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

May 17, 2024

[redacted]
EAGLEVIEW LANDING LP
[redacted]
STE 400
[redacted]

RE: EAGLEVIEW LANDING
650 STOCKTON DRIVE
EXTON, PA, 19341
LICENSE/COC#: 14698

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/11/2024, 03/12/2024 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: *EAGLEVIEW LANDING* **License #**: *14698* **License Expiration**: *02/02/2024*

Address: *650 STOCKTON DRIVE, EXTON, PA 19341*

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

Administrator

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

Legal Entity

Name: *EAGLEVIEW LANDING LP*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *I-2* **Date**: *08/03/2020* **Issued By**: *Uwchlan Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *117* **Waking Staff**: *88*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *03/12/2024*

Inspection Dates and Department Representative

03/11/2024 - On-Site: [redacted]

03/12/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *121* **Residents Served**: *83*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Garden House* **Capacity**: *46* **Residents Served**: *32*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *83*

Diagnosed with Mental Illness: *51* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *34* **Have Physical Disability**: *41*

Inspections / Reviews

03/11/2024 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/12/2024*

04/17/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *05/10/2024*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/22/2024*

Inspections / Reviews *(continued)*

05/03/2024 - POC Submission

Submitted By: [redacted] **Date Submitted:** *05/10/2024*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *05/06/2024*

05/17/2024 - Document Submission

Submitted By: [redacted] **Date Submitted:** *05/10/2024*

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

16c - Written Incident Report

1. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted], resident [redacted] was found by a staff member in MC2 laying on the hallway floor on [redacted] right side, bleeding from the right side of [redacted] forehead, with a large hematoma noted. Resident [redacted] was sent to Paoli Hospital via ambulance. The home did not report this incident to the Department.

Plan of Correction ***Accept [redacted] - 04/17/2024)***

Since the survey on 3/11/24 and 3/12/24, a new Health Services Director and Garden House Director have been hired and educated on the requirements for 16c. effective 4/12/24 by the Regional Director of Health Services. Information on reportable incident regulations added to new provider packet for agency nurses to be reviewed on first day working in the community. An audit will be conducted on a daily basis, and ongoing, by the evening concierge to review completed orientation packets from new agency providers and submit to Business Office Director for verification of new provider training compliance weekly.
Any discrepancies will be brought to Administrator/designee.

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

Implemented [redacted] - 05/17/2024)

42c - Treatment of Residents

2. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted] at 7:15 p.m., resident [redacted] came to visit the resident, and when [redacted] was approaching the bedroom, [redacted] heard resident [redacted] scream from outside of the apartment. When [redacted] went in, [redacted] witnessed agency staff member A yanking a shirt over resident [redacted] head to get it off. Agency staff member A then proceeded with the night care but continued to be rough as [redacted] watched. The agency staff member A also did not brush resident [redacted] teeth. Resident [redacted] was not treated with dignity and respect.

Plan of Correction ***Accept [redacted] - 04/17/2024)***

As soon as resident [redacted]s [redacted] reported the incident to the community staff, staff member A was removed from the resident's room. A statement was obtained from staff member A and this person was then sent home and immediately placed on Do Not Return Status. POA was the one who reported the incident. PCP was notified. Resident was assessed by LPN on duty. No physical injuries were noted. Verbal report was phoned into APS, followed by written report. Written report sent to DHS.
All agency staff are educated on first day of service in the building regarding OAPSA and Residents' Rights. Community will continue monthly Town Halls for staff education and include OAPSA and Resident Rights for 3 months.
An audit will be conducted on a daily basis, and remain ongoing, by the evening concierge to review completed orientation packets from new agency providers and submit to Business Office Director for verification of new provider training compliance weekly. Any discrepancies will be brought to Administrator/designee.

42c - Treatment of Residents *(continued)*

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

Implemented [redacted] - 05/17/2024)

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 B, whose first day of work was 10/2023, 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 the 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.

Repeat Violation - Renewal 1/03/2024

Plan of Correction ***Accept[redacted] - 05/03/2024)***

New providers are identified on daily schedule and team member is assigned to review the new staff orientation. An audit will be conducted on a daily basis and will remain ongoing, by the evening concierge to review completed orientation packets from new agency providers and submit to Business Office Director for verification of new provider training compliance weekly. Any discrepancies will be brought to Administrator/designee. New providers are identified on daily schedule and team member is assigned to review the new staff orientation. An audit will be conducted on a daily basis and will remain ongoing, by the evening concierge to review completed orientation packets from new agency providers and submit to Business Office Director for verification of new provider training compliance weekly. Any discrepancies will be brought to Administrator/designee.
Staff B is an agency nurse and was marked "do not return´ on 1/30/2024. She no longer works at the community. The Business Office Director or designee will complete an audit by 4/30/24. to ensure agency and community staff have completed orientation in general fire safety and emergency preparedness. Any agency and community staff member that has not completed these trainings will be removed from the schedule until completed. The Administrator or designee will audit new agency and new community staff weekly for three months to ensure compliance, starting immediately.

