pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **2618 E MARKET STREET OPERATING COMPANY LLC**
LEGAL ENTITY

To operate **AUTUMN HOUSE EAST**
NAME OF FACILITY OR AGENCY

Located at **2618 EAST MARKET STREET, YORK, PA 17402**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **150**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

PROVISIONAL

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 32**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **September 6,** **2024** until **March 6,** **2025**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **338232**

ISSUING OFFICER

ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628P – 04/23

pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: SEPTEMBER 6, 2024

[redacted], Executive Vice President
2618 E Market Street Operating Company LLC
[redacted]
[redacted]

RE: Autumn House East
2618 East Market Street
York, Pennsylvania 17402
License #: 338232

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living), licensing inspections on March 19-20, 2024, April 11, 2024 and May 16, 2024 of the above facility, the violations specified on the enclosed Licensing Inspection Summaries (LIS) were found.

As a result of violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby issues you a SECOND PROVISIONAL license to operate the above facility. A SECOND PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026(b)(1) and 55 Pa. Code §20.71(a)(1);(4);(5) (relating to conditions for denial, nonrenewal or revocation). Your SECOND PROVISIONAL license is enclosed.

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

[redacted]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: [redacted]

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

[redacted]
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summaries

cc: [redacted], Office of General Counsel
[redacted], Bureau Director
[redacted], Director of Operations
[redacted], Regional Director

Department of Human Services
Bureau of Human Service Licensing

LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *AUTUMN HOUSE EAST* **License #**: *33823* **License Expiration**: *05/21/2024*

Address: *2618 EAST MARKET STREET, YORK, PA 17402*

County: *YORK* **Region**: *CENTRAL*

Administrator

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

Legal Entity

Name: *2618 E MARKET STREET OPERATING COMPANY LLC*

Address: [redacted]

Certificate(s) of Occupancy

Type: *C 2 LP* **Date**: *04/27/2004* **Issued By**: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *176* **Waking Staff**: *132*

Inspection Information

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

Reason: *Renewal, Incident* **Exit Conference Date**: *04/11/2024*

Inspection Dates and Department Representative

03/19/2024 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *150* **Residents Served**: *119*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Laurel Court* **Capacity**: *32* **Residents Served**: *30*

Hospice

Current Residents: *15*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *119*

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

Have Mobility Need: *57* **Have Physical Disability**: *1*

Inspections / Reviews

03/19/2024 Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *04/29/2024*

04/29/2024 - POC Submission

Submitted By: [redacted] **Date Submitted:** *05/08/2024*

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

05/02/2024 - POC Submission

Submitted By: [redacted] **Date Submitted:** *05/08/2024*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *05/09/2024*

07/23/2024 - Document Submission

Submitted By: [redacted] **Date Submitted:** *05/08/2024*

Reviewer: [redacted] **Follow-Up Type:** *Enforcement*

15a - Resident Abuse Report

1. Requirements

2600.
15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] at [redacted] the Administrator was aware of an allegation of sexual abuse from a staff person against Resident 13. The home did not make an oral report to the local area agency on aging and did not make notifications to Pennsylvania Department of Aging or the police as required by Older Adults Protective Services Act.

An incident of abuse involving Resident 5, 6, and 7, which occurred [redacted], was not verbally reported to the local area agency on aging.

An incident of abuse involving Residents 9 and 8, which occurred on [redacted], was not verbally reported to the local area agency on aging.

Plan of Correction ***Accept [redacted] - 04/29/2024)***

Education was provided to the Administrator and Director of Wellness regarding the verbal aspect of the reporting by the DHS inspectors on 3/19/24. Education provided to Dementia Care Programmer, Memory Care Coordinator, and Resident Care Coordinator on the same date provided by Administrator and Director of Wellness on 3/20/24. These are the only staff who are involved in the state reportable incidents. Administrator and DOW to audit all reportable events as they happen to ensure verbal reporting is being done at the time of the reporting of the incident beginning on 5/1/24.

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

Not Implemented [redacted] - 07/19/2024)

23b - Instrumental Activities of Daily Living Assistance

2. Requirements

2600.
23.b. A home shall provide each resident with assistance with IADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan for Resident 1, dated [redacted] indicates the resident requires supervision when in unfamiliar places and that staff and family are to provide this service. On the morning of [redacted], Resident 1 was not present in the home when medications were being administered, however, a staff person called the home to report that the resident was alone at a nearby Wal-Mart between 6:00 and 6:30 AM.

Plan of Correction ***Accept [redacted] - 04/29/2024)***

Resident 1 was returned to the building safely by staff and family was notified of incident on [redacted]. Incident was

23b - Instrumental Activities of Daily Living Assistance (continued)

reported to DHS. Resident was monitored for the remainder of the shift and no further incident occurred. Education on elopement policies and procedures to be provided by Administrator at the staff meeting being held on 4/25/24. Weekly incident report monitoring to be done by Administrator and Director to detect trends in elopement, and interventions to prevent them will begin the week of 5/1/24. Resident 2 has an order to self administer medications as part of her DME. Support plan for Resident 2 was updated to reflect this self administer order. Education on giving medications properly and the need for a self administration order if resident is capable of doing themselves. Education will also be done on updating support plans as changes occur for the residents. Educations will be done by the Administrator at the staff meeting being held on 4/25/24. Monthly audits of support plans to be done by the Director of Wellness and the Dementia Care Programmer to ensure all support plans are current with the residents needs to start 5/1/24.

Licensee's Proposed Overall Completion Date: *04/25/2024*

Not Implemented [redacted] - 07/19/2024)

25b - Contract Signatures

3. Requirements

2600.
25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The contracts for Resident 3, dated [redacted], and Resident 4, dated [redacted], were not signed by the resident.

Plan of Correction ***Accept [redacted] - 04/29/2024)***

Contracts for resident 3 was signed by resident or designee on 4/2/24 and contract for resident 4 was signed by resident or designee on 4/7/24. All current contracts were audited by Administrator and Marketing Director to ensure all signatures have been obtained. All new admission contracts to be checked by Administrator and Business Office Manager to ensure that all signatures necessary are obtained at time of signing beginning the week of 5/1/24.

