pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **ER 320 OPERATIONS LLC**
LEGAL ENTITY

To operate **EMERALD PERSONAL CARE**
NAME OF FACILITY OR AGENCY

Located at **320 MARKET STREET, ELIZABETHTOWN, PA 17022**
(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 **26**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions:

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 **August 8, 2024** until **August 8, 2025**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **338860**

ISSUING OFFICER

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 628 – 04/23

pennsylvania
DEPARTMENT OF HUMAN SERVICES

EMAILING DATE: AUGUST 8, 2024

[redacted]
ER 320 Operations LLC
[redacted]

RE: Emerald Personal Care
320 Market Street
Elizabethtown, Pennsylvania 17022
License #: 33886

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on May 29, 2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
<Licensing Inspection Summaries>

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

July 26, 2024

[redacted]
ER 320 OPERATIONS LLC
[redacted]

RE: EMERALD PERSONAL CARE
320 MARKET STREET
ELIZABETHTOWN, PA, 17022
LICENSE/COC#: 33886

Dear [redacted],

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

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

Sincerely,
[redacted]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *EMERALD PERSONAL CARE* **License #**: *33886* **License Expiration**: *06/26/2024*

Address: *320 MARKET STREET, ELIZABETHTOWN, PA 17022*

County: *LANCASTER* **Region**: *CENTRAL*

Administrator

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

Legal Entity

Name: *ER 320 OPERATIONS LLC*

Address: [redacted]

Certificate(s) of Occupancy

Type: *C-1* **Date**: *05/20/1996* **Issued By**: *Department of Health*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *22* **Waking Staff**: *17*

Inspection Information

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

Reason: *Renewal, Provisional* **Exit Conference Date**: *04/05/2024*

Inspection Dates and Department Representative

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

04/05/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *26* **Residents Served**: *22*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *22*

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

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

04/04/2024 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/28/2024*

04/23/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *05/20/2024*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/30/2024*

Inspections / Reviews *(continued)*

04/26/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *05/20/2024*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *05/17/2024*

07/26/2024 - Document Submission

Submitted By: [redacted] **Date Submitted**: *05/20/2024*

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

63a - First Aid/CPR Training

1. 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

On 3/21/2024, from 10:00 PM to 6:00 AM, 20 residents were present in the home. During this time no staff persons were present in the home who were certified in first aid, obstructed airway techniques and CPR.

On 3/22/2024, from 2:00 PM to 6:00 AM on 3/22/2024, 20 residents were present in the home. During this time no staff persons were present in the home who were certified in first aid, obstructed airway techniques and CPR.

On 3/23/2024, from 2:00 PM to 6:00 AM on 3/23/2024, 20 residents were present in the home. During this time no staff persons were present in the home who were certified in first aid, obstructed airway techniques and CPR.

Plan of Correction ***Directed [redacted] 04/26/2024)***

Anticipated date of First Aid/CPR training will be held in the home for staff who are not certified will be May 10, 2024

Administrator will review employee files to ensure staff are certified in first aid, obstructed airway techniques and CPR on 4/25/24. Those that are not certified will be enrolled in the training for May 10, 2024.

Administrator will audit employee files monthly to ensure certifications are up to date.

Inspection Findings of 4/4/24 will be reported at next QAPI meeting by [redacted], Administrator.

Audit results will be reviewed during QAPI meeting scheduled for 5/16/24 by [redacted], Administrator to ensure compliance expectations have been met.

(Directed)

- *Administrator will review employee files to ensure staff are certified in first aid, obstructed airway techniques and CPR on 4/25/24. Those that are not certified will be enrolled in the training for May 10, 2024.*
- *The Administrator/Designee will provide education to the staff member responsible for creating the weekly schedules by 5/3/2024 to ensure staff coverage includes the appropriate amount of certified staff.*
- *Beginning 5/10/2024, the the Administrator will audit employee files monthly to ensure certificates are up to date.*
- *Inspection Findings of 4/4/24 will be reported at next QAPI meeting by Tasha Lehman, Administrator.*
- *Audit results will be reviewed during QAPI meeting scheduled for 5/16/24 by [redacted], Administrator to ensure compliance expectations have been met.*
- *Documentation of completed audits and education will be kept by the home and available for review by the Department.*

Directed Completion Date: *05/10/2024*

Implemented [redacted] - 07/26/2024)

65f - Training Topics

2. Requirements

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:

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

Description of Violation

Staff Member A, hired [redacted]022, did not receive annual training during the training year 2023 on the following topics :

1. Medication self-administration training.

2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

3. Care for residents with dementia and cognitive impairments.

4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.

5. Personal care service needs of the resident.

6. Safe management techniques.

7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Plan of Correction ***Accept [redacted] 04/26/2024)***

Staff Member A will be educated on missing annual trainings on 4/26/24 by PCHA

Administrator will audit employee files monthly to ensure annual trainings are up to date starting on 4/26/24. Any staff member who is not up to date with annual trainings will be given education by 5/3/24.
Inspection Findings of 4/4/24 will be reported at next QAPI meeting by [redacted], Administrator.
Audit results will be reviewed during QAPI meeting scheduled for 5/[redacted], Administrator to ensure compliance expectations have been met.

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

[redacted] 07/26/2024)

65g - Annual Training Content

3. Requirements

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

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.

65g - Annual Training Content *(continued)*

3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff Member A, hired [redacted]/2022, did not receive annual training during the training year 2023 on the following topics :

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

Plan of Correction ***Accept[redacted]/26/2024)***

Staff Member A will be educated on missing annual trainings by[redacted]24 by PCHA.

Administrator will audit employee files monthly to ensure annual trainings are up to date with initial audit on 4/26/24..

Inspection Findings of 4/4/24 will be reported at next QAPI meeting by [redacted], Administrator.

Audit results will be reviewed during QAPI meeting scheduled for 5/16/24 by [redacted], Administrator to ensure compliance expectations have been met.

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

Implemented[redacted]- 07/26/2024)

101o - Walls, Floors, Ceilings

5. Requirements

2600.
101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

The ceiling in bedroom #23B has a tiled area in the back left corner of the room, approximately 4 feet by 3 feet, that is heavily stained from previous water damage.

The carpet in bedroom #27B is heavily stained in various areas of the room and by the window.

Plan of Correction ***Directed[redacted]- 04/26/2024)***

Ceiling tile in bedroom #23B will be replaced by 5/3/24. Carpet in bedroom #27B will be cleaned on 4/26/27

Ceiling tiles and carpets will be audited by PCHA/designee starting on 4/26/24 to ensure they are clean and in good repair in 3 rooms weekly for 1 month, then monthly for 2 months. Note room #23B and #27B will not be part of audit until issues are corrected.

