

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

May 31, 2024

[REDACTED], LICENSING
WOODS SERVICES, INC.
[REDACTED]
[REDACTED]

RE: BEECHWOOD CENTER 5
135 WEST RICHARDSON AVENUE
LANGHORNE, PA, 19047
LICENSE/COC#: 12967

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/26/2024 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: *BEECHWOOD CENTER 5* License #: *12967* License Expiration: *11/01/2024*
 Address: *135 WEST RICHARDSON AVENUE, LANGHORNE, PA 19047*
 County: *BUCKS* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *WOODS SERVICES, INC.*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-3 SP* Date: *10/20/1989* Issued By: *dept of labor and industry*

Staffing Hours

Resident Support Staff: *18* Total Daily Staff: *27* Waking Staff: *20*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *03/26/2024*

Inspection Dates and Department Representative

03/26/2024 - On-Site: Jacquelyn Goldstein

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *7* Residents Served: *7*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *3*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

03/26/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/18/2024*

05/08/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *04/23/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/10/2024*

Inspections / Reviews *(continued)*

05/17/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/17/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/21/2024

05/28/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/30/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/30/2024

05/31/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/30/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

5a1 - DHS Access

1. Requirements

2600.

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

- 1. Agents of the Department.

Description of Violation

On 3/27/2024, at 9:00 am, an agent of the Department, requested access to staff and resident records while in home. Staff person A, who was the only staff person in the home, and was not the designee could not provide any records. Multiple staff persons arrived between 10:00 am and 10:53 am explaining access is only provided at a different location.

Staff sheet was not provided until 12:50 pm. Additionally some records were only provided to the Department to be viewed on the director's laptop.

Staff person [redacted] the administrator, stated during an interview [redacted] could not access resident contracts or staff record from the home.

Plan of Correction

Accept ([redacted] - 05/07/2024)

PCHA was trained on 4/18/24 on by Residential Director ensuring that an assigned staff in the home will be the designee and provide all required information to any representatives from the Department upon their request. A folder with all required documents will be kept in the home at a designated location for all staff to have access to. The folder will hold all requested information to be provided to any agent upon request and arrival at the home. The PCHA is responsible for placement of the folder and maintaining it as needed. All staff will be trained on the folder and on the location of where the folder will be kept by the PCHA by 5/10/24.

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

Implemented ([redacted] - 05/31/2024)

16c - Written Incident Report

2. 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 3/23/24, at 8:00 pm, 3/24/24, 3/25/24 at 8:00 am and 8:00 pm, and 3/26/24 at 8:00 am resident 1 did not receive [redacted] because the home did not have the medication.

On 3/17/24 and 3/18/2024, at 8:00 pm resident 2 did not receive [redacted] because the home did not have the medications.

These incidents were not reported to the Department.

Plan of Correction

Accept ([redacted] - 05/07/2024)

Immediate Response : Medications were re-ordered by the nursing staff

16c - Written Incident Report (continued)

Long Term: The Med Admin Certified Trainer will review the procedure of medication re-ordering with staff on 5/1/24 and notify nursing staff for appropriate follow up. Nursing management will review incident reporting procedure with nursing staff on 5/1/24 to ensure future compliance.

Person Responsible: Med Certified Trainer and Nurse Manager. The Certified Medical Administration Trainer will review the procedure of medication documentation and medication re-ordering with staff on 5/1/24

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

Implemented (█) - 05/28/2024)

18 - Compliance With Laws

3. Requirements

2600.

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

Description of Violation

Personal care and assisted living homes must post the required influenza information in a public place in the home year-round as required by the Influenza Awareness Act (HB 1785).

The home did not have an influenza poster anywhere in the home.

34 Pa. Code Chapter 3, known as the Boilers and Unfired Pressure Vessels regulations. (governed by Department of Labor and Industry). If a home has a boiler, it must have a valid "Certificate of Boiler or Pressure Vessel Operation" issued by the PA Department of Labor and Industry. Upon expiration of the certificate, boilers must be inspected, and if they pass inspection, they will be issued a new certificate.

Certificate for home's boiler expired on 1/15/2022.

CARE FACILITY CARBON MONOXIDE ALARMS STANDARDS ACT - ENACTMENT Act of Jun. 23, 2016 Carbon monoxide alarms must be installed in proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance.

No Carbon Monoxide alarms could be located by agent of the Department or staff persons.