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

Implemented ([redacted] 07/23/2024)

26a - Quality Management Plan

[redacted]

42b - Abuse

5. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] at [redacted] Resident 5 entered Resident 6's room. Resident 6 was upset and yelled at Resident 5 to leave. Resident 5 got up and struck Resident 6 in the face. Resident 7 entered the room and told Resident 5 to leave and punched her several times and pushed her down into Resident 6's bed.

On [redacted], Resident 8 entered Resident 9's room. Resident 9 screamed at him to leave and Resident 8 struck Resident 9 in the head with [redacted] hand.

Repeated Violation - 7/19/23

Plan of Correction ***Accept ([redacted] - 04/29/2024)***

On [redacted], the residents were separated at the time of the incident. A one on one was given the Resident 8 for the remainder of the shift. Incident was reported to supervisors who then reported the incident to DHS. On [redacted], staff separated the residents at the time of incident and reported the incident to the nursing supervisors. Incident was then reported to the state. Abuse training, which includes but is not limited to, defining it, recognizing it, and reporting it to be held by the Administrator at the staff meeting being held on 4/25/24. Weekly incident report monitoring to be done by Administrator and Director to detect trends in abuse, and interventions to prevent them will begin the week of 5/1/24.

Licensee's Proposed Overall Completion Date: *04/25/2024*

Not Implemented [redacted] - 07/19/2024)

63a - First Aid/CPR Training

6. Requirements

2600.
63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

The home has 119 Residents requiring 3 staff members with current certification in CPR and first aid to be working at any given time.

- On 3/7/24 during the 10:45 PM to 7:15 AM shift, there were only 2 staff members working in the home with current CPR and first aid certification.
- On 3/8/24 during the 2:45 PM to 11:15 PM shift, there were only 2 staff members working in the home with current CPR and first aid certification.
- On 3/8/24 during the 10:45 PM to 7:15 AM shift, only 1 staff member working in the home with a current CPR and first aid certification.
- On 3/9/24 during the 10:45 PM to 7:15 AM shift, only 2 staff members were working in the home with current CPR and first aid certification.

63a - First Aid/CPR Training *(continued)*

Plan of Correction ***Accept [redacted] - 04/29/2024)***

CPR training was held on 3/20/24. Eight more staff members were CPR certified at that time. Education on importance of proper number of staff needed and why they are needed to be done by the administrator at the staff meeting on 4/25/24. Resident Care Coordinator to ensure that proper amount of CPR trained staff is scheduled at all times. Administrator to audit weekly schedules beginning on 5/1/24.

Licensee's Proposed Overall Completion Date: *04/25/2024*

Implemented ([redacted] - 07/23/2024)

65d - Initial Direct Care Training

7. Requirements

2600.
65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Staff A, hired [redacted] whose first day of work was [redacted], did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction ***Accept ([redacted] - 05/02/2024)***

Staff member A is no longer employed at Autumn House East. Education was given to Human Resources Director on importance of Direct Care Test and keeping accurate records on 3/25/24. Education on having all nursing employees to complete the Direct Care Test prior to first day of working on the floor to be provided by Administrator and Director of Wellness at the staff meeting on 4/25/24. Audit of all current staff records to ensure all required training is complete to be done by the Human Resource Director on 5/6/25.

Licensee's Proposed Overall Completion Date: *05/06/2024*

Implemented [redacted] - 07/19/2024)

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

Resident 15's enabler bar was not equipped with a secure cover. The bar was covered by a loose pillow sheet that slid off when grasped exposing an opening about 6" by 26". This opening poses an entrapment risk.

Plan of Correction ***Accept [redacted] - 04/29/2024)***

Pillow case was removed by the Director of Wellness from the enabler bar on 3/21/24 and cover was supplied for the enabler bar. Resident has since discharged from the facility with the enabler bar. Education on enabler bar safety, and when and how to cover them to be provided by the administrator and Director of Wellness at the staff meeting being held on 4/25/24. Weekly enabler bar audits to be performed by the Director of Wellness to ensure enabler are covered properly to begin the week of 5/1/24.

Licensee's Proposed Overall Completion Date: *04/25/2024*

81b - Resident Personal Equipment *(continued)*

Implemented (AS - 07/19/2024)

85a - Sanitary Conditions

9. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 3/19/24 at approximately 10:00 AM, there was a dead mouse on the floor of the A Hallway tub room.

Plan of Correction ***Accept [redacted] - 04/29/2024)***

Mouse was removed from the building on 3/19/24 by maintenance staff. Education to be provided by the administrator to staff on proper monitoring and removal of any pests. Additional education on proper reporting any mice or other pests to be provided by the administrator at the staff meeting on 4/25/24. Housekeeping manager to perform daily audits of all hallways to monitor for mice and other pests beginning on 5/1/24.

Licensee's Proposed Overall Completion Date: *04/25/2024*

Implemented [redacted] - 07/19/2024)

86b - Bathroom

10. Requirements

2600.
86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

Resident 10's bathroom does not have a window and the exhaust fan is inoperable.

Repeated Violation - 8/25/23; 7/19/23 et al.

Plan of Correction ***Accept [redacted] - 04/29/2024)***

Exhaust fan in bathroom of resident 10 was repaired by Maintenance Director on 3/22/24 and is in working order. Maintenance Director and/or Maintenance Assistant to perform weekly walk through of alternating floors to ensure all bathroom exhaust fans are working properly beginning the week of 5/1/24. Education on how to report non-operable fans to be held by the administrator at the staff meeting on 4/5/24.

Licensee's Proposed Overall Completion Date: *04/25/2024*

Implemented [redacted] 07/15/2024)

91 - Telephone Numbers

11. 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 the G Hall kitchenette area.