101o - Walls, Floors, Ceilings (continued)

Inspection Findings of 4/4/24 will be reported at next QAPI meeting by [redacted], Administrator.

Audit results will be reviewed during QAPI meeting scheduled for 5/16/24 by [redacted], Administrator to ensure compliance expectations have been met.

(Directed)

- *Ceiling tile in bedroom #23B will be replaced by 5/3/24. Carpet in bedroom #27B will be cleaned on 4/26/24*
- *An initial audit of all resident rooms will be completed by the Administrator or designee by 5/3/24 to identify any areas that may be in need of cleaning or repair.*
- *Beginning 5/6/2024, the PCHA/designee will audit a sample of 3 rooms per month on-going to ensure areas remain clean and in good condition.*
- *Inspection Findings of 4/4/24 will be reported at next QAPI meeting by [redacted], Administrator.*
- *Audit results will be reviewed during QAPI meeting scheduled for 5/16/24 by [redacted], Administrator to ensure compliance expectations have been met.*
- *Documentation of completed audits will be kept by the home and available for review by the Department.*

Directed Completion Date: *05/06/2024*

Implemented [redacted] - 07/26/2024)

103e - Left Overs

6. Requirements

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

Description of Violation

On 4/4/2024 at approximately 10:39 AM, the refrigerator in the Annex hallway on the 2nd floor had four unlabeled, undated containers containing leftover food.

Plan of Correction ***Accept [redacted] - 04/26/2024)***

Unlabeled, undated containers of leftover food found on 4/4/24 were discarded.

Staff will be educated on labelling and dating all leftover food placed in refrigerator on 4/22/24 by PCHA.

PCHA/Designee will audit refrigerator weekly for 2 months starting by PCHA or Clinical Care Coordinator starting 4/22/24 Initial audit was conducted on 4/4/24 by Clinical Care Coordinator

Inspection Findings of 4/4/24 will be reported at next QAPI meeting by [redacted], Administrator.

Audit results will be reviewed during QAPI meeting scheduled for 5/16/24 by [redacted], Administrator to ensure compliance expectations have been met.

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

103e - Left Overs *(continued)*

Implemented [redacted] - 07/26/2024)

107d - Procedure Emergency Management Agency Submission

7. Requirements

2600.
107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been submitted to the local emergency management agency.

Plan of Correction ***Accept [redacted] - 04/26/2024)***

Written Emergency Procedure was submitted to local emergency management agency by PCHA on 4/25/24

PCHA will review, update and submit written emergency plan to local emergency management agency annually and/or as needed. PHCA will put reminder on calendar to ensure it is reviewed timely.

Inspection Findings of 4/4/24 will be reported at next QAPI meeting by [redacted], Administrator.

Audit results will be reviewed during QAPI meeting scheduled for 5/16/24 by [redacted], Administrator to ensure compliance expectations have been met.

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

Implemented [redacted] - 07/26/2024)

132h - Designated Meeting Place

8. Requirements

2600.
132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the fire drills on 9/30/2023 at 4:38AM, 10/25/2023 at 10:48PM, 12/18/2023 at 5:10AM, 1/19/2024 at 2:00PM, 2/20/2024 at 9:20AM, residents did not evacuate to a designated meeting place away from the building or within the fire-safe area designated in writing within the past year by a fire safety expert. Staff did not alert residents residing in the personal care units to be awake and ready to evacuate from the fire safe area if necessary.

Plan of Correction ***Directed [redacted] - 04/26/2024)***

Staff members will be educated on regulation for all residents to be evacuated to a safe area or at the ready if their room is an identified safe area in the home on 5/1/24 by PCHA/Designee. Resident will be informed of the requirement to evacuate during an emergency or fire drill by PCHA/Designee by 5/3/24.

PCHA/Designee will audit fire drills to ensure residents are meeting at designated meeting places.

Inspection Findings of 4/4/24 will be reported at next QAPI meeting by [redacted], Administrator.

Audit results will be reviewed during QAPI meeting scheduled for 5/16/24 by [redacted], Administrator to ensure compliance expectations have been met.

132h - Designated Meeting Place (continued)

(Directed)

- *Staff members will be educated on regulation for all residents to be evacuated to a safe area or at the ready if their room is an identified safe area in the home on 5/1/24 by PCHA/Designee.*
- *Resident will be informed of the requirement to evacuate during an emergency or fire drill by PCHA/Designee by 5/3/24.*
- *Beginning 5/1/2024, PCHA/Designee will audit fire drills within 5 days of a fire drill being completed to ensure residents are meeting at designated meeting places.*
- *Inspection Findings of 4/4/24 will be reported at next QAPI meeting by [redacted], Administrator.*
- *Audit results will be reviewed during QAPI meeting scheduled for 5/16/24 by [redacted], Administrator to ensure compliance expectations have been met.*
- *Documentation of education and completed audits will be kept by the home and available for review by the Department.*

Directed Completion Date: *05/09/2024*

Implemented [redacted] - 07/26/2024)

141b1 - Annual Medical Evaluation

9. Requirements

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

Description of Violation

Resident #1 was admitted on [redacted] 2022. A medical evaluation was not completed until 9/5/2023.

Plan of Correction ***Directed [redacted] - 04/26/2024)***

PCHA/Designee will review charts of new residents within previous 3 months to ensure admission medical evaluations were completed in timely manner by 5/1/24. List of dates of for medical evaluations will be kept in office to track due dates for annual review.

PHCA/Designee will audit new resident charts to within 1 week of new admission to ensure initial DME's are completed timely. This audit will be started on 4/25/24.

Inspection Findings of 4/4/24 will be reported at next QAPI meeting by [redacted] Administrator.

Audit results will be reviewed during QAPI meeting scheduled for 5/16/24 by [redacted], Administrator to ensure compliance expectations have been met.

(Directed)

- *Education will be provided to staff member's responsible for completing medical evaluations upon admission and on an annual basis by the Administrator/designee by 5/3/2024.*
- *An audit will be completed on all resident records in the home to ensure they have a medical evaluation*

141b1 - Annual Medical Evaluation (continued)

completed upon admission and annually. This audit will be completed no later than 5/10/24 by the Administrator/designee.

