

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

June 20, 2024

[REDACTED], PRESIDENT
ST. MARY'S VILLA NURSING HOME
[REDACTED]

RE: ST. MARY'S VILLA RESIDENCE
ONE PIONEER PLACE
MOSCOW, PA, 18444
LICENSE/COC#: 20390

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/25/2024 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.

[REDACTED]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: ST. MARY'S VILLA RESIDENCE License #: 20390 License Expiration: 03/14/2025
 Address: ONE PIONEER PLACE, MOSCOW, PA 18444
 County: LACKAWANNA Region: NORTHEAST

Administrator

Name: [REDACTED]

Legal Entity

Name: ST. MARY'S VILLA NURSING HOME
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 03/02/1998 Issued By: DLI

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 44 Waking Staff: 33

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint Exit Conference Date: 04/25/2024

Inspection Dates and Department Representative

04/25/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 68 Residents Served: 44

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: 44		
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 1		
Have Mobility Need: 0	Have Physical Disability: 0		

Inspections / Reviews

04/25/2024 Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/13/2024

05/24/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 06/17/2024

Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/31/2024

Inspections / Reviews *(continued)*

06/06/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/17/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/17/2024

06/20/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/17/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

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

Description of Violation

Resident #1 has a straight order for [REDACTED] capsule, take one capsule orally [REDACTED] daily. The facility did not have the medication, resulting in the resident missing doses on [REDACTED] and again on [REDACTED] and [REDACTED]. There was no incident report filed for medication error or appropriate notifications made.

Plan of Correction

Accept [REDACTED] - 06/06/2024)

In response to the violation on 04/25/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/25/2024 by the DOW to Following the violation on 4/25/2024 by the Pennsylvania Bureau of Human Services Licensing, the DOW promptly notified the PCP for further instructions on the same day. No new orders were issued at that time. The resident and the designated individual were informed on 4/24/24 by the med tech. The reportable incident was faxed to the Department of Human Services on 4/25/24. However, the report submission exceeded the 24-hour parameter.

To improve current compliance operations, the Administrator or DOW will report all reportable incidents to the department of Human Services within 24 hours of the occurrence. The resident, designated representative, and physician will be notified at the time of the incident by the Administrator, DOW, Lpn, or Med Tech on duty. The Administrator will re-educate all staff on the policy for reportable incidents and conditions starting on 6/3/24. Furthermore, information on reportable incidents and conditions will be posted in all departments. The contact information for the Administrator and DOW, along with the on-call rotation schedule, is posted in all departments to ensure accessibility in case one or both are not on-site at the time of an incident, with target completion date of 06/14/2024.

As of 4/26/24, the Administrator will oversee all reportable incidents to ensure continuous compliance. Any deficiencies identified will be promptly addressed, with the outcomes documented and internally reviewed to foster ongoing improvement.

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

Implemented [REDACTED] - 06/20/2024)

91 - Telephone Numbers

2. Requirements

2600.

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

Description of Violation

The telephone numbers required by this regulation were not posted by the phone located in the kitchen.

Plan of Correction

Accept [REDACTED] - 06/06/2024)

In response to the violation on 04/25/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/25/2024 by the housekeeper to post emergency numbers in the kitchen by the phone.

91 - Telephone Numbers (continued)

To enhance the currently compliant operations, on 6/3/24 the housekeeping manager and dietary staff will be re-educated on compliance of emergency telephone numbers being posted by all telephones in the building, with a completion date of 6/7/24.

Starting 7/1/24, the housekeeping manager is tasked with conducting monthly audits on the postings of emergency numbers throughout the facility to ensure continuous adherence to regulation 2600.91, which mandates the posting of emergency telephone numbers by all phones. Any shortcomings will be addressed promptly, with the results being documented and internally reviewed to foster constant improvement.

The Administrator will oversee sustained compliance.

Licensee's Proposed Overall Completion Date: 06/07/2024

Implemented () - 06/20/2024

103e - Left Overs

3. 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

The prep refrigerator located in the kitchen had a large bowl of potato salad, ham salad, and a container of shredded cheese. None of these containers contained a date in which the products were prepared.