91 - Telephone Numbers *(continued)*

Plan of Correction ***Accept (- 04/29/2024)***

Emergency telephone numbers were posted by the telephone in the G Hall kitchenette area by the administrator on 3/20/2024. Business Office Manager to perform weekly checks of all working telephones to ensure that emergency numbers are posted and visible starting on 5/1/24. Education on the importance of emergency numbers being posted by telephones and what to do if there are no emergency numbers posted by working telephones will be provided by the administrator at the staff meeting on 4/25/2024.

Licensee's Proposed Overall Completion Date: *04/25/2024*

Implemented (- 07/19/2024)

101j7 - Lighting/Operable Lamp

12. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident 14 did not have an operable light or other source of lighting that could be turned on at bedside. The lamp attached to the headboard was not plugged in and the lamp cord was not long enough to be plugged into the nearest receptacle.

Plan of Correction ***Accept (04/29/2024)***

New lamp was given to the resident and placed on her nightstand by the Maintenance Director on 3/25/24. The lamp is plugged in and operable. It can also be accessed from the bed. Education to be provided to the staff on the necessity and accessibility of lighting at bedside by the Administrator at the staff meeting being held on 4/25/24. Monthly walk throughs to ensure lamps are accessible and operable by bedside to be performed by Maintenance Director beginning the week of 5/1/24.

Licensee's Proposed Overall Completion Date: *04/25/2024*

Implemented - 07/19/2024)

103f - Refrigerator/Freezer Temps

13. Requirements

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 3/20/24 at 11:00 AM, a one-gallon jar of dill pickle chips, opened on 3/16/24 and half empty, was being stored on a shelf in the dry storage pantry of the kitchen. The label on the jar read, refrigerate after opening.

On 3/19/24, the refrigerator in the A-Hall kitchenette/game room measured 41 degrees Fahrenheit, and the freezer measured 5 degrees Fahrenheit. On 3/20/24, the same refrigerator measured 41 degrees Fahrenheit and the freezer measured 3 degrees Fahrenheit. Food was stored in the refrigerator and freezer both days.

103f - Refrigerator/Freezer Temps (continued)

Plan of Correction ***Accept [redacted] - 04/29/2024)***

Jar of pickles was disposed of on 3/20/24 by Dietary Manager. Temperature control of the refrigerator was adjusted by the Maintenance Director on 3/22/24. Education to be provided by the Administrator and Dietary Manager on the proper storage of food and safety concerns of improper storage. There will also be education on proper temperatures and how to maintain a temp log for refrigerators at staff meeting being held 4/25/24. Weekly audits of the kitchen and kitchen storage areas to ensure proper storage of food to be done by the Dietary Manager beginning the week of 5/1/24. Temperature logs of the refrigerators will continue to be done by Dietary and Nursing staff.

Licensee's Proposed Overall Completion Date: *04/25/2024*

Not Implemented [redacted] 07/15/2024)

108 - Firearms & Weapons

14. Requirements

[redacted]

132c - Fire Drill Records

15. Requirements

2600.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The written fire drill records from March 2023 to current, 2/27/24, do not include the total number of residents

132c Fire Drill Records (continued)

participating in the fire drills and the total number of residents who evacuated the home or to the fire safe area.

Plan of Correction ***Accept (- 05/02/2024)***

Maintenance Director was educated on proper way to account for residents during a fire drill by the DHS inspectors on 3/20/24. Education was provided to the staff and the new information was used on a subsequent fire drill held on 3/29/24. Education will be provided to the remainder of the staff by the administrator and Maintenance Director at the staff meeting being held on 4/25/24. Maintenance Director to continue to use proper documenting on all future drills. Administrator to audit all documentation of future fire drills they day following each drill beginning with the April fire drill.

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

Implemented (AS - 07/19/2024)

132d - Evacuation

16. Requirements

2600.
132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

According to the home's fire drill records, multiple residents did not evacuate the building, or to a fire safe area, during the fire drills conducted on

Plan of Correction ***Accept (05/02/2024)***

Maintenance Director was educated on proper way to account for residents and ensure they are evacuating to a fire safe area during a fire drill by the DHS inspectors on 3/20/24. Education was provided to the staff and the new information was used on a subsequent fire drill held on 3/29/24. Education will be provided to the remainder of the staff by the administrator and Maintenance Director at the staff meeting being held on 4/25/24. Maintenance Director to continue to use proper documenting and evacuating on all future drills. Administrator to audit all documentation of future fire drills they day following each drill beginning with the April fire drill.

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

Implemented - 07/19/2024)

141a - Medical Evaluation

17. 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.

Description of Violation

Resident 10 was admitted however, his/her medical evaluation was completed on

Plan of Correction ***Accept (- 04/29/2024)***

Request for a new DME was sent to Resident 10s physician, but resident passed away before we could obtain the new document. All remaining current DMEs were checked to ensure compliance with Regulation 141.a. Education provided to the Director of Wellness, Dementia Care Programmer, and Resident Care Coordinator by the

141a - Medical Evaluation (continued)

administrator on completing DMEs properly. This education took place on 3/25/24. Education regarding importance of DMEs and how to complete properly to be held at the staff meeting by the Administrator and DOW on 4/25/24. Administrator will check all DMEs for new admissions beginning on 5/1/24.

Licensee's Proposed Overall Completion Date: *04/25/2024*

Not Implemented [redacted] 07/19/2024)

141a 1-10 Medical Evaluation Information

18. 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 11's medical evaluation, dated [redacted], does not include sections (8) body positioning or (9) health status.

Plan of Correction ***Accept [redacted] - 04/25/2024)***

New DME for Resident 11 sent to PCP on [redacted]. Awaiting completion by physician. All remaining current DMEs were checked to ensure compliance with Regulation 141.a. Education provided to the Director of Wellness, Dementia Care Programmer, and Resident Care Coordinator by the administrator on completing DMEs properly. This education took place on 3/25/24. Education regarding importance of DMEs and how to complete properly to be held at the staff meeting by the Administrator and DOW on 4/25/24. Administrator will check all DMEs for new admissions beginning on 5/1/24.