- *PHCA/Designee will audit new resident charts to within 1 week of new admission to ensure initial DME's are completed timely. This audit will be started on 4/25/24.*
- *List of dates of for medical evaluations will be kept in office to track due dates for annual review. This list will be reviewed by the Administrator/designee at least monthly and medical evaluations that were due will be audited for completed beginning 5/1/2024.*
- *Documentation of education and completed audits will be kept by the home and available for review by the Department.*

Directed Completion Date: *05/10/2024*

Implemented [redacted] - 07/26/2024)

144c1 - Smoking Area Guidelines

10. 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

On 4/4/2024, at approximately 10:30 AM, the designated smoking area was observed to have at least ten cigarette butts on the ground.

Repeated Violation – 11/14/2023, 7/12/2023

Plan of Correction ***Directed [redacted]/26/2024)***

Cigarette butts were collected on 4/4/24 by PCHA.

Residents will be educated on proper safeguards of smoking including where to put cigarette butts. by 5/5/24. PCHA/Designee will audit designated smoking area 3 times weekly for 2 months starting on 4/22/24.

Inspection Findings of 4/4/24 will be reported at next QAPI meeting [redacted], Administrator.

Audit results will be reviewed during QAPI meeting scheduled for 5/16/24 by [redacted], Administrator to ensure compliance expectations have been met.

(Directed)

- *Cigarette butts were collected on 4/4/24 by PCHA.*
- *Residents will be educated on proper safeguards of smoking including where to put cigarette butts by 5/5/24 by Administrator or designee.*

144c1 - Smoking Area Guidelines (continued)

- *PCHA/Designee will audit designated smoking area 3 times weekly for 2 months starting on 4/22/24. Area will continue to be monitored at least monthly beginning July 2024 to ensure on-going compliance.*
- *Inspection Findings of 4/4/24 will be reported at next QAPI meeting by [redacted], Administrator.*
- *Audit results will be reviewed during QAPI meeting scheduled for 5/16/24 by [redacted], Administrator to ensure compliance expectations have been met.*
- *Documentation of education and completed audits will be kept by the home and available for review by the Department.*

Directed Completion Date: *05/09/2024*

Implemented [redacted] - 07/26/2024)

183b - Meds and Syringes Locked

11. 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 4/4/2024, a container of Tums Antacids Assorted Fruit Flavors was observed unlocked, unattended, and accessible in Resident #2's bedroom. Resident #2 cannot self-administer medications per the resident's Assessment and Support Plan, dated 8/23/2023.

On 4/4/2024, a tube of Aspercreme and bottle of GoodSense Ultra Lubricant Eye Drops were observed unlocked, unattended, and accessible in Resident #3's bedroom. Resident #3 cannot self-administer medications per the resident's Assessment and Support Plan, dated 7/11/2023.

Repeated Violation - 7/12/2023

Plan of Correction ***Directed [redacted] - 04/26/2024)***

Items were removed from Resident #2 and #3 rooms on 4/4/24.

Staff will be educated on ensuring they are scanning resident rooms when providing care for unlocked and accessible medications on 5/1/24.

PCHA/designee will audit 3 rooms weekly for 1 month, then monthly for 2 months for OTC medications to ensure residents that cannot self-administer OTC medications are not present. Initial audit will be on 5/1/24.

Inspection Findings of 4/4/24 will be reported at next QAPI meeting by [redacted], Administrator.

Audit results will be reviewed during QAPI meeting scheduled for 5/16/24 by [redacted], Administrator to ensure compliance expectations have been met.

183b - Meds and Syringes Locked (continued)

(Directed)

- *Items were removed from Resident #2 and #3 rooms on 4/4/24.*
- *Staff will be educated on ensuring they are scanning resident rooms when providing care for unlocked and accessible medications on 5/1/24.*
- *Residents in rooms #2 and #3 were educated that they cannot store OTC medications in their rooms per their assessment and support plans.*
- *An initial audit of all resident rooms will be completed by 5/1/2024. Following the initial audit, the PCHA/designee will audit 3 rooms weekly for 1 month, then monthly for 2 months for OTC medications to ensure residents that cannot self-administer OTC medications are not present.*
- *Documentation of completed audits and education will be kept by the home and available for review by the Department.*

Directed Completion Date: *05/09/2024*

Implemented [redacted] - 07/26/2024)

183d - Prescription Current

12. 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 4/5/2024, Gluose 15 gel 40% Lemon, prescribed for Resident #2, was in the home's medication cart; however, the gel tube indicated an expiration date of 10/2023.

On 4/5/2024, Melatonin 3mg tablets, prescribed for Resident #1, was in the home's medication cart; however, the bottle indicated an expiration date of 3/5/2024.

On 4/5/2024, Coricidin HBP C&C decongestant, prescribed for Resident #4, was in the home's medication cart; however, the packaging indicated an expiration date of 2/2024.

Plan of Correction ***Accept ([redacted] - 04/26/2024)***

Expired medications for residents #2,1, and 4 were disposed of on 4/5/24.

Staff were educated to ensure expired medications are properly disposed of and new medications are ordered as needed on 4/22/24 by PCHA. PCHA/Designee will audit home's medication carts biweekly for 2 months and then monthly to ensure there were no other expired medications starting 4/25/24

Inspection Findings of 4/4/24 will be reported at next QAPI meeting by [redacted] Administrator.

Audit results will be reviewed during QAPI meeting scheduled for 5/16/24 by [redacted], Administrator to ensure compliance expectations have been met.

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

Implemented [redacted] - 07/26/2024)

184b - Labeling OTC/CAM

13. 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 4/5/2024, Collagen dressings and lancets for blood glucose testing belonging to Resident #5 were in the medication cart and were not labeled with the resident's name.

Plan of Correction ***Accept [redacted] - 04/26/2024)***

Dressings and lancets for resident #5 were labelled with resident room number on 4/4/24 by Clinical Care Coordinator

Staff were educated to ensure items are labelled with resident names or room number on 4/22/24 by PCHA. PCHA/Designee will audit home's medication carts biweekly for 2 months to ensure items are labeled with resident names or room number starting on 4/26/24.

Inspection Findings of 4/4/24 will be reported at next QAPI meeting by [redacted], Administrator.

Audit results will be reviewed during QAPI meeting scheduled for 5/16/24 by [redacted], Administrator to ensure compliance expectations have been met.

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

Implemented [redacted] 07/26/2024)

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 #3 is prescribed Robitussin DM - take 5mL 4 X a day as needed for cough. On 4/5/2024, Resident #3's medication was not available in the home.

Plan of Correction ***Directed [redacted] - 04/26/2024)***

Prescribed medication for Resident #3 was discontinued on 3/31/24 and was no longer needed.

Staff will be educated to ensure items are ordered/obtained for residents in timely manner on 4/22/24 by PCHA. PCHA/Designee will audit home's medication carts biweekly for 2 months to ensure items resident medications are available starting on 4/25/24

Findings of 4/4/24 will be reported at next QAPI meeting by [redacted], Administrator.

