

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

August 15, 2024

[REDACTED], PRESIDENT
FAIR OAKS OPCO LLC
2200 WEST LIBERTY AVENUE
PITTSBURGH, PA, 15226

RE: FAIR OAKS SENIOR LIVING
2200 WEST LIBERTY AVENUE
PITTSBURGH, PA, 15226
LICENSE/COC#: 45286

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/12/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

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

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: FAIR OAKS SENIOR LIVING License #: 45286 License Expiration: 09/26/2024
 Address: 2200 WEST LIBERTY AVENUE, PITTSBURGH, PA 15226
 County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: FAIR OAKS OPCO LLC
 Address: 2200 WEST LIBERTY AVENUE, PITTSBURGH, PA, 15226
 Phone: [REDACTED]

Certificate(s) of Occupancy

Type: Other Date: 01/16/2017 Issued By: City of Pittsburgh

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 119 Waking Staff: 89

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Fine Exit Conference Date: 04/12/2024

Inspection Dates and Department Representative

04/12/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 100 Residents Served: 87
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 11
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 86
 Diagnosed with Mental Illness: 52 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 32 Have Physical Disability: 2

Inspections / Reviews

04/12/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/26/2024

04/25/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/17/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/02/2024

Inspections / Reviews *(continued)*

05/06/2024 POC Submission

Submitted By: [REDACTED]
[REDACTED] [REDACTED]

Date Submitted: 05/17/2024

Follow Up Type: Document Submission Follow Up Date: 05/17/2024

08/15/2024 Document Submission

Submitted By: [REDACTED]
Reviewer: [REDACTED]

Date Submitted: 05/17/2024

Follow Up Type: Not Required

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

At approximately 11:38 a.m. the bedside mobility device or enabler in resident room [redacted] belonging to resident #1 was loosely wrapped with a pillowcase that could be moved, was not secured to the bedside mobility device and allowed an opening approximately 12 inches wide and 8 inches high that presented an entanglement hazard for resident #1.

REPEAT VIOLATION 1/11/24 et. al.; 5/3/23 et. al.

Plan of Correction

Accept [redacted] - 05/06/2024)

Immediately the bedside mobility device was tightly covered with a larger pillowcase that was tied to make sure it was secured. This made sure the openings were no longer an entanglement hazard.

We are in the process of purchasing bed canes with no large openings for resident #1 to ensure this will not happen again.

An audit of all bed canes in the facility is being done daily by the administrator/designee to ensure the bedside mobility devices are securely covered and there is no risk of entrapment, and that they are securely fastened to the bed. Documentation will be kept.

The bedside mobility device was immediately covered by the Director of Resident Care on 4/12/24.

A new bedside mobility device (bed cane) was purchased on 4/30/24. This device does not have an enclosed opening so it will not pose an entrapment hazard (see attached).

Daily audits started on 4/12/24 and are completed by the Maintenance Director until 5/12/24. Audits will then be completed every other day for a month.. Documentation will be kept.

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

Implemented [redacted] - 08/15/2024)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

Resident #2's blood glucose reading of [redacted] was taken on the [redacted] that belonged to resident #3 on [redacted]

Plan of Correction

Accept [redacted] - 05/06/2024)

Immediately the glucometers were re-labeled to boldy show the residents names. Med techs are being retrained so that they clearly understand that each resident has their own glucometer and to only use the glucometer that

85a - Sanitary Conditions (continued)

belongs to the resident when checking their blood sugar. An in-service will also be held on 4/30 to drive home the importance of using the glucometer that belongs to the individual resident and sanitary conditions. Documentation will be kept.

New glucometers were purchased on 4/23/24 by our Director of Clinical Operations.

All glucometer and glucometer cases are labeled with the residents name and room number, clearly marked. This was completed by the administrator and director of resident care on 4/16. Also, on 4/29, a laminated photo of each resident was added to their glucometer as well as a matching photo added to the bag that holds their supplies to make sure their is no confusion as to which glucometer belongs to which resident. This was completed by the DRC and administrator.

The doctor for resident #2 and #3 was contacted on [redacted] to let them know the glucometers may have been switched, and we are awaiting a response. Documentation will be provided as soon as his response is received.

Each staff shall be observed once per week for a period of (three) months. After which, each staff will be observed once per month for a period of (three) months. Documentation of the observations shall be maintained by the home for Department review. The DRC/designee will complete the observations and will provide the date the observations will be completed..

Policy 2600.185a has been reviewed and amended to include a section on glucometers and testing equipment. The policy was amended by the administrator on 5/1/24 and a copy of the updated policy will be provided. The DRC has reviewed the updated policy with all medication technicians.