Licensee's Proposed Overall Completion Date: *04/25/2024*

Not Implemented ([redacted] - 07/19/2024)

144c1 - Smoking Area Guidelines

19. Requirements

2600.
144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

144c1 - Smoking Area Guidelines *(continued)*

Description of Violation

The home's smoking policy does not allow for smoking on or near the front, East Market Street entrance to the home or outside the A Hall egress door. However, during the 3/19/24 inspection of the home, cigarette butts were observed on the porch and in cement planters on the porch by the East Market Street entrance. The entrance door was equipped with a no smoking sign. Additionally, smoking is occurring outside the A Hall egress door.

Repeated Violation 8/25/23

Plan of Correction ***Accept [redacted] - 05/02/2024)***

Cigarette butts were cleaned from the Market Street entrance planters on by housekeeping staff 3/19/24. Education to be provided regarding resident smoking areas to be held by the Administrator at the staff meeting on 4/25/24. Education to be provided to the residents regarding the designated smoking areas by the Administrator at the next Resident Council meeting on 5/8/24. Daily audits of non smoking areas to be performed by Administrator, Director of Wellness, or Manager on duty to ensure compliance with smoking guidelines are being maintained beginning the week of 5/1/24.

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

Not Implemented [redacted] - 07/15/2024)

184a - Resident's Meds Labeled

20. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (4) The prescribed dosage and instructions for administration.

Description of Violation

Resident 12's current order for antifungal powder is to apply to abdominal folds topically as needed for rash, twice a day as needed. The medication labels for two antifungal powders at the home did not include the resident's current order or a sticker indicating there was a change order.

Plan of Correction ***Accept [redacted] - 04/29/2024)***

Change of order sticker was placed on the medication by the Director of Wellness on 3/22/24. Education to be provided by the administrator and the DOW regarding proper labelling of all medications. This education will cover new orders as well as change orders. DOW and Medicine Technicians to perform weekly cart audits to ensure proper medication labels starting on 5/1/24.

Licensee's Proposed Overall Completion Date: *04/25/2024*

Not Implemented [redacted] - 07/15/2024)

185a - Implement Storage Procedures

21. 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.

185a - Implement Storage Procedures *(continued)*

Description of Violation

Resident 13 is prescribed [redacted], apply topically once daily as needed. The medication was not present in the home.

Resident 14 is prescribed [redacted], administer 1 tube by mouth as needed for low blood sugar less than 70, alert and able to swallow. The medication was not present in the home.

Resident 3 is prescribed [redacted] by mouth once daily as needed for immunity support, however, this medication was not present in the home.

Resident 15 is prescribed the following medications which were not present in the home:
- [redacted], apply topically to the groin area twice daily until healed
- [redacted] every 6 Hours
- [redacted]) by mouth one hour prior to dental procedures
- [redacted] by mouth as needed if no bowel movement in 48 Hours

Plan of Correction ***Accept [redacted] - 04/29/2024)***

All medications for Residents 3, 13, 14 have were obtained and are currently in the home. Resident 15 was discharged from the facility on 4/8/24. DOW and Medicine Technicians to perform weekly cart audits to ensure all ordered medications for all residents are present in the home starting on 5/1/24. Education on necessity of having all medications on hand and when and how to order said medications to be provided by the Administrator and Director of Wellness at the staff meeting on 4/25/24.

Licensee's Proposed Overall Completion Date: *04/25/2024*

Not Implemented ([redacted] - 07/15/2024)

22. 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

The readings on Resident 15's glucometer differed from those recorded on the medication administration record (MAR) including:
- [redacted] the resident's BS was not measured
- [redacted], the medication administration record (MAR) shows no blood sugar reading for this date and time
- [redacted] at [redacted], MAR [redacted]
- [redacted] glucometer shows [redacted], MAR shows [redacted]

The readings on Resident 3's glucometer differed from those recorded on the MAR including:
- [redacted] glucometer shows [redacted] at [redacted], MAR shows no BS reading
- [redacted] glucometer shows [redacted] at [redacted], MAR shows [redacted]
- [redacted] glucometer shows no reading, the MAR shows [redacted]

Plan of Correction ***Accept [redacted] - 04/29/2024)***

Education on how to document and the importance of documenting and obtaining BS reading according to

185a - Implement Storage Procedures (continued)

doctors' orders to be done by the Administrator and Director of Wellness at the staff meeting on 4/25/24. Weekly audits of the resident specific EMARs to ensure that all BS readings are being obtained and documented properly to be done by the Administrator and DOW starting the week of 5/1/24.

Licensee's Proposed Overall Completion Date: *04/25/2024*

Not Implemented [redacted] 07/15/2024)

186c - Change in Medications

23. Requirements

2600.
186.c. Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

Description of Violation

On [redacted] Staff B took a verbal telephone order from Resident 14's physician. The note read, "the physician has recommended and given the okay to use a sliding scale 4 hours after the last dose", e-signed by Staff B. At the time of the 4/11/24 onsite inspection, the home did not receive the written order from the resident's physician and the verbal telephone order obtained 3/20/24 was not received by a licensed staff person.

Plan of Correction ***Accept ([redacted] - 04/29/2024)***

This specific order is no longer in the EMAR for Resident 14. Education was provided to Staff B by Administrator and Director of Wellness on how only licensed staff are allowed to receive verbal orders from physicians. Further education to be provided to all nursing staff by the Administrator and DOW at the staff meeting being held on 4/25/24.

Licensee's Proposed Overall Completion Date: *04/25/2024*

Not Implemented ([redacted] - 07/15/2024)

187d - Follow Prescriber's Orders

24. Requirements

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

Description of Violation

Per Resident 2's physician, the home is to obtain the resident's weight weekly and call the physician's office if the resident gains more than 5 pounds in one week. At the time of the [redacted] inspection, the home has not obtained Resident 2's weight since [redacted]

Resident 2 has an order to check blood pressure weekly. The home checked and recorded the resident's blood pressure on [redacted] and not again until [redacted]

Resident 11 is prescribed [redacted], apply topically to shoulder and neck three times daily. The home is consistently applying [redacted] to the resident's lower back daily, and occasionally 2 or 3 times daily, without an order to administer to the resident's back. Additionally, the home did not apply voltaren gel to the resident's shoulder and neck as ordered on the follow occasions:
- 3/19/24 only applied to resident's neck once.