185a - Implement Storage Procedures (continued)

Audit results will be reviewed during QAPI meeting scheduled for 5/16/24 by [redacted], Administrator to ensure compliance expectations have been met.

(Directed)

- *Prescribed medication for Resident #3 was discontinued on 3/31/24 and was no longer needed.*
- *Staff will be educated to ensure items are ordered/obtained for residents in timely manner on 4/22/24 by PCHA.*
- *PCHA/Designee will audit home's medication carts biweekly for 2 months followed by on-going monthly audits to ensure items resident medications are available starting on 4/25/24.*
- *Findings of 4/4/24 will be reported at next QAPI meeting by [redacted], Administrator.*
- *Audit results will be reviewed during QAPI meeting scheduled for 5/16/24 by [redacted], Administrator to ensure compliance expectations have been met.*
- *Documentation of education and completed audits will be kept by the home and available for review by the Department.*

Directed Completion Date: *05/09/2024*

Implemented ([redacted] - 07/26/2024)

187a - Medication Record

15. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #5 is prescribed Albuterol 2 puffs by mouth Q4hrs as needed. However, Resident's #5's medication administration record does not indicate the diagnosis or purpose for the medication.

Resident #2 is prescribed Rosuvastatin Calcium 10mg – take 1 tab by mouth X1 a day, blood sugar checks 3 times a day with meals, and Guaifenesin Sol 100mg/5ml by mouth every 4 hours as needed. However, Resident's #2's medication administration record does not indicate the diagnosis or purpose for these medications and checks.

Repeated Violation - 11/14/2023, 7/12/2023

Plan of Correction ***Directed [redacted] - 04/26/2024)***

Resident medication administration record for residents #5 and 2 were updated to include diagnosis or purpose of the medication on 4/25/24 by Clinical Care Coordinator.

Staff were educated to ensure resident MAR's include diagnosis or purpose of the medications. on 4/22/24 by PCHA. PCHA/Designee will audit 5 resident MAR's biweekly for 2 months to ensure items resident medications are available starting on 4/25/24

Findings of 4/4/24 will be reported at next QAPI meeting by [redacted] Administrator.

187a - Medication Record (continued)

Audit results will be reviewed during QAPI meeting scheduled for 5/16/24 by [redacted], Administrator to ensure compliance expectations have been met.

(Directed)

- *Resident medication administration record for residents #5 and 2 were updated to include diagnosis or purpose of the medication on 4/25/24 by Clinical Care Coordinator.*
- *Staff were educated to ensure resident MAR's include diagnosis or purpose of the medications on 4/22/24 by PCHA.*
- *An initial audit of all resident MAR's will be completed by 5/10/2024 to ensure information includes diagnosis/purpose of each medication by the Administrator/designee.*
- *PCHA/Designee will audit 5 resident MAR's biweekly for 2 months to ensure items resident medications are available starting no later than 5/10/24.*
- *Documentation of education and completed audits will be kept by the home and available for review by the Department.*

Directed Completion Date: *05/10/2024*

Implemented [redacted] - 07/26/2024)

187b - Date/Time of Medication Admin.

16. 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 #2 is prescribed Levermir 100 units - 15 units subcutaneously at bedtime. Resident #2's medication administration record does not include the initials of the staff person who administered the above medications on 3/28/2024 at 8:00PM.

Resident 2# is prescribed blood sugar checks 3 times a day with meals. Resident #2's medication administration record does not include the initials of the staff person who administered the above medications at the following times:
3/3/2024 at 4:30PM
3/14/2024 at 4:30PM
3/16/2024 at 6:30AM, 11:30AM, 4:30PM
3/17/2024 at 6:30AM, 11:30AM, 4:30PM
3/21/2024 at 4:30PM
3/22/2024-3/31/2024 at 6:30AM, 11:30AM, 4:30PM.

Resident #2 is prescribed Esomeprazole Mag DR 40mg – take 1 capsule by mouth twice daily for GERD. Resident #2's medication administration record does not include the initials of the staff person who administered the above medications on 3/3/2024 at 6:30PM.

Resident #2 is prescribed Fluticasone-Salmeterol 1 puff by mouth two times daily for COPD. Resident #2's medication

187b - Date/Time of Medication Admin. (continued)

administration record does not include the initials of the staff person who administered the above medications on 3/3/2024 4:30PM.

Resident 2# is prescribed Metformin HCL 1000mg tab – take 1 tablet by mouth twice a day for diabetes. Resident #2's medication administration record does not include the initials of the staff person who administered the above medications on 3/3/2024 6:30PM.

Resident #2 is prescribed Dermacerin apply to dry areas on legs 2 X day for dryness. Resident #2's medication administration record does not include the initials of the staff person who administered the above medications on 3/31/2024 6:30PM.

Plan of Correction ***Accept [redacted] 04/26/2024)***

Home could not correct past deficiency in documentation of medication administration.

Staff were educated to ensure they include their initials when administering medications by PCHA on 4/24/24. PCHA/Designee will 5 resident MAR's biweekly for 2 months to ensure staff are including initials when administering medications starting on 4/25/24

Findings of 4/4/24 will be reported at next QAPI meeting by [redacted] Administrator.

Audit results will be reviewed during QAPI meeting scheduled for 5/16/24 by [redacted] Administrator to ensure compliance expectations have been met.

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

Implemented[redacted] - 07/26/2024)

187d - Follow Prescriber's Orders

17. Requirements

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

Description of Violation

Resident #5 is prescribed Change top dressing collagen change every 2 days effective 3/13/2024. From 3/13/2024-3/19/2024, Resident #5's dressing was changed every day per the March 2024 Medication Administration Record.

Plan of Correction ***Accept [redacted] - 04/26/2024)***

Home could not correct past deficiency in documentation of medication administration.

Staff will be educated to ensure they are following prescriber's orders. by PCHA on 4/22/24. PCHA/Designee will 5 resident MAR's biweekly for 2 months to ensure staff following prescriber's orders on 4/25/24.

Findings of 4/4/24 will be reported at next QAPI meeting by [redacted], Administrator.

