated that all food items must be stored in closed or sealed containers. Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 3/26/24

DIRECTED: By 4/25/24: The home shall conduct a quality management review of all items specified in 2600.26b. Documentation of the quality management review shall be kept. [REDACTED] 3/26/24

Proposed Overall Completion Date: 04/12/2024

Directed Completion Date: 04/25/2024

Implemented [REDACTED] - 04/29/2024)

141a 1-10 Medical Evaluation Information

4. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
 1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident [REDACTED] medical evaluation, dated 10/5/23, indicates “see attached” under the medication addendum section; however, nothing is attached to resident [REDACTED] medical evaluation.

REPEAT VIOLATION: 12/19/2023

Plan of Correction

Directed [REDACTED] - 03/26/2024)

On 3/5/2024 Operations Specialist (OPS) educated leadership team of the requirements for 2600.141a Exhibit A1- in-service sign in sheet

On 3/6/2024 resident [REDACTED] medical evaluation was corrected and emailed to DHS. (DIRECTED: Within 48 hours of receipt of the plan of correction: The administrator shall ensure resident [REDACTED] updated medical evaluation is present in resident [REDACTED] record. [REDACTED] 3/26/24)

Beginning 3/20/2024 The Health Care Director and designated person will review all current PC resident files in to ensure the requirements of 2600.141a were met. If the medical evaluation is found to be out of compliance, the HCD will correct and/or document the findings. (DIRECTED: The audits of all current resident records to ensure

141a 1-10 Medical Evaluation Information (continued)

compliance with 2600.141a shall be completed by 4/8/24. Documentation of the audit shall be kept. [redacted] 3/26/24) Beginning 3/6/2024 any new Medical Evaluation will be reviewed by OPS prior to placing in resident chart daily until deficiency resolved. (UNACCEPTABLE PORTION OF PLAN OF CORRECTION. [redacted] 3/26/24). Exhibit A2- Audit sheet (DIRECTED: Beginning on 3/30/24: The OPS audits shall be completed within 30 days of each new resident admission to ensure compliance with 2600.141a. [redacted] 3/26/24).

DIRECTED: By 3/30/24: The administrator shall develop and implement a resident list which includes the date each resident was physically admitted to the home. Beginning on 3/31/24: The resident list shall be updated by the administrator within 24 hours of each new resident admission and shall be provided to agents of the Department, immediately upon request. [redacted] 3/26/24

DIRECTED: By 4/2/24: The administrator shall develop and implement a new admission checklist to ensure a medical evaluation is timely completed, in its entirety, for all new admissions in accordance with 2600.141a. All staff persons involved in the completion of medical evaluations shall be educated on the new checklist by 4/2/24. Documentation of the staff education shall be kept in accordance with 2600.65i. Copies of the completed new admission checklists shall be kept in each newly-admitted resident's record. [redacted] 3/26/24).

DIRECTED: By 4/25/24: The home shall conduct a quality management review of all items specified in 2600.26b. Documentation of the quality management review shall be kept. [redacted] 3/26/24

Proposed Overall Completion Date: 04/12/2024

Directed Completion Date: 04/25/2024

Implemented [redacted] 04/29/2024)

185a - Implement Storage Procedures

5. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted] capsule-Take 1 capsule by mouth 2 times a day. At approximately 3:00 PM, there were [redacted] present in resident [redacted] blister pack; however, resident [redacted] narcotic count sheet indicated [redacted] pills were present, because the 8:00 AM administration on 3/4/24 was not recorded on resident [redacted] narcotic count sheet at the time of medication administration.

Plan of Correction

Directed [redacted] 03/26/2024)

No residents suffered an adverse effect as a result of violation 2600.185a

On 3/4/2024 During the survey visit this violation was corrected with the Medtech on duty and OPS re-educated the medtech of the process of medication administration.

On 3/5/2024 Operations Specialist (OPS) educated leadership team of the requirements for 2600.185a

Exhibit A1- in-service sign in sheet

The OPS and HCD will do random observations ongoing of the medtechs weekly until deficiency resolved, (UNACCEPTABLE PORTION OF PLAN OF CORRECTION. [redacted] 3/26/24)

DIRECTED: By 4/5/24: All staff persons qualified to administer medications shall be re-educated on the home's

185a - Implement Storage Procedures (continued)

medication administration procedures, which includes the home's procedures for administering and documenting controlled substances to residents. Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 3/26/24

DIRECTED: By 4/1/24: The administrator shall review the controlled substances and narcotic count sheets for all residents to ensure accuracy and completeness. [REDACTED] 3/26/24.