187d - Follow Prescriber's Orders (continued)

- [redacted] did not apply to resident's neck.
- [redacted] only applied to resident's neck once and shoulder twice.
- [redacted] only applied to resident's neck once and shoulder twice.
- [redacted] only applied to resident's shoulder twice and never to their neck.
- [redacted] only applied to resident's neck once and should twice.

Resident 11's blood pressure is to be obtained twice weekly, every [redacted]. The home obtained the resident's blood pressure on Monday, [redacted] and not again until Monday, [redacted]

Per Resident 14's physician, the home is to call the resident's endocrinologist if the resident's blood glucose level reads more than [redacted]. The resident's blood glucose level read [redacted] on [redacted] on [redacted] and [redacted] at [redacted]. The home did not contact the resident's endocrinologist on [redacted] and didn't contact Resident 14's endocrinologist until 4 hours after the high blood glucose reading on [redacted]

Resident 14 is prescribed [redacted] administer 1 tube by mouth as needed for low blood sugar less than [redacted] alert and able to swallow. Resident 14's blood glucose measured [redacted] at bedtime on [redacted] at bedtime on [redacted], and [redacted] at supper on [redacted] The home did not administer insta-glucose gel or document that the resident wasn't alert or able to swallow.

Resident 14 is prescribed [redacted], inject 7 units before breakfast and supper, and 3 units before lunch. Seven units o[redacted] weren't administered prior to meals on the following occasions:

- Before breakfast on [redacted]
- Before lunch on [redacted]
- Before supper on [redacted], and [redacted]

In addition to the above daily dose orders, when Resident 14's blood glucose measures between [redacted], they are prescribed an additional 3 units o[redacted] to be administered. Resident 14's blood glucose read [redacted] on [redacted], and they were not administered any additional [redacted] units as ordered.

Resident 4 is prescribed [redacted] for their left eye, four times daily. The eye drop was only administered three times on [redacted].

Resident 15 is prescribed [redacted], inject 5 units subcutaneously three times daily with meals. Hold if BS is less than [redacted] or patient is not eating. On [redacted] at [redacted] BS was [redacted] and the MAR stated, "administered insulin subcutaneously in the left arm."

187d Follow Prescriber's Orders (continued)

Plan of Correction ***Accept (- 04/29/2024)***

Education to be provided to the nursing staff regarding importance of following doctors' orders by the Administrator and the Director of Wellness at the staff meeting being held on 4/25/24. Administrator and DOW to perform weekly audits of EMARs to ensure that all orders are being followed starting the week of 5/1/24.

Licensee's Proposed Overall Completion Date: *04/25/2024*

Not Implemented - 07/15/2024)

227g -Support Plan Signatures

25. 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 5's support plan, dated , was not signed by the assessor.

Plan of Correction ***Accept (- 04/29/2024)***

Assessor that performed the assessment on is no longer an employee of the home. New support plan was done for Resident 5 on and was signed by the assessor. Monthly audits of support plans to be done by the Director of Wellness and the Dementia Care Programmer to ensure all support plans are signed by assessor beginning the month of May. Education on completing support plans properly to be done by the Administrator at the staff meeting being held on 4/25/24.

Licensee's Proposed Overall Completion Date: *04/25/2024*

Implemented - 07/19/2024)

227h - Support Plan Refuse Sign

26. 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

The support plans for Resident 10, dated and Resident 2, dated , are not signed by the residents nor is there any notation of their refusal or inability to sign.

Plan of Correction ***Accept - 04/29/2024)***

Resident 10 passed away prior to the home being able to obtain signature on support plan. New support plan for Resident 2 was completed on and was signed by the resident. Monthly audits of support plans to be done by the Director of Wellness and the Dementia Care Programmer to ensure all support plans are signed by assessor beginning the month of May. Education on completing support plans properly to be done by the Administrator at the staff meeting being held on

Licensee's Proposed Overall Completion Date: *04/25/2024*

Implemented (- 07/19/2024)

251b - Record Entries Legible

27. Requirements

2600.
251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction tape was used on Resident 7's medical evaluation signed [redacted].

Plan of Correction ***Accept [redacted] - 04/29/2024)***

Education provided to the Director of Wellness, Dementia Care Programmer, and Request for a new DME was sent to physician on 4/1/25. Physician wants to see the resident for an appointment prior to filling out new form. Facility is currently waiting on family to schedule appointment. Resident Care Coordinator by the administrator on completing DMEs properly. This education took place on 3/25/24. Education regarding importance of DMEs and how to complete properly to be held at the staff meeting by the Administrator and DOW on 4/25/24. Administrator will check all DMEs for new admissions beginning on 5/1/24.

Licensee's Proposed Overall Completion Date: *04/25/2024*

Implemented [redacted] - 07/23/2024)

254a - Records Discharge/Active

28. Requirements

2600.
254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 3/19/24, the privacy coding documents and the licensing inspection summaries from 8/25/23, 7/9/23, and 10/5/22, were unlocked, unattended, and accessible in the lobby.

Plan of Correction ***Accept [redacted] - 04/29/2024)***

Privacy coding documents were removed from the inspection summaries in the lobby on 3/19/24 by the administrator. Education on privacy to be performed by the administrator at the staff meeting on 4/25/24. Administrator to ensure that when posting new inspection reports, that privacy coding is not part of the public record.