Audit results will be reviewed during QAPI meeting scheduled for 5/16/24 by [redacted], Administrator to

187d - Follow Prescriber's Orders (continued)

ensure compliance expectations have been met

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

Implemented [redacted] - 07/26/2024)

190a - Completion Medication Course

18. Requirements

2600.
190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Member A completed the Modified Department-approved Medication Administration course on 6/8/2023. However, Staff Member A did not complete the required Standard Department-approved Medication Administration course and administered medications to the following:
Resident #1 on 3/31/2024 at 8:00PM
Resident #1 on 3/30/2024 at 8:00PM
Resident #1 on 3/18/2024 at 8:00PM

Staff Member B completed the Modified Department-approved Medication Administration course on 6/21/2023. However, Staff Member B did not complete the required Standard Department-approved Medication Administration course and administered medications to the following:
Resident #5 on 3/27/2024 at 4:30PM, 8:00PM
Resident #5 on 3/21/2024 at 4:30PM, 8:00PM
Resident #5 on 3/19/2024 at 4:30PM, 8:00PM

An Annual Practicum was not completed in 2023 for Staff Member C as evidenced by lack of original certification date, completion date, trainer signature, and only 1 Medication Administration observation and 1 MAR review were completed. Additionally, there is no initial Medication Administration packet for Staff Member C.
Staff Member administered medications to the following:
Resident #2 on 3/29/2024 at 5:00AM
Resident #2 on 3/28/2024 at 5:00AM
Resident #2 on 3/27/2024 at 5:00AM

Repeated Violation - 11/14/2023

Plan of Correction ***Directed [redacted] 04/26/2024)***

Staff member A,B and C are scheduled to complete the approved Medication Administration Course by 4/25/24.

PCHA/Designee will conduct initial audit staff records of new employees to ensure they have completed approved Medication Administration Course prior to administering medications to residents on 4/24/24. PCHA/Designee will

190a - Completion Medication Course (continued)

audit staff records monthly to ensure they are completed the annual practicum starting on 4/24/24

Findings of 4/4/24 will be reported at next QAPI meeting by [redacted], Administrator.

Audit results will be reviewed during QAPI meeting scheduled for 5/16/24 by [redacted], Administrator to ensure compliance expectations have been met.

(Directed)

- *Staff member A,B and C are scheduled to complete the approved Medication Administration Course by 4/25/24.*
- *PCHA/Designee will conduct an initial audit on all current staff records to ensure they have completed approved Medication Administration Course as well as annual practicum requirements by 5/3/2024.*
- *PCHA/Designee will audit staff records monthly to ensure they are completed the annual practicum starting 5/10/2024.*
- *Education will be provided to designated staff member on proper medication administration training and annual practicum requirements by 5/10/224 by the Administrator/designee.*
- *Documentation of education and completed audits will be kept by the home and available for review by the Department.*

Directed Completion Date: *05/10/2024*

Implemented [redacted] 07/26/2024)

225c - Additional Assessment

19. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

Description of Violation

Resident #1 has not had an assessment completed since [redacted]/2022.

Plan of Correction ***Directed [redacted] - 04/26/2024)***

Resident #1 will have annual assessment completed by 5/1/24

PCHA/Designee will resident charts to ensure residents have annual assessment completed in timely manner will initial audit on 4/25/24. Chart of due dates will be completed and kept in office for tracking.

Findings of 4/4/24 will be reported at next QAPI meeting by [redacted], Administrator.

Audit results will be reviewed during QAPI meeting scheduled for 5/16/24 by [redacted], Administrator to ensure compliance expectations have been met

(Directed)

225c - Additional Assessment (continued)

- *Resident #1 will have annual assessment completed by 5/1/24 by the Administrator or designee.*
- *PCHA/Designee will audit all current resident charts to ensure residents have annual assessment completed in timely manner by 4/25/24.*
- *Education to staff member's responsible for completing assessments and support plans will be provided by the Administrator or designee by 5/10/24.*
- *A chart of due dates will be completed and kept in office for tracking by 5/1/24 by the Administrator or designee. This chart will be revised as necessary for new admissions or changes of annual assessment due dates.*
- *Beginning 5/1/2024, the due date chart will be reviewed by the Administrator or designee who will then audit the due assessments to ensure proper completion.*
- *Documentation of education and completed audits will be kept by the home and available for review by the Department.*

Directed Completion Date: *05/09/2024*

Implemented [redacted] - 07/26/2024)

251b - Record Entries Legible

20. 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 fluid was used on Resident's #5's RASP dated 2/28/2024, page 3 of 12.

Plan of Correction ***Accept ([redacted] - 04/26/2024)***

Home could not correct past deficiency in documentation of medication administration.

Staff were educated to ensure they do not use correction fluid on resident medical record by PCHA on 4/22/24. PCHA/Designee will 5 resident charts biweekly for 2 months to ensure staff are not using correction fluid in resident medical charts starting on 4/25/24.

Findings of 4/4/24 will be reported at next QAPI meeting by [redacted], Administrator.

Audit results will be reviewed during QAPI meeting scheduled for 5/16/24 by [redacted], Administrator to ensure compliance expectations have been met.

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

Implemented [redacted] - 07/26/2024)

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

July 26, 2024

[redacted]
ER 320 OPERATIONS LLC
[redacted]

RE: EMERALD PERSONAL CARE
320 MARKET STREET
ELIZABETHTOWN, PA, 17022
LICENSE/COC#: 33886

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/29/2024 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: *EMERALD PERSONAL CARE* **License #**: *33886* **License Expiration**: *06/26/2024*

Address: *320 MARKET STREET, ELIZABETHTOWN, PA 17022*

County: *LANCASTER* **Region**: *CENTRAL*

Administrator

Name: [redacted]

Legal Entity

Name: *ER 320 OPERATIONS LLC*

Address: *1500 AVE. OF THE STATES, STE400, SUITE 400, LAKEWOOD, NJ, 8701*

Phone: [redacted]

Certificate(s) of Occupancy

Type: *C-1* **Date**: *05/20/1996* **Issued By**: *Dept of Health*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *20* **Waking Staff**: *15*

Inspection Information

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

Reason: *Interim* **Exit Conference Date**: *05/29/2024*

Inspection Dates and Department Representative

05/29/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *26* **Residents Served**: *20*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *20* **Are 60 Years of Age or Older**: *0*

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

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

05/29/2024 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/21/2024*

07/12/2024 - POC Submission

Submitted By: [redacted]

Follow-Up Type: *Document Submission* **Follow-Up Date**: *07/25/2024*

Inspections / Reviews *(continued)*

07/26/2024 - Document Submission

Submitted By: [redacted] **Date Submitted**: *07/23/2024*

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

65f - Training Topics

1. Requirements

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:
1. Medication self-administration training.

Description of Violation

Staff Members A and B, hired [redacted]/2020, did not receive annual training on medication self-administration in 2023.