Plan of Correction

Accept () - 06/06/2024

In response to the violation on 04/25/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/25/2024 by the Cook to date the prepared items.

To enhance the currently compliant operations, the Cooks and dietary staff will date all items before they are stored. Cooks and dietary staff will be re-educated on 6/3/24 by administrator on properly labeling and dating all food, with a completion date of 6/7/24.

Starting 6/7/24, the shift Cook is tasked with conducting daily audits to ensure compliance with the policy that food served and returned from an individual's plate will not be reused or incorporated into other dishes. Additionally, the Cook must guarantee that leftover food is appropriately labeled and dated. Immediate correction of any deficiencies is required, with findings to be documented and internally reviewed for continuous improvement.

The Administrator will oversee compliance until a permanent Dietary Manager is recruited and thoroughly trained in all regulations.

Licensee's Proposed Overall Completion Date: 06/07/2024

Implemented () - 06/20/2024

103i - Outdated Food

4. Requirements

2600.

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

103i - Outdated Food (continued)

Description of Violation

The freezer located in the kitchen was found to have 8 packages of waffles and 1 package of frozen cupcakes that was labeled [REDACTED] but was not labeled with the date they were removed from the original packaging.

In the 3rd floor kitchenette, there was an open bottle of Hershey's Chocolate Syrup in the cupboard. The bottle stated, 'refrigerate after opening.' There was no date on the bottle to distinguish how long it was kept there unrefrigerated.

There was also 1 #10 can of stewed tomatoes in dry storage that had a dent on it. The can was not in the dented can area but was located with all the other cans.

Plan of Correction

Accept [REDACTED] - 06/06/2024)

In response to the violation on 04/25/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/25/2024 by the Cook, dietary staff and housekeeping manager to date all items that were not labeled and dated. Dented can was immediately discarded by cook. Hershey's chocolate syrup was immediately discarded by administrator.

To improve the already compliant operations, the Administrator will conduct a re-education session for cooks, dietary aides, and housekeeping staff on 06/03/2024. The focus will be on proper labeling and dating of all kitchen items in accordance with regulatory requirements. Additionally, the Administrator will instruct all staff on the correct storage, labeling, and dating of food items once opened. All dietary staff will also be retrained to promptly notify the product supplier upon receipt of dented cans and to dispose of them immediately, with all actions to be completed by 06/07/2024.

Starting 06/07/2024, the Administrator, Dietary Manager, cooks, and Housekeeping Manager will conduct daily audits to ensure continuous compliance. Cooks will inspect all food storage areas daily to verify that food is correctly labeled, dated, and that dented cans are not in use. Housekeeping will check the 2nd and 3rd floor kitchenettes daily to confirm that all items are properly stored with labels and dates. Items not labeled and dated correctly in kitchenettes will be discarded by Housekeeping. Any deficiencies found will be immediately rectified, and the findings will be documented and reviewed internally to foster ongoing improvement.

Administrator will monitor ongoing compliance of daily audits in the kitchen to maintain regulatory compliance until a permanent Dietary manager is recruited and thoroughly trained in all regulations. Administrator and Housekeeping manager will monitor for ongoing compliance with daily audits of 2nd and 3rd floor kitchenettes.

Licensee's Proposed Overall Completion Date: 06/07/2024

Implemented [REDACTED] - 06/20/2024)

121a - Unobstructed Egress

5. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

121a Unobstructed Egress (continued)

Description of Violation

The right door of the French door in the dining room takes significant amount of force to open, preventing immediate egress in an emergency.

Plan of Correction

Accept ([redacted] - 06/06/2024)

In response to the violation on 04/25/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/26/2024 by Maintenance to repair the exterior dining room French doors to open with ease in the event of an emergency and residents need to exit the building quickly. Maintenance corrected the issue by adjusting the depth of the hinges and height of the threshold. The adjustments corrected the binding issue.

To enhance the currently compliant operations, Maintenance department will monitor functionality of all exits monthly.