DIRECTED: Beginning on 4/8/24: The administrator/designee shall review the controlled substances and narcotic count sheets for 5 residents per week for 1 month then monthly thereafter to ensure accuracy and completeness. [REDACTED] 3/26/24

DIRECTED: By 4/25/24: The home shall conduct a quality management review of all items specified in 2600.26b. Documentation of the quality management review shall be kept. [REDACTED] 3/26/24

Proposed Overall Completion Date: 04/26/2024

Directed Completion Date: 04/25/2024

Implemented ([REDACTED] - 04/29/2024)

224a - Preadmission Screen Form

6. 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

According to resident [REDACTED] initial assessment, resident [REDACTED] was admitted to the home on 9/13/23; however, resident [REDACTED] preadmission screening was not completed until 9/14/23.

Resident [REDACTED] preadmission screening, dated 12/8/23, does not include a determination that the home can meet resident [REDACTED] care needs. This section of resident [REDACTED] preadmission screening is blank. According to resident [REDACTED] initial assessment, resident [REDACTED] was admitted to the home on 12/8/23.

REPEAT VIOLATION: 12/19/2023

Plan of Correction

Directed ([REDACTED] - 03/26/2024)

On 3/5/2024 Operations Specialist (OPS) educated leadership team of the requirements for 2600.224a Exhibit A1- in-service sign in sheet

On 3/6/2024 resident [REDACTED] prescreen was corrected and emailed to DHS (DIRECTED: Within 48 hours of receipt of the plan of correction: The administrator shall ensure resident [REDACTED] updated preadmission screening is present in resident [REDACTED] record. [REDACTED] 3/26/24)

Beginning 3/20/2024 The Health Care Director and designated person will review all current PC resident files in to ensure the requirements of 2600.224a were met. If the prescreen is found to be out of compliance, the HCD will correct and/or document the findings. (DIRECTED: The audits of all current resident records to ensure compliance with 2600.224a shall be completed by 4/8/24. Documentation of the audit shall be kept. [REDACTED] 3/26/24)

225a - Assessment 15 Days (continued)

Resident [REDACTED] initial assessment, dated 1/15/24, does not include numerous diagnoses as indicated on resident [REDACTED] initial medical evaluation, dated 1/12/24, to include the following: [REDACTED] and recurrent [REDACTED].

Resident [REDACTED] initial assessment, dated 1/2/24, does not include numerous diagnoses as indicated on resident [REDACTED] initial medical evaluation, dated 12/14/23, to include the following: [REDACTED] and [REDACTED].

REPEAT VIOLATION: 12/19/2023; 5/25/2023

Plan of Correction

Directed [REDACTED] - 03/26/2024)

On 3/5/2024 Operations Specialist (OPS) educated leadership team of the requirements for 2600.225a

Exhibit A1- in-service sign in sheet

On 3/6/2024 resident [REDACTED] initial assessment were corrected and emailed to DHS (DIRECTED: Within 48 hours of receipt of the plan of correction: The administrator shall ensure the updated assessments for residents [REDACTED] and [REDACTED] are present in each resident's record. [REDACTED] 3/26/24)

Beginning 3/20/2024 The Health Care Director and designated person will review all current PC resident files in to ensure the requirements of 2600.225a were met. If the 15day Assessment is found to be out of compliance, the HCD will correct and/or document the findings. (DIRECTED: The audits of all current resident records to ensure compliance with 2600.225a shall be completed by 4/8/24. Documentation of the audit shall be kept. [REDACTED] 3/26/24)

Beginning 3/6/2024 any new 15day Assessment will be reviewed by OPS prior to placing in resident chart daily ~~until deficiency resolved~~. (UNACCEPTABLE PORTION OF PLAN OF CORRECTION. LM 3/26/24). Exhibit A2- Audit sheet (DIRECTED: Beginning on 3/30/24: The OPS audits shall be completed within 15 days of each new resident admission to ensure compliance with 2600.225a. [REDACTED] 3/26/24).

DIRECTED: By 3/30/24: The administrator shall develop and implement a resident list which includes the date each resident was physically admitted to the home. Beginning on 3/31/24: The resident list shall be updated by the administrator within 24 hours of each new resident admission and shall be provided to agents of the Department, immediately upon request. [REDACTED] 3/26/24

DIRECTED: By 4/2/24: The administrator shall develop and implement a new admission checklist to ensure an accurate assessment is completed, in its entirety, within 15 days of admission for all newly-admitted residents in accordance with 2600.225a. All staff persons involved in the completion of resident assessments shall be educated on the new checklist by 4/2/24. Documentation of the staff education shall be kept in accordance with 2600.65i. Copies of the completed new admission checklists shall be kept in each newly-admitted resident's record. [REDACTED] 3/26/24).