Plan of Correction ***Directed [redacted] 06/20/2024)***

Staff member A and B will be educated on medication self-administration by 6/25/24.
Administrator will audit employee files monthly to ensure annual trainings are up to date starting on 6/12/24. Any staff member who is not up to date with annual trainings will be given education by 6/24/25.
Inspection findings of 5/29/24 will be reported at next QAPI meeting by [redacted], Administrator.
Audit results will be reviewed during QAPI meetings by [redacted], Administrator to ensure compliance expectations have been met.

Proposed Overall Completion Date: 07/15/2024

(Directed)
In addition to the above, On 7/20/24, the PHA or designee will begin quarterly audits of all staff training records to ensure staff receive training as required in 2600.65(f). Documentation of completed training and audits will be kept by the home and available for review by the Department.

Directed Completion Date: *07/20/2024*

Implemented [redacted]/26/2024)

82a - Poisonous Materials

2. Requirements

2600.
82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On 5/29/24 at 12:15 PM, a generic spray bottle containing Neutra Clean liquid was observed in the lower kitchen cabinet. The spray bottle was labeled with a piece of masking tape and blank ink; the bottle did not have a manufacturer label present. The original manufacturer label for the contents in the spray bottle stated "If swallowed, call poison control or a doctor immediately for treatment advice."

Repeated Violation - 11/14/23

Plan of Correction ***Directed [redacted] - 06/20/2024)***

Neutra Clean manufacture label was placed on bottle on 5/29/24.
Administrator audited kitchen cabinets to determine if any other bottles of cleaning liquid did not have manufacture labels on 5/29/24. There were no other cleaning bottles without manufactures label.
Staff will be educated on ensuring cleaning bottles have the manufacturers label by 6/25/24.
Administrator/ designee will audit kitchen cabinets weekly for 2 months to ensure there are no cleaning bottles

82a - Poisonous Materials (continued)

without manufactures labels. Audit results will be reported at QAPI meetings by [redacted], Administrator to ensure compliance expectations have been met.

Proposed Overall Completion Date: 07/15/2024

(Directed)
In addition to the above POC, the PCHA or designee will audit kitchen cabinets and other areas that store cleaning products weekly for 2 months beginning 7/20/24. Documentation of completed audits and education will be kept by the home and available for review by the Department.

Directed Completion Date: *07/20/2024*

Implemented [redacted] - 07/26/2024)

88a - Surfaces

3. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 5/29/2024, multiple areas of heavy discoloration of the ceiling tiles were observed in the men's' and ladies' common area bathrooms located in the main hallway by the Administrator's office. The ceiling tiles in the men's' room included areas of black mold and rusty metal tracks.

On 5/29/2024, the personal care dining room was observed to have multiple dark areas of water damage stains on the ceiling tiles in the far corner of the room.

Repeated Violation - 7/12/2023

Plan of Correction ***Directed [redacted] - 06/20/2024)***

Ceiling tiles in men's and ladies' common area bathrooms located in main hallway by Administrator's office will be replaced by 6/27/24. Ceiling tiles in personal care dining room in far corner of the room will be replaced by 6/27/24.

PCHA/Designee will audit common area bathroom and PC dining room ceiling tiles weekly for two months to ensure there are no ceiling tiles that need repaired. Audit results will be reported at QAPI meetings by [redacted], Administrator to ensure compliance expectations have been met.

Proposed Overall Completion Date: 07/15/2024

(Directed)
In addition to the above POC:

- *Education will be provided to all applicable staff on 2600.88(a) no later than 7/20/24 by the PCHA or designee.*
- *Beginning no later than 7/20/24, the PCHA/Designee will audit floors, walls, ceilings, windows, doors and other surfaces in common areas of the home to ensure they are clean, in good repair and free of hazards. Audits will be completed weekly for two months.*

88a - Surfaces (continued)

- *Documentation of completed audits and staff education will be kept by the home and available for review by the Department.*

Directed Completion Date: *07/20/2024*

Implemented [redacted] - 07/26/2024)

92 - Windows

4. Requirements

2600.
92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On 5/29/2024, two windows in resident bedroom #25 were observed to be open approximately 2" without secured screens.

Plan of Correction ***Directed [redacted] - 06/20/2024)***

Windows in room #25 were closed on 5/29/24.
PCHA audited resident rooms on 5/29/24 to ensure there were no other windows open.
PCHA will educate PC staff to not open windows by 6/25/24
Administrator/ designee will audit 5 resident room windows monthly for 2 months to ensure staff are not leaving windows open. Audit results will be reported at QAPI meetings by [redacted], Administrator to ensure compliance expectations have been met.

Proposed Overall Completion Date: 07/15/2024

(Directed)

- *Windows in room #25 were closed on 5/29/24.*
- *PCHA audited resident rooms on 5/29/24 to ensure there were no other windows open.*
- *The home will secure windows that that are able to be opened with screens by 7/20/24.*
- *Education will be provided to all staff on regulation 2600.92 by the PCHA or designee by 7/20/24.*
- *Beginning 7/20/24, the PCHA or designee will complete monthly audits on windows, including windows in doors, to ensure they are in good repair and securely screened.*
- *Documentation of completed training and audits will be kept by the home and available for review by the Department.*

Directed Completion Date: *07/20/2024*

Implemented [redacted] - 07/26/2024)

95 - Furniture and Equipment

5. 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

On 5/29/2024, the tub spout in resident bathroom #57 was observed to be heavily rusted, causing jagged edges which poses a safety risk for the resident when taking a bath.

Plan of Correction ***Directed [redacted] - 06/20/2024)***

The spout in bathroom #57 was replaced on 6/19/24.
PCHA audited resident bathrooms on 5/30/24 to ensure no other tub spouts need to be replaced.
PCHA/Designee will audit 5 bathrooms monthly for 3 months to ensure no tub spouts need to be replaced. Audit results will be reported at QAPI meetings by [redacted], Administrator to ensure compliance expectations have been met.

Proposed Overall Completion Date: 07/15/2024

(Directed)

- *In addition to the POC above, beginning 7/20/24, PCHA/Designee will audit 5 bathrooms monthly for 3 months to ensure no tub spouts need to be replaced.*
- *Education will be provided to all staff by 7/20/24 on the requirement for furniture and equipment to be in good repair, clean and free of hazards. Staff will report any furniture and/or equipment in need of cleaning or repair to the PCHA or designee. Areas in need will be cleaned and or repaired within 2 weeks of discovery.*
- *Documentation of completed training and audits will be kept by the home and available for review by the Department.*

Directed Completion Date: *07/20/2024*

Implemented [redacted] 07/26/2024)

101o - Walls, Floors, Ceilings

6. Requirements

2600.
101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

On 5/29/24, carpeting in bedrooms #23, #27, and #67 was observed to have multiple areas of dark-colored stains. The carpeting in bedroom #27 is heavily worn through as evidenced by missing carpet fibers.