Licensee's Proposed Overall Completion Date: *04/25/2024*

Not Implemented ([redacted] 07/15/2024)

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

Facility Information

Name: *AUTUMN HOUSE EAST* **License #**: *33823* **License Expiration**: *05/21/2024*

Address: *2618 EAST MARKET STREET, YORK, PA 17402*

County: *YORK* **Region**: *CENTRAL*

Administrator

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

Legal Entity

Name: *2618 E MARKET STREET OPERATING COMPANY LLC*

Address: [redacted]

Certificate(s) of Occupancy

Type: *C 2 LP* **Date**: *04/27/2004* **Issued By**: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *178* **Waking Staff**: *134*

Inspection Information

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

Reason: *Interim* **Exit Conference Date**: *05/16/2024*

Inspection Dates and Department Representative

05/16/2024 On Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *150* **Residents Served**: *121*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Laurel Court* **Capacity**: *32* **Residents Served**: *32*

Hospice

Current Residents: *18*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *121*

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

Have Mobility Need: *57* **Have Physical Disability**: *1*

Inspections / Reviews

05/16/2024 - Partial

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *06/13/2024*

Inspections / Reviews *(continued)*

06/06/2024 POC Submission

Submitted By: [redacted] **Date Submitted:** *06/18/2024*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *06/13/2024*

06/10/2024 POC Submission

Submitted By: [redacted] **Date Submitted:** *06/18/2024*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *06/20/2024*

07/23/2024 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/18/2024*

Reviewer: [redacted] **Follow Up Type:** *Enforcement*

23b - Instrumental Activities of Daily Living Assistance

1. Requirements

2600.
23.b. A home shall provide each resident with assistance with IADLs as indicated in the resident's assessment and support plan.

Description of Violation

The assessment and support plan for Resident 1, dated [redacted], indicates that the resident requires supervision when in unfamiliar places. On [redacted], the resident did not receive this assistance as [redacted] left the building and traveled to an auto parts store down the block and around the corner before being found by police.

Plan of Correction ***Accept ([redacted] - 06/06/2024)***

Resident 1 was discharged from the facility on [redacted] Education will be provided to all staff by the Administrator at staff meeting being held on [redacted]. This education will include but is not limited to preventing elopements, identifying and reporting elopement risks and proper procedures on what to do during an elopement. Also, further education to nurse managers on properly assessing residents and elopement risks was done by Administrator on 5/21/24.

Licensee's Proposed Overall Completion Date: *06/11/2024*

Not Implemented ([redacted] - 07/15/2024)

86b - Bathroom

2. Requirements

2600.
86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathroom in rooms B4 and B7 were not equipped with windows and the exhaust fans were inoperable.

Repeated Violation – 8/25/23, 7/19/23

Plan of Correction ***Accept ([redacted] - 06/10/2024)***

Exhaust fan issues in Bhall were checked and repaired by Riverview Mechanical on 5/22. Maintenance Director was educated on all details of B hall exhaust fans at that time. MD will continue weekly audits of fans to ensure they are in working order beginning the week of 6/1/24.

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

Implemented [redacted] - 07/15/2024)

102i Soap Dispenser

3. Requirements

2600.
102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was an unlabeled, used bar of orange soap observed in the A-Hall tub room.

[redacted]

Repeated Violation - 8/25/23, 7/19/23, et al.

Plan of Correction ***Accept [redacted] - 06/06/2024)***

Bar of soap was removed from the A hall tub room at the time of inspection by PCA. Education will be provided to the residents regarding personal items being left in the common shower rooms at the next resident council being held on 6/12/24. Staff was educated by the department heads regarding proper storage and labelling of residents personal items and not leaving them in common areas by the department heads on 6/4/24. Audits of all shower rooms to be done daily by housekeeping staff beginning on 6/4/24.

Licensee's Proposed Overall Completion Date: *06/12/2024*

Not Implemented ([redacted] - 07/15/2024)

103f - Refrigerator/Freezer Temps

4. Requirements

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

At approximately 9:20am the refrigerator storing food in the kitchenette/activity room in the A-Hall, measured 52 degrees Fahrenheit. At approximately 12:15pm the temperature in the refrigerator read 60 degrees Fahrenheit.

Plan of Correction ***Accept ([redacted] - 06/06/2024)***

The refrigerator in the A-Hall kitchenette was replaced on 5/20/24 by the Maintenance Director. Replacement refrigerator has been holding proper temperatures. Daily audits of the refrigerator temperatures will continue per facility procedures.

Licensee's Proposed Overall Completion Date: *06/03/2024*

Implemented [redacted] - 07/15/2024)

103g - Storing Food

5. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

[redacted]

[redacted]

[redacted]

103g - Storing Food *(continued)*

Licensee's Proposed Overall Completion Date: *06/14/2024*

Implemented [redacted] - 07/15/2024)

103i - Outdated Food

6. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There were multiple food items stored in the kitchen area not labeled and dated including:
- Multiple, large containers of dark liquids, and yellow liquid in the walk-in refrigerator and standing refrigerator.
- Three trays of lettuce in the walk-in refrigerator.
- One tray of what appeared to be imitation crab in the walk-in refrigerator.
- One pan of what appeared to be chicken salad in the walk-in refrigerator.
- A lunchmeat sandwich in the standing refrigerator.
- Five clear containers of dry cereal on a storage shelf directly inside the kitchen door, were not dated and the labeled name of some of the cereals were starting to wear off.

Plan of Correction ***Accept [redacted] - 06/06/2024)***

Food items in unsealed containers was disposed of by the Dietary Manager at the time of the inspection. Education on proper storage, sealing, and documenting food items to be done by the Dietary Manager at the dietary staff meeting being held on 6/14/24. Audits of storage areas in the kitchen to be done nightly at closing by Dietary Manager and/or cook on duty to ensure that all items are stored and dated correctly. Audits will begin the week of 6/17/24.

Licensee's Proposed Overall Completion Date: *06/14/2024*

Implemented ([redacted] - 07/15/2024)

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.

141a 1-10 Medical Evaluation Information *(continued)*

Description of Violation

Resident 2's medical evaluation, dated [redacted] is missing height, weight, and temperature and immunization history. The home contacted the medical professional on 5/16/24 and obtained an updated medical evaluation that was missing body positioning and movement.