DIRECTED: By 4/2/24: The administrator shall develop and implement procedures for updating resident assessments as resident care needs change. Documentation of the procedures shall be kept. All staff persons involved in the completion of resident assessments shall be educated on the new procedures by 4/2/24. Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 3/26/24

DIRECTED: Beginning on 4/25/24: The administrator/designee shall review at least 5 resident assessments monthly to ensure each resident has a timely assessment completed, which accurately reflects each resident's current care needs. [REDACTED] 3/26/24

225a - Assessment 15 Days (continued)

DIRECTED: By 4/25/24: The home shall conduct a quality management review of all items specified in 2600.26b. Documentation of the quality management review shall be kept. [REDACTED] 3/26/24

Proposed Overall Completion Date: 04/12/2024

Directed Completion Date: 04/25/2024

Implemented [REDACTED] - 04/29/2024)

227a - Support Plan 30 Days

8. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

According to resident [REDACTED] initial assessment, resident [REDACTED] was admitted to the home on 10/6/23; however, resident [REDACTED] initial support plan is undated, so it is unable to be determined if resident [REDACTED] support plan was completed within 30 days of admission. Also, resident [REDACTED] initial assessment, dated 11/9/23, indicates resident [REDACTED] requires prompting/cueing with ambulation and requires minimal supervision; however, resident [REDACTED] initial support plan, which is undated, does not include a plan to meet these needs or the responsible parties. These sections of resident [REDACTED] support plan are blank.

According to resident [REDACTED] initial assessment, resident [REDACTED] was admitted to the home on 9/13/23; however, resident [REDACTED] initial support plan is undated, so it is unable to be determined if resident [REDACTED] support plan was completed within 30 days of admission. Also, resident [REDACTED] initial assessment, dated 9/25/23, indicates a diagnosis of mild cognitive impairment; however, resident [REDACTED] initial support plan, which is undated, does not include a plan to meet this psychological need, the frequency of services to be provided to resident [REDACTED] or the responsible party. These sections of resident [REDACTED] support plan are blank.

Resident [REDACTED] initial assessment, dated 12/12/23, indicates resident [REDACTED] requires minimal supervision; however, resident [REDACTED] initial support plan, dated 12/12/23, does not include a plan to meet resident [REDACTED] supervision needs or the responsible parties. These sections of resident [REDACTED] support plan are blank.

REPEAT VIOLATION: 12/19/2023

Plan of Correction

Directed [REDACTED] 03/26/2024)

On 3/5/2024 Operations Specialist (OPS) educated leadership team of the requirements for 2600.227a Exhibit A1- in-service sign in sheet attached

On 3/6/2024 the Support Plan for resident [REDACTED] & [REDACTED] & [REDACTED] were corrected and emailed to DHS (DIRECTED: Within 48 hours of receipt of the plan of correction: The administrator shall ensure the updated support plans for residents [REDACTED] and [REDACTED] are present in each resident's record. [REDACTED] 3/26/24)

Beginning 3/20/2024 The Health Care Director and designated person will review all current PC resident files in to ensure the requirements of 2600.227a were met. (DIRECTED: The audits of all current resident records to ensure compliance with 2600.227a shall be completed by 4/8/24. Documentation of the audit shall be kept. [REDACTED])

227a - Support Plan 30 Days (continued)

3/26/24). If the Support Plan is found to be out of compliance, the HCD will correct and/or document the findings. Beginning 3/6/2024 any new Support Plan will be reviewed by OPS prior to placing in resident chart daily until deficiency resolved. (UNACCEPTABLE PORTION OF PLAN OF CORRECTION. [REDACTED] 3/26/24). Exhibit A2- Audit sheet (DIRECTED: Beginning on 3/30/24: The OPS audits shall be completed within 30 days of each new resident admission to ensure compliance with 2600.227a. [REDACTED] 3/26/24).

DIRECTED: By 3/30/24: The administrator shall develop and implement a resident list which includes the date each resident was physically admitted to the home. Beginning on 3/31/24: The resident list shall be updated by the administrator within 24 hours of each new resident admission and shall be provided to agents of the Department, immediately upon request. [REDACTED] 3/26/24

DIRECTED: By 4/2/24: The administrator shall develop and implement a new admission checklist to ensure an accurate support plan is completed, in its entirety, within 30 days of admission for all newly-admitted residents in accordance with 2600.227a. All staff persons involved in the completion of resident support plans shall be educated on the new checklist by 4/2/24. Documentation of the staff education shall be kept in accordance with 2600.65i. Copies of the completed new admission checklists shall be kept in each newly-admitted resident's record. [REDACTED] 3/26/24).