Half of the med-techs retook the Diabetes training on 4/23 with OSPTA Home Health. The other half are scheduled to complete the training on 5/15 with Anova Home Health. A list of med techs for each training session has been compiled and will be provided for review.

Licensee's Proposed Overall Completion Date: 05/16/2024

Implemented [redacted] - 08/15/2024)

101j7 - Lighting/Operable Lamp

3. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

At approximately 11:30 a.m. the bedside light in resident room [redacted] belonging to resident #4 was inoperable, the light was unplugged.

At approximately 11:53 a.m. the bedside light in resident room [redacted] belonging to resident #5 was in operable, the bulb had burned out.

101j7 - Lighting/Operable Lamp (continued)

At approximately 11:58 a.m. the bedside light in resident room #114 belonging to resident #2 was not operable from bedside, the control knob to turn the lamp on and off was broken and it could only be operated by unplugging the lamp and plugging it back in to the outlet located approximately three feet away on the opposite side of the bedside table to the left side of the resident's bed.

REPEAT VIOLATION 1/11/24 et. al.; 8/17/23 et. al.

Plan of Correction

Accept [redacted] - 05/06/2024)

Immediately the bedside light for resident #4 was plugged in and confirmed it was operable and within arms reach. Immediately the lightbulb was replaced in room [redacted] bedside lamp and confirmed that it is in good, working condition. Immediately the bedside lamp for room [redacted] was replaced with a new lamp that is in good working condition, and is now placed directly beside her bed at arms reach.

Immediately an audit of every room was completed to ensure each resident has a bedside light that is plugged in, working, and within reach of the resident from their bed. If the reside does not have a bedside lamp, a pushlight that is in working condition has been placed by their bed within arms reach.

An audit of every resident room will be conducted daily by a designee and weekly by the administrator to ensure every resident has an operable lamp at their bedside. Documentation will be kept.

Immediately the bedside lamps were plugged in/light bulbs replaced, and moved so that they were in reach of the residents by the Maintenance Director on 4/29. A daily audit requiring the Maintenance Director started on 4/15 that requires every room to be inspected to ensure their is a working lamp beside each bed. After a month of daily audits we will audit every room every other day for one month, Three way switched have also been purchased to place next to the bed of each residents room so they are able to turn on a light while in bed. They are to be delivered on 5/3 and installation will begin immediately. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 05/13/2024

Implemented ([redacted] - 08/15/2024)

185a - Implement Storage Procedures

4. 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

On [redacted] at approximately [redacted], resident #2's April 2024 medication administration record documented a blood glucose reading of [redacted]. However, resident #2's glucometer did not indicate a blood glucose reading for the date or time, or a reading of [redacted] at all.

On [redacted] at approximately [redacted], resident #2's April 2024 medication administration record documented a blood glucose reading of [redacted]. However, resident #2's glucometer did not indicate a blood glucose reading for the date or time, or a reading of [redacted] at all.

Resident #3's and resident #6's glucometers were not set to the current date and time on the morning of [redacted].

185a - Implement Storage Procedures (continued)

On [REDACTED] at approximately [REDACTED] resident #3's April 2024 medication administration record documented a blood glucose reading of [REDACTED]. However, resident #3's glucometer indicated a blood glucose reading of [REDACTED] on [REDACTED]

On [REDACTED] at approximately [REDACTED] resident #3's April 2024 medication administration record documented a blood glucose reading of [REDACTED]. However, resident #3's glucometer indicated a blood glucose reading of [REDACTED] on [REDACTED]

On [REDACTED] at approximately [REDACTED] resident #3's glucometer indicated a blood glucose reading of [REDACTED]. However, resident #3's April 2024 medication administration record did not document the blood glucose reading, that area was left blank.

On [REDACTED] at approximately [REDACTED] resident #3's April 2024 medication administration record documented a blood glucose reading of [REDACTED]. However, resident #3's glucometer indicated a blood glucose reading of [REDACTED] on [REDACTED]

On [REDACTED] at approximately [REDACTED] resident #6's April 2024 medication administration record documented a blood glucose reading of [REDACTED]. However, resident #6's glucometer did not indicate a blood glucose reading was taken on that date and time.

On [REDACTED] at approximately [REDACTED] resident #6's April 2024 medication administration record documented a blood glucose reading of [REDACTED]. However, resident #6, NW's glucometer did not indicate a blood glucose reading was taken on that date and time.

On [REDACTED] at approximately [REDACTED] resident #6's April 2024 medication administration record documented a blood glucose reading of [REDACTED]. However, resident #6, NW's glucometer did not indicate a blood glucose reading was taken on that date and time.