Plan of Correction ***Accept ([redacted] - 06/06/2024)***

The DME for Resident 2 was updated to include body positioning and movement was also updated by the medical professional on [redacted]. Education was provided to Dementia Care Programmer by DHS inspector on day of inspection. Further education was provided to Director of Wellness and Resident Care Coordinator on making sure that all areas of a DME are completed in their entirety. Monthly DME audits to be done by DOW and DCP starting the week of 6/1/2024

Licensee's Proposed Overall Completion Date: *06/03/2024*

Not Implemented ([redacted] - 07/15/2024)

144c1 - Smoking Area Guidelines

8. Requirements

2600.
144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home does not permit smoking on the porch of the East Market Street entrance.. At approximately 9:25am, 3 cigarette butts were located on the ground in front of the porch and there were cigarette ashes on the rocking chair on the porch.

Repeated Violation - 8/25/23

Plan of Correction ***Accept [redacted] - 06/06/2024)***

Cigarette butts were cleaned from the Market Street entrance planters on by housekeeping staff on 5/16/24. The planters that were being used as "ashtrays" were removed from the porch area by Maintenance Director on 5/17/24. Education to be provided regarding resident smoking areas to be held by the Administrator at the staff meeting on 6/12/24. Education to be provided to the residents regarding the designated smoking areas by the Administrator at the next Resident Council meeting on 6/12/24. Daily audits of non-smoking areas to be performed by Administrator, Director of Wellness, or Manager on duty to ensure compliance with smoking guidelines are being maintained beginning the week of 6/1/24. These audits will extend from the porch area out to the grounds surrounding the porch area as well.

Licensee's Proposed Overall Completion Date: *06/12/2024*

Not Implemented [redacted] 07/15/2024)

162e - Menu Changes

9. Requirements

2600.
162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

The current week's menu posted in the kitchen, for the week of May 12th – 18th, 2024, included changes to the menu provided to residents for dinner on 5/13/24, 5/14/24, 5/16/24, and lunch dessert options on 5/14/24 and 5/15/24. The home reported to the Department they do not post changes to the menu conspicuously in a public place in the home accessible to residents.

Plan of Correction ***Accept [redacted] - 06/06/2024)***

Education was provided to the Dietary manager on posting the menu changes in a place where all residents can see by the Administrator on 5/17/24. Same education will be provided to the dietary staff by the Dietary Manager at the dietary staff meeting being held on 6/14/24. Dietary manager will audit all menus and ensure menus changes are being posted conspicuously starting the week of 6/1/24.

Licensee's Proposed Overall Completion Date: *06/14/2024*

Implemented [redacted] /23/2024)

183b - Meds and Syringes Locked

10. Requirements

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At approximately 9:30am a small white pill, with 11 on one side and A on the other, was found on the floor under the C-Hall medication cart.

Repeated Violation - 8/25/23, 7/19/23, et al.

Plan of Correction ***Accept [redacted] - 06/06/2024)***

Pill was disposed of by the Administrator at the time of the inspection. Education on proper medication administration and disposal of any medications that are loose to be done by the Administrator and Director of Wellness at the nursing staff meeting being held on 6/11/24.

Licensee's Proposed Overall Completion Date: *06/11/2024*

Implemented ([redacted] 07/15/2024)

183d - Prescription Current

11. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [redacted] and [redacted] prescribed for Resident 3 were in the medication cart, however, these medications were discontinued on [redacted]

183d - Prescription Current *(continued)*

Plan of Correction ***Accept ([redacted] - 06/06/2024)***

Discontinued medication for Resident 3 were removed from the med cart on 5/16/24 by the Director of Wellness. Education on removal and disposal of discontinued medications to be provided by the Administrator and Director of Wellness at the nursing staff meeting being held on 6/11/24. Weekly med cart by nursing managers to continue as scheduled. Administrator will also audit one med cart a week starting the week of 6/1/24 to ensure no discontinued medications are in the cart.

Licensee's Proposed Overall Completion Date: *06/11/2024*

Not Implemented ([redacted] - 07/15/2024)

183e - Storing Medications

12. 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

Two loose pills were in the second drawer of the H-Hall medication cart. One pill was pink with impressions HH and 975 while the other was green with impressions HH and 974.

In the same medication cart, a single packet of Cholestyram powder was sitting in a basket of medication cups on the bottom drawer of the cart.

Resident 3's [redacted] pen, that can be stored at room temperature after opening and is to be discarded 28 days after opening, did not include the date it was opened or the staff's initials that opened the medication.

Plan of Correction ***Accept ([redacted] - 06/06/2024)***

Loose pills. powder and insulin pen were disposed of by the Director of Wellness at the time of inspection. Education on proper labelling, storage, and disposal of loose medications to be done by the Administrator and the Director of Wellness at the nursing staff meeting being held on 6/11/24. Cart audits to be done by Certified Med Techs weekly and the Director of Wellness, Resident Care Coordinator, Dementia Program Director, and Memory Care Coordinator monthly to ensure all medications are labelled and stored properly. The audits will also ensure the proper disposal of any loose medications.

Licensee's Proposed Overall Completion Date: *06/11/2024*

Not Implemented ([redacted] - 07/15/2024)

184a - Resident's Meds Labeled

13. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
4. The prescribed dosage and instructions for administration.

184a - Resident's Meds Labeled *(continued)*

Description of Violation

Resident 3 is prescribed [redacted], take 1 tablet by mouth once daily. The medication label on the over-the-counter medication bottle did not include the resident's current order but read, take 4-8 pills every 4 hours as needed.

Resident 6 is prescribed [redacted]. The medication administration record (MAR) states to take two tablets by mouth at lunchtime and the label on the bottles states every evening.

Resident 6 is prescribed [redacted] by mouth once daily as needed on MARs, however, the bottle states once daily on label.