Plan of Correction

Accept (█) - 05/07/2024)

An Influenza poster from the Centers for Disease and Prevention was placed on the bulletin board in the kitchen over the med cart by nursing staff on 4/23/24. The assigned PCHA will complete monthly checks to ensure the influenza poster is intact.

Following review of the boiler inspections by the Director of Licensing, documentation of a re-inspection was noted for 6/8/22 and documentation of an additional inspection was noted for 09/26/23 in the facilities files. Beechwood Center 5 will be due for it's next boiler inspection 9/2024. Director of Licensing will monitor the annual inspections and follow-up with facilities to ensure compliance starting 5/1/24.

Carbon Monoxide detectors were placed in proximity of the boiler on 4/23/24 by the PCHA. The detector will be included on the monthly environmental checks of the home completed by the PCHA starting 5/1/24.

18 - Compliance With Laws (continued)

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

Implemented () - 05/28/2024

57a - Designee Present/Age

4. Requirements

2600.

57.a. At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.

Description of Violation

On 3/26/2024, from 9:00 am to 10:00 am, at least 1 resident was present in the home. During this time, Staff person A was the only staff member in the home and was not the designee, and was unable to provide staff list, resident list, resident records, and staff records.

Plan of Correction

Accept () - 05/07/2024

PCHA was trained on 4/18/24 on by Residential Director ensuring that an assigned staff in the home will be the designee and provide all required information to any representatives from the Department upon their request. The staff will be trained on their responsibilities as designee by the PCHA by 5/10/24.

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

Implemented () - 05/31/2024

60a - Staff/Support Plan

5. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On 3/17/2024, 3/18/2024, 3/20/2024, 3/21/2024, 3/22/2024, and 3/25/2024 from 11:00 pm to 7:00 am there was no staff present in the home that was certified to administer PRN medications.

Plan of Correction

Accept () - 05/17/2024

Following review of the dates listed in this citation by the Director of Licensing, all staff working 11pm-7am were certified to administer PRN medication. The Personal Care Home Administrator will be reminded by the Director of Licensing on 5/17/24 to ensure that there is always a staff assigned to the home that can administer PRN medications.

Licensee's Proposed Overall Completion Date: 05/17/2024

Implemented () - 05/28/2024

63a - First Aid/CPR Training

6. Requirements

2600.

63a - First Aid/CPR Training (continued)

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

On 3/19/24 from 7:00 am to 3:00 pm and 11:00 pm to 7:00 am, 3/20/24 from 7:00 am to 9:00 am, 3/21/24 from 7:00 am to 3:00 pm, 3/23/2024, 3/24/2024, and 3/26/2024 from 7:00 am to 3:00 pm and 11:00 pm to 7:00 am, 7 residents were present in the home. During this time no staff person was present in the home who was certified in first aid, obstructed airway techniques and CPR.

Plan of Correction

Accept (█ - 05/07/2024)

The Staff in violation was removed from the schedule and assigned to a CPR training course by the PCHA for recert on 4/15/2024. A staff certified in CPR was assigned to the home at all times.

An audit conducted by PCHA on 4/17/24 to identify any staff in the home who is not first aid/CPR certified.

Beginning 4/1/24, PCHA will conduct monthly audits of all staff in the home to ensure compliance with 2600.63a

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

Implemented (█ - 05/31/2024)

64a - Admin Training

7. Requirements

2600.

64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:

1. An orientation program approved and administered by the Department.
2. A 100-hour standardized Department-approved administrator training course.
3. A Department-approved competency-based training test with a passing score.
4. Paragraphs (1), (2) and (3) do not apply to an administrator hired or promoted prior to October 24, 2005.

Description of Violation

Staff person █, who is the home's administrator, could not provide documentation that █ has successfully the 100-hour standardized Department-approved administrator training course.

Plan of Correction

Accept (█ - 05/07/2024)

On 4/4/24 the Director of Licensing reached out to the Assistant Director, Continuing Education, Penn State Abington to report that the class documentation provided for completion of the 100 hour course was not meeting the 2600.64.a regulations. The Assistant Director, Continuing Education acknowledged that some certificates were misprinted at the time. On 4/5/24 the correct documents were provided by the Assistant Director, Continuing Education and were placed in Staff person █'s personnel file. The Director of Licensing will monitor all future 100 hour course documentation for compliance starting 4/10/24.

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

Implemented (█ - 05/28/2024)

65f - Training Topics

8. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.

65f - Training Topics (continued)

- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- 3. Care for residents with dementia and cognitive impairments.
- 4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- 5. Personal care service needs of the resident.
- 6. Safe management techniques.
- 7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in medication self-administration training during training year 2023.