The baseboard along the left-side wall when entering bedroom #27 is peeling away from the wall.

Plan of Correction ***Directed [redacted] - 06/20/2024)***

Floors in rooms #23 and #27 are being replaced. #67 will be cleaned by 6/27/24.
PCHA/Designee will audit 5 rooms monthly for 3 months to ensure there are no rooms with stained carpets. Audit results will be reported at QAPI meetings by [redacted], Administrator to ensure compliance expectations have been met.

Proposed Overall Completion Date: 07/15/2024

(Directed)

101o - Walls, Floors, Ceilings (continued)

- *Floors in rooms #23 and #27 will be replaced by 7/20/24. The flooring in room #67 will be cleaned by 6/27/24.*
- *Education will be provided to all staff by the PCHA or designee by 7/20/24 on the need for resident bedroom walls, floors and ceilings, which are finished, to be clean and in good repair. Staff will report any areas in resident bedrooms to be in need of cleaning or repair to the PCHA or designee.*
- *Beginning 7/20/24, PCHA/Designee will audit 5 rooms monthly for 3 months to ensure there are no rooms with areas in need of cleaning or repair. Areas found in need of cleaning or repair will be completed within 2 weeks of discovery.*
- *Documentation of completed training and audits will be kept by the home and available for review by the Department.*

Directed Completion Date: *07/20/2024*

Implemented ([redacted] - 07/26/2024)

132c - Fire Drill Records

7. 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 fire drill records for the drills conducted on 4/30/2024 and 5/23/2024 do not include the number of staff persons participating.

Plan of Correction ***Directed [redacted] - 06/20/2024)***

Maintenance Director will be educated by 6/20/24 that fire drills for PC need to include the number of staff persons participating in the drill.
PCHA will review documentation of drills monthly to ensure documentation of number of staff persons participating is included. Audit results will be reported at QAPI meetings by [redacted], Administrator to ensure compliance expectations have been met.

Proposed Overall Completion Date: 07/15/2024

(Directed)

- *Maintenance Director will be educated by 7/20/24 on regulation 2600.132(c) by the PCHA or designee.*
- *Beginning 7/20/2024, the PCHA will review documentation of drills monthly to ensure documentation includes all required items per regulation 2600.132(c)*
- *Documentation of completed education and audits will be kept by the home and available for review by the Department.*

Directed Completion Date: *07/20/2024*

Implemented [redacted] - 07/26/2024)

141a 1-10 Medical Evaluation Information

8. 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 #1's most current medical evaluation, dated [redacted] 2024, did not include medication information pertinent to diagnosis and treatment in case of an emergency nor immunization history.

Repeated Violation - 7/12/2023

Plan of Correction ***Directed [redacted] 06/20/2024)***

Resident #1 current medical evaluation was corrected to include diagnosis and treatment in case of emergency, and immunization history on 6/6/3/24.
PCHA audited current residents of PC to ensure their medical evaluations included diagnosis, treatment in case of emergency and immunization history.
PCHA/Designee will audit 4 resident charts monthly for 3 months to ensure they have the requirements of 141A.Audit results will be reported at QAPI meetings by Tasha Lehman, Administrator to ensure compliance expectations have been met.

Proposed Overall Completion Date: 07/15/2024

(Directed)

- *Resident #1's current medical evaluation was corrected to include diagnosis and treatment in case of emergency, and immunization history on 6/6/3/24.*
- *By 7/20/24, the PCHA or designee will audit all current resident medical evaluations to ensure information is documented per regulation 2600.141(a).*
- *The PCHA/designee will provide education to all staff member(s) responsible for ensuring proper completion of resident medical evaluations by 7/20/24.*
- *Beginning 7/20/24, the PCHA/Designee will audit 4 resident charts monthly for 3 months to ensure they have the requirements of 141A.*
- *Documentation of completed audits and education will be kept by the home and available for review by the Department.*

Directed Completion Date: *07/20/2024*

Implemented [redacted] - 07/26/2024)

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

144c1 - Smoking Area Guidelines

9. 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

On 5/29/2024, at approximately 8:58 AM, the designated staff smoking area in the rear of the building was observed to have at least ten cigarette butts on the ground.

Repeated Violation - 11/14/2023, 7/12/2023

Plan of Correction ***Directed [redacted] - 06/20/2024)***

Staff smoking area in rear of the building was cleaned of cigarette butts on 5/29/24.
PCHA/Designee will conduct audits of smoking areas 3 times week for two months to ensure areas are kept clear of cigarette butts. Audit results will be reported at QAPI meetings by [redacted], Administrator to ensure compliance expectations have been met.

Proposed Overall Completion Date: 07/15/2024

(Directed)

- *Staff smoking area in rear of the building was cleaned of cigarette butts on 5/29/24.*
- *Education will be provided to all staff by the PCHA or designee by 7/20/24.*
- *Beginning no later than 7/20/24, PCHA/Designee will conduct audits of smoking areas 3 times week for two months then once weekly thereafter to ensure areas are kept clear of cigarette butts.*
- *Documentation of completed education and audits will be kept by the home and available for review by the Department.*

Directed Completion Date: *07/20/2024*

Implemented [redacted] - 07/26/2024)

185a - Implement Storage Procedures

10. 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 home's policy for accountability of controlled substance states, "6. At the change of each shift and additionally upon the administrator's discretion, the nurse and/or medication technician from each shift together shall count the medication and match it to the Individual Resident's Controlled Substance Record. The staff members responsible for medication pass as scheduled on each shift must complete the count. Any discrepancies shall be investigated and

185a - Implement Storage Procedures (continued)

corrected...The staff member who is beginning [redacted] shift will physically count the medications and document on the 'Controlled Drug Shift Count Record' the total number of pills present at the time of the count. Both staff members will review the narcotics book for confirmation of correct count. Both staff members will sign off of the count and will exchange the keys immediately." On 5/29/2024 at 2:42PM, the blister pack containing Lorazepam tablets for Resident #1 contained 14 full tablets and 14 half-tablets. The count on the Controlled Substance Record for 5/28/2024 at 20:00 was 22. There was no Controlled Drug Shift Count Record to confirm that double counts occurred in May 2024.

Plan of Correction ***Directed [redacted] 06/20/2024)***

Could not retroactively correct documentation.
Staff will be educated on documentation in the resident's controlled substance records to ensure they are both signing off on the count.
PCHA/Designee will audit 5 resident Controlled substance records weekly for 2 months to ensure staff are both signing off on the count. Audit results will be reported at QAPI meetings by [redacted], Administrator to ensure compliance expectations have been met.