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

Implemented ([redacted] - 05/17/2024)

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

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 [redacted] 40th scheduled work hour on [redacted]. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, and mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

Repeat Violation - Renewal 1/03/2024

Plan of Correction ***Accept [redacted] - 05/03/2024)***

New providers are identified on daily schedule and team member is assigned to review the new staff orientation. An audit will be conducted on a daily basis, and remain ongoing, by the evening concierge to review completed orientation packets from new agency providers and submit to Business Office Director for verification of new provider training compliance weekly. Any discrepancies will be brought to Administrator/designee.
New providers are identified on daily schedule and team member is assigned to review the new staff orientation. An audit will be conducted on a daily basis, and remain ongoing, by the evening concierge to review completed orientation packets from new agency providers and submit to Business Office Director for verification of new provider training compliance weekly. Any discrepancies will be brought to Administrator/designee.
Staff B is an agency nurse and was marked "do not return´ on 1/30/2024. She no longer works at the community.
The Business Office Director or designee will complete an audit by 4/30/24 to ensure agency and community staff have completed mandatory trainings within 40 hours of scheduled work. Any agency and/or community staff member that has not completed these trainings will be removed from the schedule until completed. The Administrator or designee will audit new agency and new community staff weekly, for three months to ensure compliance, starting immediately.

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

Implemented ([redacted] - 05/17/2024)

103e - Left Overs

6. Requirements

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

Description of Violation

There was an unlabeled, undated bag of baby carrots in the refrigerator and a bag of meatballs in the freezer in the facility's main kitchen.

103e - Left Overs (continued)

Plan of Correction ***Accept [redacted] 05/03/2024)***

Undated bag of baby carrots and bag of meatballs were immediately discarded. All Dining staff re-educated on 103.e on 4/11/24 and 4/12/24. Executive Chef or designee will conduct a daily check of all refrigerators/freezers to ensure all food is labeled and dated. Administrator or designee will conduct audit weekly for 3 months.
The Regional Director of Health Services provided re-education to dining staff on 4/11/24 and 4/12/24. The Executive Chef or designee will conduct daily checks of each refrigerator and freezer to ensure labels with dates are placed on all opened food items, starting immediately. The Administrator or designee will complete weekly audits for three months to ensure compliance, starting immediately.

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

Implemented [redacted] - 05/17/2024)

141a 1-10 Medical Evaluation Information

7. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident's [redacted] and [redacted] medical evaluations did not include the medical information pertinent to diagnosis and treatment in case of an emergency.

Plan of Correction ***Accept [redacted] - 05/03/2024)***

Audit to be completed on all resident DME's to verify completion of all medical information pertinent to diagnosis and treatment in case of emergency will be completed by 4/30/24. Since the survey on 3/11/24 and 3/12/24, a new Health Services Director and Garden House Director have been hired and educated on the requirements for 141.a as of 4/12/24 by the Regional Director of Health Services.
Random audits will be conducted by the administrator or designee of all new DME's for the next 3 months.

DMEs will be audited by the Health Service Director or designee by 04/30/2024 to ensure all medical information pertinent to the diagnosis and treatment in case of an emergency is present. DMEs found without this information will be flagged and Health Services Director or designee will request a new DME by the resident's PCP. The Administrator or designee will complete an audit of new DMEs every month, for three months, to ensure compliance, starting immediately.

141a 1-10 Medical Evaluation Information (continued)

Licensee's Proposed

Proposed Overall Completion Date: 05/01/2024

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

Implemented [redacted] - 05/17/2024)

182c - Medication Administration

8. Requirements

2600.
182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

Based on interviews, on [redacted], staff member B left residents [redacted] and [redacted] medication in the resident's apartment without watching the residents take their medications, the assistance is needed for both residents to take medications. Staff member B failed to place the medication in the resident's hand, mouth, or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).

Plan of Correction ***Accept [redacted] - 04/17/2024)***

Community self-reported this medication error to the Department on 1/30/24. Staff person B was put on the Do Not Return list on 1/30/24 due to violation of 182.c and has not returned to the community.
Regulation 182.c documentation will be added to the New Provider training manual and reviewed with all LPN's/Med Techs administering medications effective 4/15/24. Health Services Director/Garden House Director/designee will conduct random medication administration audits to ensure compliance with 182.c for the next 3 months and Practicum Observations as required by DHS when Med Techs are certified and administering medications.