Plan of Correction

Accept (█ - 05/07/2024)

Staff A was followed up with by the PCHA on 3/27/24 for completing all outstanding training immediately. Staff A completed the medication self-administration training on May 24, 2022, Missed the training for 2023 and then completed completed the training on January 23, 2024. Beginning 4/1/24, PCHA will run a report on all staff on a monthly basis, including ancillary or substitute staff to ensure compliance. PCHA will also make sure that the training department receives a copy and the PCHA keeps an available copy in the home.

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

Implemented (█ - 05/28/2024)

91 - Telephone Numbers

9. Requirements

2600.

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

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephones in living room.

Plan of Correction

Accept (█ - 05/08/2024)

All emergency numbers were typed and posted by the telephones by the PCHA on 4/1/24. The PCHA will remind all staff that the list of the emergency numbers are to always be posted anywhere there is a landline telephone on 4/1/24. The PCHA of the home will check for all posted signs at the home during their daily walk through in the homes when present in the home.

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

Implemented (█ - 05/28/2024)

95 - Furniture and Equipment

10. Requirements

2600.

- 95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

95 - Furniture and Equipment (continued)

Description of Violation

The heat vent in the bathroom by the kitchen is missing a vent cover, sharp metal pieces are exposed creating at hazard.

Plan of Correction

Accept () - 05/08/2024)

A work order was completed on 4/5/24 by the PCHA and an additional email sent to our maintenance department by the PCHA on 4/10/24 as a reminder for the request submitted to the for the vent. The PCHA of the home will ensure to send out follow-up reminders about anything pertaining to maintenance that has not been completed in a timely manner. PCHA will continue to contact maintenance department to follow up until the submitted request items are resolved starting 4/1/24.

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

Implemented () - 05/28/2024)

103f - Refrigerator/Freezer Temps

11. 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

There was no thermometer in the refrigerator in the basement.

Plan of Correction

Accept () - 05/08/2024)

A thermometer was placed in the refrigerator on the same day, 3/26/24 by the PCHA of the home. Staff was reminded by the PCHA on 3/26/24 to always check the refrigerators and in the freezers regularly. PCHA will check the thermometer during monthly environmental check starting 4/1/24.

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

Implemented () - 05/28/2024)

103i - Outdated Food

12. Requirements

2600.

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

Description of Violation

There was an unlabeled, undated bag of Texas toast in the upstairs refrigerator.

There was an unlabeled, undated birthday cake in the downstairs refrigerator.

There was a bottle of lemon juice, and a bottle of hoisin sauce in the cabinet, both which had a label that indicated items needed to be refrigerated after opening.

Repeat Violation 09/13/2022 et al.

103i - Outdated Food (continued)

Plan of Correction

Accept () - 05/08/2024

All outdated and unlabeled food were thrown out by the PCHA on 3/26/24. All staff will be trained and reminded to always label and date all opened food as well as to throw out all unlabeled and undated food by the PCHA by 4/30/24.

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

Implemented () - 05/31/2024

125a - Combustible Storage

13. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

On 3/26/2024, at 9:23 am, a small green oxygen tank was stored in between a baseboard heater and medication cart behind a scale, while the heat was on.

Plan of Correction

Accept () - 05/08/2024

The oxygen tank was removed by nursing staff and relocated in the living room next to the PCHA desk on 4/23/24. The assigned PCHA will complete weekly checks to ensure the oxygen tank is accessible and stored securely starting 5/1/24.

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

Implemented () - 05/28/2024

132f - Alternate Exit Routes

14. Requirements

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The front door was the only exit route used during the fire drills held from 4/27/2023 to 7/23/2023.

The front door/Side door was the only exit route used during the fire drills held from 12/30/2023 to 2/17/2024.

Plan of Correction

Accept () - 05/08/2024

The Director of Community Residences reviewed the fire drill logs and trained all PCHAs on using alternative exits during the fire drills on 4/18/24. The Director of Community Residences will include a reminder to the current PCHA on the importance of completing fire drills on various time and utilizing different exits as alternative. A monthly reminder will be presented to all PCHAs during PCHA monthly meetings beginning 4/18/24.

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

Implemented () - 05/28/2024

141b1 - Annual Medical Evaluation

15. Requirements

2600.