Plan of Correction ***Accept [redacted] - 06/06/2024)***

Label was added to Resident 3s [redacted] bottle to include the current order by the Director of Wellness on 5/17/24. Labels for Resident 3s medication were added to include proper instructions by the DOW on the same date. Education to be provided to the Certified Med Techs on proper labelling of medications when the orders are updated or changed to be provided by the Administrator and Director of Wellness at the nursing meeting being held on 6/11/24. Administrator and DOW to do separate weekly audits of all new and updated orders to ensure that all orders are entered with a pertinent diagnosis. Audits to begin the week of 6/3/24.

Licensee's Proposed Overall Completion Date: *06/11/2024*

Not Implemented ([redacted] - 07/15/2024)

185a - Implement Storage Procedures

14. 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 4 is prescribed [redacted] twice daily as needed, and it was not present in the home at the time of the inspection.

Resident 3's [redacted] medication administration record (MAR) lists the resident's blood glucose level as [redacted] at [redacted] However, the resident's glucometer shows blood sugar readings of [redacted] and [redacted] for the morning, [redacted] check.

Resident 7's [redacted] MAR states the resident's blood glucose level was [redacted] [redacted]. However, the resident's glucometer shows a blood sugar reading of 185.

Plan of Correction ***Accept ([redacted] - 06/06/2024)***

Medication for Resident 4 was obtained on [redacted] and is currently in the home. Education to all Certified Med Techs on the importance of having all medications that are ordered available and accessible to be held by the Director of Wellness at a nursing staff meeting being held on 6/11/24. Education will also be provided to the CMTs on importance and proper documentation of blood sugar checks being documented as they happen. Education will also include how and where to document blood sugars. This education will also be done at the nursing staff meeting on 6/11/24.

Licensee's Proposed Overall Completion Date: *06/11/2024*

185a - Implement Storage Procedures *(continued)*

Implemented [redacted] - 07/23/2024)

186c - Change in Medications

15. Requirements

2600.
186.c. Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

Description of Violation

At [redacted] on [redacted] a non-medically certified staff took a verbal order to administer [redacted] to Resident 3. The home does not have the written order from the prescriber, and the oral order was not obtained and written by a nurse from the home.

Plan of Correction ***Accept ([redacted] - 06/06/2024)***

This specific order is no longer in the EMAR for Resident 14. Education to be provided to Certified Med Techs by Administrator and Director of Wellness on how only licensed staff are allowed to receive verbal orders from physicians to be done at the nursing meeting being held on 6/11/24.

Licensee's Proposed Overall Completion Date: *06/11/2024*

Implemented [redacted] - 07/15/2024)

187a - Medication Record

16. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident 6 is prescribed Latanoprost [redacted] 1 drop in both eyes at bedtime. However, the resident's MAR has no diagnosis or purpose listed for this medication.

Plan of Correction ***Accept [redacted] - 06/06/2024)***

[redacted] order for Resident 6 was updated to add reason for the medication on [redacted] by Administrator. Director of Wellness and Dementia Care Programmer were educated by the Administrator on ensuring that all orders, whether updated or new, have a proper diagnosis or purpose for the medication. Administrator and DOW to do separate weekly audits of all new and updated orders to ensure that all orders are entered with a pertinent diagnosis. Audits to begin the week of 6/3/24.

Licensee's Proposed Overall Completion Date: *06/04/2024*

Not Implemented [redacted] - 07/15/2024)

187d - Follow Prescriber's Orders

17. Requirements

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

Description of Violation

Resident 3's physician has ordered the home to call the resident's endocrinologist if the resident's blood sugar is over [redacted] Resident 3's blood sugar rea[redacted]

- The home did not contact the resident's endocrinologist on [redacted].
- The home did not contact the resident's endocrinologist for their high blood sugar reading at [redacted] until [redacted] m.

Resident 6 is prescribed [redacted] 1 drop in both eyes at bedtime. This medication was not given on [redacted].

Resident 6 is prescribed [redacted] apply to affected areas once daily, 12H on and 12H off. The MAR does not indicate that the pad was removed on [redacted].

Plan of Correction ***Accept [redacted] - 06/06/2024)***

Order to call the Endocrinologist for Resident 3 has been discontinued and new orders were given regarding high blood sugar readings on 6/3/2024. Medications for Resident 6 were given that evening but were not signed off by the CMT that evening. Education was provided to the CMT working that evening regarding the importance of always documenting medication administration by the Director of Wellness on 5/17/24. Same education will be provided to the rest of the nursing staff and the nursing staff meeting being held on 6/11/24. Audits of the EMARs will be done daily by the Director of Wellness and the Resident Care Coordinator beginning the week of 6/4/24. Administrator to perform weekly audits of EMARs beginning the same week.

Licensee's Proposed Overall Completion Date: *06/11/2024*

Not Implemented [redacted] - 07/15/2024)

254a - Records Discharge/Active

18. Requirements

2600.
254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 5/16/24, the following information was unlocked, unattended, and accessible:
- the controlled substance logbook, including resident names and prescribed medications and diagnosis, in the A-Hall kitchen / lounge
- prescription labels including the names of residents and medications prescribed stuck to the computer in the D-Hall; in addition, there was an empty medication bag with Resident 5's name and the name of the prescribed medication
- prescription labels including the names of residents and medications prescribed stuck to the computer in the G-Hall

Plan of Correction ***Accept [redacted] 06/06/2024)***

Controlled substance logbook was moved to a locked drawer on the med cart on 5/16/24. Prescription labels were

254a Records Discharge/Active (continued)

removed from the G hall and D hall computers at the time of the inspection. Education was provided to the certified med techs on proper storage of anything that might have resident information on them on 5/17/24 by the Director of Wellness and the Resident Care Coordinator. Med carts to be audited by once a shift for 2 weeks by manager on duty starting on 6/3/2024 to ensure no resident identifiers are readily accessible.

Licensee's Proposed Overall Completion Date: *06/03/2024*

Not Implemented (- 07/15/2024)