DIRECTED: By 4/2/24: The administrator shall develop and implement procedures for updating resident support plans as resident care needs change. Documentation of the procedures shall be kept. All staff persons involved in the completion of resident support plans shall be educated on the new procedures by 4/2/24. Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 3/26/24

DIRECTED: Beginning on 4/25/24: The administrator/designee shall review at least 5 resident support plans monthly to ensure each resident has a timely support plan completed, which accurately reflects each resident's current care needs. [REDACTED] 3/26/24

DIRECTED: By 4/25/24: The home shall conduct a quality management review of all items specified in 2600.26b. Documentation of the quality management review shall be kept. [REDACTED] 3/26/24

Proposed Overall Completion Date: 04/12/2024

Directed Completion Date: 04/25/2024

Implemented ([REDACTED] - 04/29/2024)

231b - Medical Evaluation

9. Requirements

2600.

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

Description of Violation

According to resident [REDACTED] initial assessment, resident [REDACTED] was admitted to the home's SDCU on 2/16/24; however, resident [REDACTED] initial medical evaluation was not completed until 2/20/24.

231b - Medical Evaluation (continued)

According to resident [redacted] initial assessment, resident [redacted] was admitted to the home's SDCU on 2/16/24; however, resident [redacted] initial medical evaluation was not completed until 2/19/24.

REPEAT VIOLATION: 12/19/2023; 8/11/2023; 7/26/2023

Plan of Correction

Directed [redacted] - 03/26/2024)

On 3/5/2024 Operations Specialist (OPS) educated leadership team of the requirements for 2600.231b

Exhibit A1- in-service sign in sheet

Beginning 3/6/2024 thru 3/20/2024 The Health Care Director reviewed all current resident files in SDCU to ensure the requirements of 2600.231c were met. If the Medical Eval was out of compliance, the HCD documented the findings.

Beginning 3/6/2024 any new Resident Medical Eval will be reviewed by OPS prior to placing in resident chart daily ~~until deficiency resolved~~. (UNACCEPTABLE PORTION OF PLAN OF CORRECTION. [redacted] 3/26/24). Exhibit A2- Audit sheet (DIRECTED: Beginning on 3/30/24: The OPS audits shall be completed on the day of each resident new admission to the home's SDCU to ensure compliance with 2600.231b. [redacted] 3/26/24).

DIRECTED: By 3/30/24: The administrator shall develop and implement a resident list which includes the date each resident was physically admitted to the home. Beginning on 3/31/24: The resident list shall be updated by the administrator within 24 hours of each new resident admission and shall be provided to agents of the Department, immediately upon request. [redacted] 3/26/24

DIRECTED: By 4/2/24: The administrator shall develop and implement a new admission checklist to ensure an accurate medical evaluation is completed, in its entirety, within 60 days prior to admission for all newly-admitted residents to the home's SDCU in accordance with 2600.231b. All staff persons involved in the completion of resident medical evaluations shall be educated on the new checklist by 4/2/24. Documentation of the staff education shall be kept in accordance with 2600.65i. Copies of the completed new admission checklists shall be kept in each newly-admitted resident's record. [redacted] 3/26/24).

DIRECTED: By 4/25/24: The home shall conduct a quality management review of all items specified in 2600.26b. Documentation of the quality management review shall be kept. [redacted] 3/26/24

Proposed Overall Completion Date: 03/25/2024

Directed Completion Date: 04/25/2024

Implemented ([redacted] - 04/29/2024)

231c - Preadmission Screening

10. Requirements

2600.

231c - Preadmission Screening (*continued*)

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

Description of Violation

According to resident [REDACTED] initial assessment, resident [REDACTED] was admitted to the home's SDCU on 2/16/24; however, resident [REDACTED] cognitive preadmission screening was not completed until 2/23/24.

According to resident [REDACTED] initial assessment, resident [REDACTED] was admitted to the home's SDCU on 2/16/24; however, resident [REDACTED]'s cognitive preadmission screening was not completed until 2/22/24.

According to resident [REDACTED] initial assessment, resident [REDACTED] was admitted to the home's SDCU on 1/14/24; however, resident [REDACTED] cognitive preadmission screening was not completed until 1/24/24.

REPEAT VIOLATION: 12/19/2023; 8/11/2023

Plan of Correction

Directed [REDACTED] - 03/26/2024)

On 3/5/2024 Operations Specialist (OPS) educated leadership team of the requirements for 2600.231c

Exhibit A1- in-service sign in sheet

Beginning 3/6/2024 thru 3/20/2024 The Health Care Director reviewed all current resident files in SDCU to ensure the requirements of 2600.231c were met. If the admission support plan was out of compliance the HCD documented the findings.