On [REDACTED] at approximately [REDACTED] resident #6's April 2024 medication administration record documented a blood glucose reading of [REDACTED]. However, resident #6, NW's glucometer did not indicate a blood glucose reading was taken on that date and time.

On [REDACTED] at approximately [REDACTED] resident #6's [REDACTED] medication administration record documented a blood glucose reading of [REDACTED]. However, resident #6's glucometer did not indicate a blood glucose reading was taken on that date and time.

On [REDACTED] at approximately [REDACTED] resident #6's April 2024 medication administration record documented a blood glucose reading of [REDACTED]. However, resident #6's glucometer did not indicate a blood glucose reading was taken on that date and time.

On [REDACTED] at approximately [REDACTED] resident #6's April 2024 medication administration record documented a blood glucose reading of [REDACTED]. However, resident #6's glucometer did not indicate a blood glucose reading was taken on that date and time.

Resident #5's [REDACTED] Tablet blister pack had been opened in three separate areas and was re-sealed with

185a - Implement Storage Procedures (continued)

what appeared to be white medical tape.

REPEAT VIOLATION 1/11/24 et. al.; 8/17/23 et. al.; 5/3/23 et. al.

Plan of Correction

Accept () - 05/06/2024)

Immediately the glucometers were correctly calibrated to show the correct date and time.

A new process has been implemented to make sure that blood sugar readings are checked by two employees when they are taken, written down, entered in the MAR, and signed off on.

The glucometers, double-check books (located on each cart) and the MAR are then checked by the DRC, Administrator, and Designee to ensure accuracy. The readings are checked as well as the units distributed (if applicable).

The entire medication technician staff has been required to re-take the Diabetes course (half of the staff completed on 4/23/24 and another course is scheduled for 5/15/24)

We have also been working to implement new glucometers for each resident that will make it easier to avoid mistakes such as date/time errors (we are to receive them no later than 5/1/24 per our pharmacy).

Documentation will be kept of all glucometer readings and double-checks daily.

The glucometers were calibrated with the correct date and time by the DRC on 4/12. The med tech taking the blood sugar reading and an observer/witness complete the double checks of the readings and units to be administered (if applicable).

The new glucometers have been ordered by the director of clinical operations on 4/24. Four are currently being used, one is to be delivered 5/1 and the last is to be delivered by 5/2. The glucometers being used prior were cheap and not very user friendly (ie. clicking one button and changing the date/time) which is the reason we are replacing the glucometers.

Daily audits of the glucometers and glucometer readings are being completed by the DRC and administrator by checking the double check books we implemented, the glucometer itself, and the MAR. Documentation is being kept.

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

Implemented () 08/15/2024)

187a - Medication Record**5. 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 #6's April 2024 medication administration record included a duplicate entry for ()

187a - Medication Record (continued)

inject [redacted] units daily at bedtime and both instances of the medication were being documented by the home's medication technicians.

REPEAT VIOLATION 8/17/23 et. al.; 5/3/23 et. al.

Plan of Correction

Accept [redacted] 05/06/2024)

Immediately the pharmacy was contacted and the duplicate entry for Lantus Solostar was removed. The MAR was corrected, and staff is to be retrained on the importance of double checking the MAR during an in-service on 5/1. The DRC, administrator, and/or a designee is rechecking every resident MAR starting on 4/22 to confirm this error does not occur again. Audits performed by the designee daily are being documented and random chart audits done by the DRC or administrator are also being documented.

The DRC or administrator will perform 5 weekly random audits of MARs to check that all medications have been administered, there are no discontinued medications being administered, and that there are no duplicate medications on the MAR. This will begin on 5/2 and will be completed by the administrator or DRC. Documentation will be kept.

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

Implemented [redacted] - 08/15/2024)

187b - Date/Time of Medication Admin.

6. 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 #7 was prescribed [redacted] tablet, take one tablet by mouth twice daily for one week beginning [redacted] and discontinue on [redacted]. However, the medication was documented as administered twice daily for multiple dates ranging from [redacted] through the morning of [redacted].

REPEAT VIOLATION 5/3/23 et. al.

Plan of Correction

Accept [redacted] - 05/06/2024)

Immediately the cart was checked, and it was found that no Mucinex was located. Med-techs were marking medication was administered but it was not even in the cart. The pharmacy was contacted as they are responsible for discontinuing medications once the order is received, they advised they did discontinue the medication, but a glitch happened causing the medication to keep showing on the MAR.

Moving forward, med-techs are being retrained in all aspects of administering medications. The DRC/designee will be auditing the carts at least weekly to ensure everything in the cart is correct and matching the MAR. Documentation will be kept.