Proposed Overall Completion Date: 07/15/2024

(Directed)

- *Staff will be educated on the home's policy for accountability of controlled substance by 7/20/24.*
- *The PCHA or designee will complete an initial audit of all resident's controlled substances by 7/20/24 to ensure the current counts match the amount available in the home. An investigation into missing narcotics will be completed.*
- *Beginning 7/20/24, all resident controlled substance records will be compared to the medication in the home weekly by the PCHA or designee.*
- *Documentation of completed training and audits will be kept by the home and available for review by the Department.*

Directed Completion Date: *07/20/2024*

Implemented [redacted] - 07/26/2024)

187a - Medication Record

11. 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 #2 is prescribed Furosemide 20mg tablets - take 1 tablet by mouth daily as needed. However, Resident's #2's May 2024 medication administration record does not indicate the diagnosis or purpose for the medication.

Repeated Violation - 11/14/2023, 7/12/2023

187a - Medication Record (continued)

Plan of Correction ***Directed [redacted] - 06/20/2024)***

Resident #2 MAR was corrected to indicate the diagnosis/purpose of the medication.
PCHA/designee will audit resident MARS monthly for 3 months to ensure there is diagnosis/purpose of the medication. Audit results will be reported at QAPI meetings by [redacted] Administrator to ensure compliance expectations have been met.

Proposed Overall Completion Date: 07/15/2024

(Directed)

- *Resident #2's medication administration record was corrected to indicate the diagnosis/purpose of the medication by 6/20/24.*
- *Education will be provided by the PCHA or designee to all staff who administer mediations on regulation 2600.187(a) by 7/20/24.*
- *An initial audit of all current resident medication administration records will be completed by 7/20/24 by the PCHA or designee to ensure they contain information as required by regulation 2600.187(a).*
- *Beginning 7/20/24, the PCHA or designee will audit resident medication administration records monthly for 3 months.*
- *Documentation of completed training and audits will be kept by the home and available for review by the Department.*

Directed Completion Date: *06/20/2024*

Implemented [redacted] 07/26/2024)

187b - Date/Time of Medication Admin.

12. 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

Residents #2, #3, #4, #5 are prescribed blood sugar checks once daily, three times a day, 4 times daily, and twice daily, respectively. However, the Medication Administration Records for these residents do not include the initials of the staff members who completed the checks from 5/1/2024 - 5/29/2024.

Plan of Correction ***Directed [redacted] 06/20/2024)***

Can not go back retroactively to document.
Staff will be educated by 6/27/24 to ensure they are initialing when they complete blood sugar checks.
PCHA/Designee will audit 4 resident MARS weekly for two months to ensure staff are initialing after they complete blood sugars. Audit results will be reported at QAPI meetings by [redacted], Administrator to ensure compliance expectations have been met.

Proposed Overall Completion Date: 07/15/2024

(Directed)

187b - Date/Time of Medication Admin. (continued)

In addition to the above, beginning 7/20/24, the PCHA or designee will audit 4 resident MARs weekly for 2 months to ensure staff are documenting their initials when providing blood glucose checks and administering medications to residents.

Directed Completion Date: *07/20/2024*

Implemented [redacted] - 07/26/2024)

190a - Completion Medication Course

13. Requirements

2600.
190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Member C completed the Modified Department-approved Medication Administration course on 6/8/2023. However, Staff Member C did not complete the required Standard Department-approved Medication Administration course, has had one medication observation in April 2024 and no MAR reviews. Staff Member C administered medications to Resident #6 on 5/3/2024 at 7AM, 5/9/2024 at 7:30AM, and 5/17/2024 at 7:30AM.

Staff Member D completed the Modified Department-approved Medication Administration course on 6/21/2023. However, Staff Member D did not complete the required Standard Department-approved Medication Administration course and administered medications to Resident #1 on 5/2/2024 at 8PM, 5/13/2024 at 8PM, and 5/28/2024 at 8PM.

An Annual Practicum was not completed in 2023 for Staff Member E as evidenced by lack of original certification date, completion date, trainer signature, and only 2 Medication Administration observations and 1 MAR review have been completed. Additionally, there is no initial Medication Administration packet for Staff Member E. Staff Member E administered medications to Resident #1 on 5/2/2024 at 5AM, 5/15/2024 at 5AM, and 5/29/2024 at 5AM.

Repeated Violation - 11/14/2023

Plan of Correction ***Directed ([redacted] - 06/20/2024)***

Staff C and D will complete the required standard department approved medication course by 7/5/24
Staff member E will have Annual practicum completed by 7/5/24.
PCHA will create calendar to track staff required reviews and observations.

Proposed Overall Completion Date: 07/15/2024

(Directed)
In addition to the above:

- *PCHA/Designee will conduct an initial audit on all current staff records to ensure they have completed the Department approved Medication Administration Course as well as annual practicum requirements by 7/20/24.*
- *PCHA/Designee will audit staff records monthly to ensure they have properly completed the annual practicum starting 7/20/24.*
- *Education will be provided to designated staff member(s) on proper medication administration training and*

190a - Completion Medication Course (continued)

annual practicum requirements by 7/20/24 by the PCHA or designee.

- *Documentation of completed training and audits will be kept by the home and available for review by the Department.*

Directed Completion Date: *07/20/2024*

Implemented (- 07/26/2024)

251b - Record Entries Legible

14. 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

Resident #1 is prescribed Lorazepam 1MG tablets - take 1 & 1/2 tablets by mouth daily for anxiety. The original entries in the Controlled Substance Record on 5/13/2024, 5/15/2024, 5/25/2024, and 5/26/2024 are not legible due to being scribbled out,

Plan of Correction ***Directed - 06/20/2024)***

Unable to retroactively correct these entries.
Staff will be educated by 6/27/24 to ensure they are not scribbling out entries in the Controlled Substance Record.
PCHA/Designee will audit 5 resident Controlled substance records weekly for 2 months to ensure staff are not scribbling out entries. Audit results will be reported at QAPI meetings by , Administrator to ensure compliance expectations have been met.

Proposed Overall Completion Date: 07/15/2024

(Directed)

- *Staff will be educated by 6/27/24 to ensure they are not scribbling out entries in the Controlled Substance Record.*
- *Beginning 7/20/24, PCHA/Designee will audit 5 resident Controlled substance records weekly for 2 months to ensure staff are not scribbling out entries.*

Directed Completion Date: *07/20/2024*

Implemented 07/26/2024)