Effective 06/01/2024 the maintenance will perform monthly audits of all emergency exits to maintain ongoing compliance with ensuring stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Administrator and Maintenance director will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 05/29/2024

Implemented [redacted] - 06/20/2024)

132c - Fire Drill Records

6. 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

On 3/29/24 home documented a fire drill took place on the fire drill log. The log indicated that 45 residents were in the home at the time of the fire drill and that 44 residents evacuated.

Plan of Correction

Accept ([redacted] - 06/06/2024)

Following the violation on 04/25/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate measures were enacted on the same day. The maintenance team, under the administrator's guidance, reviewed the deficiencies concerning the proper documentation of the number of residents present in the home during an emergency evacuation and the count of those evacuated.

To improve the already compliant operations, the maintenance team will accurately record the number of residents present in the home during a fire drill and the number evacuated. The team has received written training on this documentation process from the administrator, completed on 05/13/2024.

132c - Fire Drill Records (continued)

Effective 6/1/24 the Administrator and maintenance team will perform monthly audits to maintain ongoing compliance with ensuring each written fire drill record includes 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. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

The administrator will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 05/29/2024

Implemented () - 06/20/2024)

141a 1-10 Medical Evaluation Information

7. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #2s DME dated [redacted] did not include the medical professionals name or the date the medical professional signed the form.

Resident #3's DME dated [redacted], did not include any information for immunization history, health status, or cognitive functioning.

Plan of Correction

Accept () - 06/06/2024)

In response to the violation on 04/25/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/13/2024 by the Administrator to call physician of Resident #2 and resident #3 to have corrections made on DME. Received updated DME on resident #2 with corrections on [redacted]. DME with corrections received on resident #3 on 5/14/24. DOW re-educated on 5/13/24 on reviewing DME's when receiving from physician to ensure all information is provided. If any information is missing DOW to contact the physician to make corrections. Administrator completed audit of all other current DME's to ensure they were properly completed.

To enhance the currently compliant operations, on 06/01/2024 the Director of wellness (DOW) will review all resident DME's upon receipt from physicians to ensure all information is provided.

141a 1-10 Medical Evaluation Information (continued)

Effective 06/01/2024 the DOW will perform monthly audits of DME's to maintain ongoing compliance with ensuring each resident has 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, and to ensure the evaluation includes a general physical examination by a physician, physician's assistant or nurse practitioner, medical diagnosis including physical or mental disabilities of the resident, if any, medical information pertinent to diagnosis and treatment in case of an emergency, special health or dietary needs of the resident, allergies, immunization history, medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications, body positioning and movement stimulation for residents, if appropriate, health status, and mobility assessment, updated annually or at the Department's request. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Administrator and DOW will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 06/07/2024

Implemented () - 06/20/2024)

162c - Menus Posted

8. Requirements

2600.

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

Description of Violation

The home did not have posted in a public and conspicuous area the home's menu for the current week and upcoming week's menu.

Plan of Correction

Accept () - 06/06/2024)

In response to the violation on 04/25/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/25/2024 by the Cook to post home's menu for the current and upcoming weeks. Menu's are posted in the dining room and on both resident floors outside of the wellness station.

To enhance the currently compliant operations, on 04/25/2024 the Dietary manager, Cooks and administrator will post menu's for the current and upcoming week in the dining room and on the resident floors. Administrator to provide re-education of proper posting of menu's to Cooks on 6/3/24 and to completed by 6/7/24, with a completion date of 06/07/2024.

Effective immediately the Administrator will perform weekly audits until a permanent Dietary manager is recruited and thoroughly trained in all regulations to maintain ongoing compliance with preparing menus, stating the specific food being served at each meal for 1 week in advance and to follow the menu, and to post weekly menus 1 week in advance in a conspicuous and public place in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/07/2024

Implemented () - 06/20/2024)

171b5 - First Aid Kit

9. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The transportation van did not have the following required items in the first aid kit; breathing barrier, protective eye covering, or a thermometer.

Plan of Correction

Accept ([redacted]) - 06/06/2024)

In response to the violation on 04/25/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/25/2024 by the Van aide and Business office manager to obtain and provide these items to the van aide for the first aid kit.