Beginning 3/6/2024 any new Prescreen once completed by HCD or other designated person will be reviewed by OPS prior to placing in resident chart daily ~~until deficiency resolved~~. (UNACCEPTABLE PORTION OF PLAN OF CORRECTION. [REDACTED] 3/26/24). Exhibit A2- Audit sheet (DIRECTED: Beginning on 3/30/24: The OPS audits shall be completed on the day of each resident new admission to the home's SDCU to ensure compliance with 2600.231c. [REDACTED] 3/26/24).

DIRECTED: By 3/30/24: The administrator shall develop and implement a resident list which includes the date each resident was physically admitted to the home. Beginning on 3/31/24: The resident list shall be updated by the administrator within 24 hours of each new resident admission and shall be provided to agents of the Department, immediately upon request. [REDACTED] 3/26/24

DIRECTED: By 4/2/24: The administrator shall develop and implement a new admission checklist to ensure a cognitive preadmission screening is completed, in its entirety, within 72 hours prior to admission for all newly-admitted residents to the home's SDCU in accordance with 2600.231c. All staff persons involved in the completion of resident cognitive preadmission screenings shall be educated on the new checklist by 4/2/24. Documentation of the staff education shall be kept in accordance with 2600.65i. Copies of the completed new admission checklists shall be kept in each newly-admitted resident's record. [REDACTED] 3/26/24)

DIRECTED: By 4/25/24: The home shall conduct a quality management review of all items specified in 2600.26b.

231c - Preadmission Screening (continued)

Documentation of the quality management review shall be kept. ■ 3/26/24

Proposed Overall Completion Date: 03/25/2024

Directed Completion Date: 04/25/2024

Implemented (■ - 04/29/2024)

234a - Admission Support Plan

11. Requirements

2600.

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

Description of Violation

According to resident ■ initial assessment, resident ■ was admitted to the home's SDCU on 2/16/24; however, resident ■ initial support plan was not completed until 2/26/24.

According to resident ■ initial assessment, resident ■ was admitted to the home's SDCU on 2/16/24; however, resident ■ initial support plan was not completed until 2/23/24.

According to resident ■ initial assessment, resident ■ was admitted to the home's SDCU on 1/14/24, however, resident ■ initial support plan was not completed until 1/29/24.

REPEAT VIOLATION: 12/19/2023; 8/11/2023

Plan of Correction

Directed (■ - 03/26/2024)

On 3/5/2024 Operations Specialist (OPS) educated leadership team of the requirements for 2600.234a

Exhibit A1- in-service sign in sheet

Beginning 3/6/2024 thru 3/20/2024 The Health Care Director reviewed all current resident files in SDCU to ensure the requirements of 2600.234a were met. If the admission support plan was out of compliance the HCD documented the findings.

Beginning 3/6/2024 any new Admission Support Plan once completed by HCD or other designated person will be reviewed by OPS prior to placing in resident chart daily ~~until deficiency resolved~~. (UNACCEPTABLE PORTION OF PLAN OF CORRECTION. ■ 3/26/24). Exhibit A2- Audit sheet (DIRECTED: Beginning on 3/30/24: The OPS audits shall be completed within 72 hours of each resident new admission to the home's SDCU to ensure compliance with 2600.234a. ■ 3/26/24).

DIRECTED: By 3/30/24: The administrator shall develop and implement a resident list which includes the date each resident was physically admitted to the home. Beginning on 3/31/24: The resident list shall be updated by the administrator within 24 hours of each new resident admission and shall be provided to agents of the Department, immediately upon request. ■ 3/26/24

DIRECTED: By 4/2/24: The administrator shall develop and implement a new admission checklist to ensure a support plan is completed, in its entirety, within 72 hours of the admission, or within 72 hours prior to admission for all newly-admitted residents to the home's SDCU in accordance with 2600.234a. All staff persons involved in the completion of resident support plans shall be educated on the new checklist by 4/2/24. Documentation of the staff

234a - Admission Support Plan (continued)

education shall be kept in accordance with 2600.65i. Copies of the completed new admission checklists shall be kept in each newly-admitted resident's record. [REDACTED] 3/26/24)

DIRECTED: By 4/25/24: The home shall conduct a quality management review of all items specified in 2600.26b. Documentation of the quality management review shall be kept. [REDACTED] 3/26/24

Proposed Overall Completion Date: 03/25/2024

Directed Completion Date: 04/25/2024

Implemented [REDACTED] 04/29/2024)