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

Description of Violation

Resident 2's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED]

Plan of Correction

Accept ([REDACTED] - 05/08/2024)

Upon review of resident #2's medical records by the AVP of Nursing, a medical evaluation was completed on [REDACTED] due to a status change. Resident #2's annual medical evaluation was completed within the time period on [REDACTED]. The medical scheduler will continue to track medical evaluations to ensure they are completed annually.

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

Implemented ([REDACTED] - 05/28/2024)

144c1 - Smoking Area Guidelines

16. 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's designated smoking area in on the back deck. There are two tall industrial smoker's receptacles on the deck and one smaller ashtray. The ashtray was on a painted wooden picnic table. One of the tall receptacles is located next to a painted wooden picnic table. The second sat in the corner of the deck next to the wooden railing and it did not have a bottom. The tower sat directly on the composite deck, so that discarded cigarettes would directly land onto the deck. A broom also was leaning against this tower.

Plan of Correction

Accept ([REDACTED] - 05/08/2024)

On 3/26/24 the PCHA removed the broken tower and ashtray from the smoking area. Two new towers were ordered by the PCHA on 3/26/24. The wooden picnic table was removed from the smoking area on 4/23/24 and new fireproof furniture was ordered to be placed in the smoking area. Estimated completion is 5/17/24.

Proposed Overall Completion Date: 05/17/2024

Licensee's Proposed Overall Completion Date: 05/17/2024

Implemented ([REDACTED] - 05/28/2024)

162c - Menus Posted

17. Requirements

2600.

162c - Menus Posted (continued)

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 3/25/2024 - 3/31/2024 was posted. However, the following week was not posted. Staff person A explained it would not be available until later that day.

Repeat Violation 09/13/2022 et al.

Plan of Correction

Accept ([redacted] - 05/08/2024)

The menu for the 2nd week was placed in the home on 3/26/24 by the PCHA. The PCHA of the home will check for all menus at the home during their weekly walk through in the homes starting 4/1/24.

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

Implemented ([redacted] - 05/28/2024)

183b - Meds and Syringes Locked

18. 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

On 3/26/2024, at 9:01 am, prescription [redacted] for resident 3 was unlocked, unattended, and accessible on top of the medication cart in the dining room.

Plan of Correction

Accept ([redacted] - 05/08/2024)

Resident #3's prescription [redacted] were secured in the medication cart on 3/26/24 by nursing. The Certified Medical Administration Trainer will review the procedure of storage and handling of medications with staff on 5/1/24.

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

Implemented ([redacted] - 05/28/2024)

183e - Storing Medications

19. 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 3/26/2024, a blister pack of [redacted] for resident 2 was punched for pill 10, however a pill remained inside the card stuck to a piece of scotch tape that was holding the pill inside.

Plan of Correction

Accept ([redacted] - 05/08/2024)

Resident #2's [redacted] 10 was disposed of by nursing staff in a safe manner according to the Federal and State regulations on 3/26/24. The assigned medical certified staff will complete weekly medication cart checks

183e - Storing Medications (continued)

to ensure medication is stored in an organized manner under proper conditions starting 4/29/24.

Licensee's Proposed Overall Completion Date: 04/29/2024

Implemented () - 05/28/2024)

183f - Discontinued Medications

20. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

The following medications: 3 containers of [redacted] and 1 container of [redacted] belonging to resident 3 were in medication cart. One container of [redacted] and the container of [redacted] had "D/C'd" written in red on the cape. Both medications were discontinued 3/4/2024, This is not an approved method of destroying medications according to the Department of Environmental Protection and Federal and State regulation.

Plan of Correction

Accept () - 05/08/2024)

Resident #3's discontinued [redacted] were removed from the medcart and disposed of by nursing staff in a safe manner according to the Federal and State regulations on 3/26/24. The assigned medical certified staff will complete weekly medication cart checks to ensure all discontinued medications are removed from the med cart starting 4/49/24.

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

Implemented () - 05/28/2024)

184b - Labeling OTC/CAM

21. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 3/27/2024, bottle of Aloe after sun care, a tube of Dyna shield with dimethicone, and tube of dyna lube was located in the medication cart. These were not labeled, and staff person A did not indicate who they belonged to.

Plan of Correction

Accept () - 05/08/2024)

All unlabeled OTC medications were removed from the medication cart by nursing staff on 3/26/24. The assigned medical certified staff will complete weekly medication cart checks to ensure all medications are labeled appropriately starting on 4/29/24.