To improve the already compliant operations, the Medical Supply Clerk and Van Aide will conduct a monthly audit of the first aid kit in the transportation van starting on 06/01/2024, to verify that all necessary items are included and none are beyond their expiration date. They will be provided with a list of all required items to be kept with the first aide kit.

Starting 06/01/2024, the medical supply clerk and van aide are tasked with conducting monthly audits to ensure continuous compliance, which includes verifying that a first aid kit is stocked as outlined in § 2600.96. Any shortcomings will be promptly addressed, and the audit results will be documented and internally reviewed to foster ongoing improvement.

Licensee's Proposed Overall Completion Date: 06/01/2024

Implemented ([redacted]) - 06/20/2024)

181d -Storing Medication

10. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident #4's DME indicates that the resident can self-administer medications. On [redacted], at [redacted], Department rep observed residents' medications in a pill box and a few bottles on the desk in the resident's room. Resident indicated that the bedroom door is never locked, no one has never entered the room and taken any of the medications, and the lockbox the resident has is located under the desk but is never locked. The key is affixed to the box.

Plan of Correction

Accept ([redacted]) - 06/06/2024)

Following the violation on 04/25/2024, as noted by the Pennsylvania Bureau of Human Service Licensing, the administrator promptly addressed the issue on the same day. The administrator discussed with the resident the challenge of using a key to open her medication lock box. A solution was proposed to switch to a keyless lock box with a push-button combination, to which the resident consented. In the interim, the administrator secured the medications in the existing lock box and directed the Med Techs to help the resident with it until the acquisition of the new box. The designated person was consulted, agreed to the change, and committed to purchasing the new push-button combination lock box.

181d - Storing Medication (continued)

To improve the already compliant operations, Med Techs will assist with the locking and unlocking of the medication box starting 04/25/2024 until a new box is acquired. A new push-button medication lock box was obtained on 4/30/24. The resident has demonstrated the ability to lock and unlock the box with ease.

Starting 4/30/24, the DOW will conduct weekly audits to verify that resident is consistently securing medications in the lock box and to check for any issues with locking or unlocking the box over a period of four weeks. Subsequently, the DOW will carry out monthly audits in conjunction with medication reviews with resident to ensure sustained adherence to regulations. Immediate correction of any deficiencies will be undertaken, with findings documented and internally reviewed to foster continuous improvement.

Administrator and DOW will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 05/30/2024

Implemented [REDACTED] - 06/20/2024)

187d - Follow Prescriber's Orders**11. Requirements**

2600.

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

Description of Violation

Resident # 1 has a straight order for [REDACTED], take 1 capsule orally 3x a day. The resident did not take the medications on [REDACTED] as the facility did not have the medications available on site.

Resident #1 has an order for [REDACTED] k before meals and bedtime. The times to be completed are [REDACTED], [REDACTED]. On [REDACTED] the resident had an [REDACTED], both outside the parameters allowed. Due to the accu-check being administered late, the resident also received [REDACTED] injection at or around [REDACTED] instead of [REDACTED].

Repeat Violation 2-15-23

Plan of Correction

Accept [REDACTED] - 06/06/2024)

Following the violation on 04/25/2024 reported by the Pennsylvania Bureau of Human Service Licensing, the Med tech took immediate action on 04/24/2024 by contacting the mail order pharmacy about the missing medication. According to the pharmacy, the resident was delayed in paying her bill, which led to the non-delivery. The Med tech informed the resident, who then settled her bill with the pharmacy, ensuring future delivery. On 4/25/24, it was observed that the PCP had not been informed of the missed doses. The PCP was updated, advised to continue with the medication upon receipt, and was also alerted about the accu checks and insulin administered beyond the prescribed parameters on 4/13/24. A reportable incident was also completed at this time.

187d Follow Prescriber's Orders (continued)

To improve the already compliant operations, on 04/25/2024, the Director of Wellness (DOW) re educated the med tech on shift at that time to check medications daily for any necessary refills. The DOW will further instruct all Med Tech and LPNs that if a medication is not delivered when a resident's supply falls below one week, they must notify the DOW and follow up with the pharmacy. The Primary Care Provider (PCP) must be immediately informed of any missed doses or medications not administered within the parameters of the orders. Additionally, both the DOW and Administrator are to be notified to file a reportable incident regarding any medication errors.