The medication was confirmed discontinued on 4/12 by the DRC, [redacted] also audited the cart to make sure the medication was not present.

The med tech's are being signed up to retake the medication technician course to emphasize the importance of passing medications correctly. A list will be provided and updated as each medical technician completes the course.

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

An in service will be held on 5/3 by the DRC to go over the importance of date/time of medication administration, Documentation will be kept.

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

Implemented [redacted] - 08/15/2024)

187d - Follow Prescriber's Orders

7. Requirements

2600.

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

Description of Violation

Resident #3 is prescribed [redacted] tablet, Take 1 tablet by mouth twice a day. However, on [redacted] the [redacted] tablet was administered to resident #3 one time at [redacted]

Resident #3 is prescribed [redacted], inject per sliding scale twice daily [redacted] However, on [redacted] resident #3's blood glucose was only measured once at [redacted] and there was no documented second reading or dose of [redacted] insulin administered to the resident.

Resident #5 is prescribed [redacted] tablet, take one tablet by mouth twice daily. However, on [redacted] resident #5 was administered a single dose of [redacted] tablet.

Resident #5 is prescribed [redacted], apply 2 grams topically to neck 4 times daily. However, on [redacted], resident #5 was administered three doses of [redacted]

Resident #6 is prescribed blood glucose checks, check blood glucose before meals and at bedtime Notify MD if [redacted] or [redacted] However, on [redacted]. there was no reading taken on resident #6's glucometer and the medication administration record was left blank.

Resident #8 is prescribed blood glucose checks three times a day before meals. However, resident #8's blood glucose was only taken twice daily on dates to include:

- [redacted]
- [redacted]
- [redacted]

Resident #8 is prescribed [redacted] subcutaneously before meals. However, on dates to include [redacted] resident #8 was not administered [redacted] of [redacted] prior to the lunchtime meal.

Resident #8 is prescribed [redacted] per sliding scale subcutaneously before meals with routine [redacted]. However, on dates to include [redacted], [redacted] resident #8's blood glucose reading was not taken, and it could not be determined whether additional Humalog insulin was required.

187d Follow Prescriber's Orders (continued)

REPEAT VIOLATION 1/11/24 et. al.; 8/17/23 et. al.; 5/3/23 et. al.

Plan of Correction**Directed [REDACTED] - 05/06/2024)**

Immediately a new process has been created for checking daily blood sugars. The blood sugars are signed off on by both med techs during each reading to ensure accuracy. The blood sugars are then checked daily by the DRS/designee daily to confirm everything is done correctly. The blood sugars/glucose reading are then checked daily by the administrator.

A weekly meeting with all medication technicians is now in effect to ensure everyone is on the same page and accurately passing medications.

The med techs are being retrained (retaking Diabetes classes) to ensure no mistakes are made, carts audits are being completed at least twice weekly.

A diabetic class was administered on 4/23/2024 and another is being scheduled for remaining staff members that were unable to attend.

Documentation will be kept to confirm all audits/trainings have been completed.

An in service will be held on 5/6 by the DRC to go over our policy and procedures. This will be held for the medication technicians.

Resident #3, resident #5, resident #6, and resident #8's medications were all double checked with the MAR on 4/12 to confirm they were correct by the DRC.

We have contacted the resident #3, resident #5, and resident #8 and the residents designated persons to make them aware of the errors. The administrator contacted each resident on 4/25 and the designated person(s) for resident #3 was told on 4/12. For resident #5 his son was told on 4/15 and for resident #8 a message was left with his POA on 5/1.

The prescribers will be notified of the medication errors on 5/3/24 by the DRC.

Incident reports will be completed no later than 5/3. Documentation will be kept.

The medication errors will be part of the residents permanent record and documentation will be kept.

Weekly observations of all staff persons administering medications will be completed weekly for three months by the administrator or DRC and then monthly after to ensure the directions of the prescriber are followed.

Proposed Overall Completion Date: 05/31/2024

DIRECTED

Within 10 calendar days of the receipt of the accepted plan of correction: The administrator shall ensure all aspects of the accepted plan of correction have been initiated or completed. 5/6/24 JK

187d Follow Prescriber's Orders (continued)

Directed Completion Date: 05/16/2024

Implemented () - 08/15/2024)

225a - Assessment 15 Days

8. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #9's initial assessment, dated (), did not include an assessment of the resident's personal care need and degree related to bowel management, that area was left blank.

REPEAT VIOLATION 10/4/23 et. al.; 8/17/23 et. al.