Licensee's Proposed Overall Completion Date: 04/29/2024

184b - Labeling OTC/CAM (continued)

Implemented () - 05/28/2024

185a - Implement Storage Procedures

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

Resident 2 is prescribed [redacted], and [redacted] as needed. On 3/26/2024 these medications were not available in the home.

Plan of Correction

Accept () - 05/08/2024

Resident #2's medication were re-ordered from the pharmacy by nursing staff on 3/26/24. The assigned medical certified staff will review MARs weekly and re-order medications as needed and notify nursing staff for appropriate follow up starting 4/29/24.

Licensee's Proposed Overall Completion Date: 04/29/2024

Implemented () - 05/28/2024

187b - Date/Time of Medication Admin.

23. Requirements

2600.

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

Description of Violation

Resident 3 is prescribed [redacted]. Resident 3's medication administration record indicates staff person A administered medication on 3/19/2024 at 8:00 am. The controlled drug receipt/record/disposition forms gives no indication that this drug was administered on 3/19/2024 at 8:00 am, the line for this time is blank and the line above shows a pill count of 41 while the line below shows a pill count of 39.

Plan of Correction

Accept () - 05/08/2024

The Certified Medical Administration Trainer will review the procedure of medication documentation with staff on 5/1/24. The assigned medical certified staff will review MARs weekly to ensure medication documentation is completed and notify nursing staff for appropriate follow up as needed starting 5/1/24.

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

Implemented () - 05/28/2024

187d - Follow Prescriber's Orders

24. Requirements

2600.

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

Description of Violation

Resident 1 is prescribed [REDACTED]. However, this medication was not administered to resident 2 on 3/23/24, 3/24/24, and 3/25/24 at 8:00 pm, and 3/24/24, 3/25/24, and 3/26/24 at 8:00 am, because the medication was not available in the home. Staff person A stated that resident's PRN medication [REDACTED] was being substituted however medication administration record shows that resident was not receiving this medication following the straight order schedule. Resident 1 only received it once on 3/24/2024 and 3/26/2024

Resident 2 is prescribed [REDACTED]. However, this medication was not administered to resident 2 on 3/17/2024 and 3/18/2024 because the medication was not available in the home.

Resident 2 is prescribed [REDACTED]. However, this medication was not administered to resident 2 on 3/17/2024, and 3/18/24 at 8:00 pm because the medication was not available in the home.

Repeat Violation 09/13/2022 et al.

Plan of Correction

Accept ([REDACTED] - 05/08/2024)

The Certified Medical Administration Trainer will review the procedure of medication re-ordering and medication documentation with staff on 5/1/24. The assigned medical certified staff will review MARs weekly and re-order medications as needed and notify nursing staff for appropriate follow up as needed starting 5/1/24.

"

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

Implemented ([REDACTED] - 05/28/2024)

188b - Medication Error Reporting

25. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident 1 is prescribed [REDACTED]. However, this medication was not administered to resident 2 on 3/23/24 at 8:00 pm, 3/24/24 and 3/25/24 at 8:00 am and 8:00 pm, and 3/26/24 at 8:00 am.

Resident 2 is prescribed [REDACTED]. However, this medication was not administered to resident 2 on 3/17/2024 and 3/18/2024.

Resident 2 is prescribed [REDACTED]. However, this medication was not administered to resident 2 on 3/17/2024 at 8:00 pm or 3/18/2024 at 8:00 pm.

188b - Medication Error Reporting (continued)

These errors were not reported to the resident, the resident's designated person and prescriber.

Plan of Correction

Accept () - 05/08/2024

The Certified Medical Administration Trainer will review the procedure of medication error reporting, medication re-ordering and medication documentation with staff on 5/1/24. The assigned medical certified staff will review MARs weekly to ensure medication documentation is completed, medications are re-ordered as needed and notify nursing staff for appropriate follow up starting 5/1/24.

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

Implemented () - 05/28/2024

227d - Support Plan Medical/Dental

26. 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 for resident 2, dated [redacted], indicates the resident has a need for [redacted]. The resident's support plan, dated [redacted] does not document how this need will be met.

Plan of Correction

Accept () - 05/08/2024

After further review of documentation for Resident 2 by the Director of Rehab Care Coordination, assessments and support plans were completed annually on [redacted] and [redacted]. Both specify dietary need and the plan to support the need. The support plan dated [redacted] indicates in the support plan that staff will meet the dietary need by providing [redacted] RASPs will continue to be completed annually in accordance with 2600 regulations and include needs and how they will be met to remain in compliance.

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

Implemented () - 05/28/2024