Starting 6/3/24, the DOW will conduct an in service for med techs and LPNs, to be completed by 6/14/24. Furthermore, the DOW will carry out monthly audits of MARS to ensure continuous compliance with the prescriber's directions. Any deficiencies identified will be promptly addressed, and the results will be documented and internally reviewed to foster ongoing improvement.

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

Implemented [redacted] - 06/20/2024)

188b - Medication Error Reporting

12. Requirements

2600.

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

Description of Violation

Resident # 1 has a straight order for [redacted], take 1 capsule orally [redacted]. The resident's medication was not available in the home for the resident to take [redacted] as the facility did not have the medications available at the facility. There is no documentation this was reported to the Department, the resident, the prescriber or the designated person.

Plan of Correction

Accept [redacted] - 06/06/2024)

Following the violation on 04/25/2024 by the Pennsylvania Bureau of Human Service Licensing, the DOW promptly notified the PCP for further instructions on the same day. No orders were issued at that time. The resident and the designated individual were informed on 4/24/24 by the Med Tech. The reportable incident was faxed to the Department of Human Services on 4/25/24. However, the report submission exceeded the 24 hour parameter.

To enhance compliance operations, the Administrator or Director of Wellness (DOW) shall report all medication errors to the Department of Human Services within 24 hours of their occurrence. At the time of the incident, the resident, their designated representative, and the physician will be notified by the Administrator, DOW, LPN, or the Med Tech on duty. The Administrator will conduct re education sessions for all LPNs and Med Techs regarding regulations on medication error types and the reporting of such errors. Furthermore, the DOW will place copies of the medication error types in the MARs for necessary reference.

Starting from 4/26/24, the DOW will supervise all medication documentation to monitor for any errors, ensuring ongoing compliance. Any identified deficiencies will be quickly resolved, with the results documented and reviewed internally to promote continuous improvement.

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

Implemented [redacted] - 06/20/2024)

227d Support Plan Medical/Dental

13. Requirements

2600.

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

Description of Violation

Resident #3 is prescribed a mechanical soft diet. This diet is not indicated in the Resident Assessment and Support plan. An interview conducted with Staff A indicated that resident #3 is receiving a mechanical soft diet as ordered.

Resident #2's Resident Assessment and Support Plan (RASP) dated [REDACTED] and Resident #3's RASP dated [REDACTED] do not indicate the specific need for the bed enablers they are currently using. The RASPs also do not state the intended use of the device; any risks associated with the device; the resident's ability to use the device safely for the intended purpose; identification of the specific device to be used and if a cover is required to meet FDA guidelines.

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

Following the violation on 04/25/2024 by the Pennsylvania Bureau of Human Service Licensing, the DOW took immediate action on the same day to review resident #3's chart for a soft diet order. The order confirmed a temporary soft diet following tooth extractions. The MD was contacted to clarify the diet order, and the resident was cleared to return to a regular diet. The dietary department was informed. Additionally, the Administrator and DOW reviewed the RASPs for resident #2 and resident #3 regarding the necessity for bed enablers. It was noted that Resident #2's RASP lacked specific details about the bed enabler. Since Resident #3 does not use a bed enabler, there was no need to update the RASP.

To improve the already compliant operations, starting 4/26/24 the DOW will update all departments with any changes concerning a resident related to their department at the time of the change, using an intradepartmental notice that includes a discontinue date if the change is temporary. The DOW was informed about the current specifics for documenting bed enablers on RASP by the administrator before updating the RASP for resident #2. Resident #2's RASP was updated on 5/9/24 by the DOW and reviewed by the Administrator. Resident #3 does not have a bed enabler.

Beginning 5/1/24, the Administrator will conduct monthly audits of RASPs to ensure sustained compliance. Any deficiencies identified will be promptly rectified, and the results will be documented and internally reviewed to facilitate continuous improvement.

Licensee's Proposed Overall Completion Date: 05/30/2024

Implemented ([REDACTED] - 06/20/2024)