Plan of Correction

Directed () - 05/06/2024)

Immediately resident #9's was corrected to include the assessment of the residents personal care needs and degree related to bowel management.

Moving forward all assessments will be reviewed by administrator and/or designee and signed off that it is accurate. Documentation will be kept.

All assessments will be reviewed within 30 days to ensure all diagnoses are included. Additional training will also be completed so that all staff involved in assessments and support plan completion include all diagnoses, including diagnoses on the medication list.

Resident #9's assessment was updated by the DRC on ().

The audit of all current assessments is being completed by the DRC, administrator, or assistant administrator. The audits have started and will be completed by 5/31/24.

The administrator will provide training to the DRC and any designees (a list will be kept) who will be performing audits or completing assessments. This training will be completed on 5/3/24. Documentation will be kept.

Proposed Overall Completion Date: 05/31/2024

DIRECTED

Within 10 calendar days of the receipt of the accepted plan of correction: The administrator shall ensure all aspects of the accepted plan of correction have been initiated or completed. 5/6/24 JK

Directed Completion Date: 05/16/2024

Implemented () - 08/15/2024)

225c - Additional Assessment

9. Requirements

2600.

225c - Additional Assessment (continued)

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

- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #1's initial assessment, dated [REDACTED] stated the resident was independent with transferring out of bed/chair, independent with ambulation, independent with turning and positioning in bed and chair. However, resident #1 utilizes a bedside mobility device or enabler and the assessment was not updated to indicate the significant change in the resident's degree of independence with transferring in or out of bed or chair, ambulation, and turning and positioning in bed and chair.

Resident #7's annual assessment, dated [REDACTED], indicated the resident required some prompting and cueing for transferring in or out of bed or chair and did not indicate the resident's use of bedside mobility devices or enablers that were affixed to either side of the resident's bed in resident room [REDACTED] at approximately [REDACTED]

REPEAT VIOLATION 10/4/23 et. al.

Plan of Correction

Directed [REDACTED] - 05/06/2024)

Immediately on [REDACTED], resident #1's assessment was updated to show that they use a bedside mobility device to transfer in and out of bed, ambulation, and turning and repositioning in bed.

Immediately on [REDACTED] resident #7's assessment was updated to show the resident needs to use a bedside mobility device for assistance transferring in and out of bed.

Moving forward all assessments will be previewed by administrator/designee and signed off that it is accurate. A complete chart audit will be completed by administrator within 30 days of acceptance of POC. Documentation will be kept.

Resident #1 and resident #7 assessments were updated by the DRC on 4/12/24.

The audit of current assessments is still underway but began on 4/26 with a completion date within the next thirty days. Documentation will be kept.

Proposed Overall Completion Date: 05/31/2024

DIRECTED

Within 10 calendar days of the receipt of the accepted plan of correction: The administrator shall ensure all aspects of the accepted plan of correction have been initiated or completed. 5/6/24 [REDACTED]

Directed Completion Date: 05/16/2024

Implemented [REDACTED] - 08/15/2024)

227d - Support Plan Medical/Dental

10. Requirements

2600.

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

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

Resident #1's support plan, dated [REDACTED], indicated the use of a "bed cane" and not the bedside mobility device or enabler utilized by resident #1, nor did the support plan document all the resident's personal care needs addressed by the use of the bedside mobility device or enabler to include turning, repositioning and ambulation.

Resident #10's support plan, dated [REDACTED] indicated the use of a "bed cane" and not the bedside mobility device or enabler utilized by resident #10, nor did the support plan document all the resident's personal care needs addressed by the use of the bedside mobility device or enabler to include turning, repositioning and ambulation.

REPEAT VIOLATION 1/11/24 et. al.; 8/17/23 et. al.

Plan of Correction

Accept [REDACTED] - 05/06/2024)

Immediately resident #1's support plan was updated to show the correct bedside mobility device in use. The support plan was also corrected to document the residents personal care needs addressed by the use of the bedside mobility device to include turning, repositioning, and ambulation.

On [REDACTED] resident #1 and resident #10's support plans were updated by the DRC.

Audits to make sure each resident has a current, complete, and timely support plan began on [REDACTED] and are in progress. An estimated completion date is [REDACTED]. Documentation will be kept.

Immediately resident #10's support plan was corrected to show the use of the correct bedside mobility device. The support plan was also updated to document all of the residents personal care needs addressed by the use of the bedside mobility device to include turning, repositioning, and ambulation.

Moving forward all support plans will be checked by the administrator/designee and the DRC to ensure the support plans are completed correctly and accurately. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 05/13/2024

Implemented [REDACTED] - 08/15/2024)