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

Implemented [redacted] - 05/17/2024)

183e - Storing Medications

9. 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], at [redacted]., there was PRN [redacted] on the narcotics box for resident [redacted] Spot 10 was punched, and medication was put back in the spot and resealed with scotch tape.

183e - Storing Medications *(continued)*

Plan of Correction ***Accept (- 05/03/2024)***

The that had been put back in the spot and resealed was immediately removed and discarded. Regulation 183.e documentation will be added to the New Provider training manual and reviewed with all LPN's/Med Techs administering medications effective 4.15.24 and ongoing. Since the survey on 3/11/24 and 3/12/24, a new Health Services Director and Garden House Director have been hired and educated on the requirements for 183.e effective 4.12.24 by Regional Director of Health Services. Regional Director of Health Services will conduct training for new Health Services Director/Garden House Director regarding process required for medication cart audit by 4/16/24. Health Services Director/Garden House Director/designee will conduct weekly med cart audits for 3 months to ensure safe storage of medications. Administrator/designee will review audits for 3 months.

Starting immediately, Health Services Director or designee will provide in-services to nurses on proper storage of medications on or before 04/30/2024. New agency nurses and new medication aides that provide medication administration will receive education from Health Services Director or designee on proper storage of medications prior to starting their assignment, starting immediately. The medication carts will be audited weekly for three months by the Regional Director of Health Services, or designee, to ensure compliance, starting immediately.

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

Implemented - 05/17/2024)

187d - Follow Prescriber's Orders

10. Requirements

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

Description of Violation

Resident is prescribed PRN 1 every 4 hours as needed for pain. However, resident was administered PRN) on at ., at and at p.m.

Plan of Correction ***Accept (- 05/03/2024)***

Resident is prescribed as a twice daily scheduled and an as needed for pain. On 3/12/24, at 11:10 am, during DHS on site visit controlled substances review, it was discovered that on 1/21/24 and 1/24/24, two nurses had given the scheduled dose as ordered but pulled the medication from the supply and gave two tablets for an accurate dose. However, the nurses should have pulled the medication from the available supply that was available in the medication cart. Regulation 187.d documentation will be added to the New Provider training manual and reviewed with all LPN's/Med Techs administering medications beginning 4/15/24 by community nurses. Health Services Director/Garden House Director/designee will conduct random medication administration audits to ensure compliance with 187.d for the next 3 months and until Med Techs are trained and administering medications, at which time Practicum Observations will be maintained per DHS regulations.

187d - Follow Prescriber's Orders (continued)

Starting immediately, the community will add to the current medication cart audit a review of all orders in which a resident has both routine and as needed orders for the same controlled substance to verify that the respective doses have been procured from the correct supply of medications, i.e. routine medications pulled from the routine medication supply and as needed medications pulled from the as needed medication supply. Regional Director of Health Services/Health Services Director/Garden House Director/designee will conduct the medication cart audits, with the addition of this specific review weekly for the next 3 months to ensure compliance with the prescriber's orders.

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

Implemented [redacted] - 05/17/2024)

224a - Preadmission Screen Form

13. 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 [redacted] was admitted to the home on [redacted] however, the resident's preadmission screening form was completed on 7/03/2023.

Plan of Correction ***Accept [redacted] - 04/17/2024)***

An audit will be conducted of all resident medical files to ensure the preadmission screen was completed within 30 days prior to admission by 4/30/24 by the Regional Director of Health Services.
Since the Survey we have a new Health Service Director and a new Garden House Director. An in-service was conducted to ensure they are following the regulation and completing all preadmission screens within 30-days prior to admission, by Regional Director of Health Services and completed by 4/12/24.
The admission paperwork for all new admissions will be reviewed and tracked to ensure compliance.
The Health Service Director/Garden House Director will review all new admission paperwork upon admission.
The administrator or designee will audit all new admissions medical records for compliance for the next 3 months.

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

Implemented [redacted] - 05/17/2024)

227c - Support Plan Revision

14. Requirements

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

Description of Violation

Resident [redacted] medical evaluation dated [redacted] specifies that resident [redacted] has a need for a healthy heart diet. However, the resident's support plan completed on 9/12/2023 does not specify how that need will be met.

227c - Support Plan Revision *(continued)*

Plan of Correction ***Accept [redacted] - 04/17/2024)***

Since the Survey we have a new Health Service Director and a new Garden Regional Director. An in-service was conducted to ensure they are following the regulation and completing all 247 boxes on the RASP to ensure how the residents' needs are met. Inservice was provided by Regional Director of Health Services on 4/11/24.
If a RASP is completed by the HSD or GHD the other nurse will review for accuracy.
Administrator/designee will conduct random audits of RASPs for the next 3 months.

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

Implemented [redacted] - 05/17/2024)

227d - Support Plan Medical/Dental

15. Requirements

2600.
227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment and support plan for resident [redacted] dated [redacted], is missing the description and plan on how to meet the needs of doing laundry, shopping, managing finances, and short-term memory.

The assessment for resident [redacted], dated [redacted], is missing how the need for ambulating will be met. The needs of managing health care and doing laundry are missing the description of the service. The needs of shopping, securing and using transportation, managing finances, and making and keeping appointments are marked as total assistance; they are missing the description of the service and how this need will be met. The needs of short-term memory and long-term memory are marked as moderate problems, but they are missing the description of the service and how it will be met.

The assessment for resident [redacted] dated [redacted] specifies that resident [redacted] total assistance doing laundry, but it does not specify how this need will be met.

The assessment for resident [redacted] dated [redacted] specifies that resident [redacted] needs total assistance doing laundry, but it does not specify how this need will be met.

Plan of Correction ***Accept [redacted] - 05/03/2024)***

Since the Survey we have a new Health Service Director and a new Garden House Director. An in-service was conducted on 4/11/24 by the Regional Director of Health Serivces to ensure they are following the regulation and completing all 247 boxes on the RASP to ensure how the residents' needs are met.
Administrator/designee will conduct random audits of RASPs for the next 3 months.
Support Plans will be audited by the Regional Director of Health Services on or before 04/30/2024. Any omissions in the plans will be identified and corrected immediately. New support plans will be audited by the Administrator or designee every week for three months to ensure compliance, starting immediately.

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

Implemented [redacted] - 05/17/2024)

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

227g -Support Plan Signatures

16. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] participated in the development of [redacted] support plan on [redacted]. However, the resident did not sign the support plan.

Plan of Correction ***Accept [redacted] - 05/03/2024)***

Audit to be conducted of all rasps to ensure they are signed by resident by 4/30/24 by the Regional Director of Health Services.
Since the Survey we have a new Health Service Director and a new Garden House Director. An in-service was conducted by the Regional Director of Health Services on 4/11/24 to ensure they are following the regulation and completing all 247 boxes on the RASP to ensure how the residents' needs are met.
Administrator/designee will conduct random audits of RASPs for the next 3 months.

An audit of the RASPs will be completed by the Regional Director of Health Services, or designee, on or before 04/30/2024. RASPS missing information will be correctly immediately. The Administrator or designee will conduct an audit of new RASPs completed every week for three months, starting immediately.

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

Implemented [redacted] - 05/17/2024)

227h - Support Plan Refuse Sign

17. Requirements

2600.
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 [redacted] participated in the development of [redacted] support plan on [redacted] The resident did not sign the support plan. The home did not make a note regarding the resident's inability to sign.

Plan of Correction ***Accept [redacted] - 05/03/2024)***

Audit to be completed on all resident support plans to verify resident signature and/or attempt to obtain signature by 4/30/24. Since the survey on 3/11/24 and 3/12/24, a new Health Services Director and Garden House Director have been hired and educated on the requirements for 227.h by Regional Director of Health Services.
An audit of the support plans will be completed by the Health Service Director or designee on or before 04/30/2024. Support plans found without signatures will be reviewed with the resident by the Health Services Director or designee, requesting signature. The Administrator or designee will complete an audit of all new DMEs every week for three months, starting immediately for three months.

227h - Support Plan Refuse Sign (continued)

Random audits will be conducted by the administrator or designee of all new DME's for the next 3 months.

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

Implemented [redacted] - 05/17/2024)

252 - Record Content

18. Requirements

2600.

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

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

Description of Violation

Resident [redacted] record does not include color of hair or color of eyes.

Resident [redacted] record does not include a record of incident reports for the individual resident.

Resident [redacted] record does not include color of hair, color of eyes, or race.

252 - Record Content *(continued)*

Plan of Correction ***Accept [redacted] - 04/17/2024)***

All resident records will be audited by 4/30/24 by the Regional Director of Health Services to verify content to reflect compliance of 252. Records requiring correction will be corrected by 4/30/24. The community uses an Electronic Health Record Yardi on admission all information is inputted on the demographic section of the EHR , that includes hair color, eye color and race, once the information is entered it does not go away. Then a face sheet is printed and placed in each resident's medical file.
All new resident admissions EHR will be reviewed by HSD/GHD to ensure all demographic information has been entered prior to printing a face sheet.
The Administrator/designee will review all new admissions to community weekly to ensure demographic information has been entered for the next 3 months.

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

Implemented [redacted] - 05/17/2024)