pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **NORTHEAST PC OPERATIONS LLC**
LEGAL ENTITY

To operate **BRYN MAWR VILLAGE**
NAME OF FACILITY OR AGENCY

Located at **773 EAST HAVERFORD ROAD, BRYN MAWR, PA 19010**
(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 **25**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 25**

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 **October 16, 2024** until **October 16, 2025**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **148340**

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: October 16, 2024

[redacted]
President
Northeast PC Operations, LLC
773 East Haverford Road
Bryn Mawr, Pennsylvania 19010

RE: Bryn Mawr Village
License #: 148340

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on June 24, 2024, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

[redacted]

Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

October 2, 2024

[redacted], PRESIDENT
NORTHEAST PC OPERATIONS LLC
773 EAST HAVERFORD ROAD
BRYN MAWR, PA, 19010

RE: BRYN MAWR VILLAGE
773 EAST HAVERFORD ROAD
BRYN MAWR, PA, 19010
LICENSE/COC#: 14834

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/24/2024 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *BRYN MAWR VILLAGE* **License #**: *14834* **License Expiration**: *08/22/2024*

Address: *773 EAST HAVERFORD ROAD, BRYN MAWR, PA 19010*

County: *DELAWARE* **Region**: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *NORTHEAST PC OPERATIONS LLC*

Address: *773 EAST HAVERFORD ROAD, BRYN MAWR, PA, 19010*

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

Certificate(s) of Occupancy

Type: *I-2* **Date**: *09/03/2014* **Issued By**: *Haverford Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *40* **Waking Staff**: *30*

Inspection Information

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

Reason: *Renewal, Complaint, Incident* **Exit Conference Date**: *06/24/2024*

Inspection Dates and Department Representative

06/24/2024 - On-Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *33* **Residents Served**: *23*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Impressions* **Capacity**: *25* **Residents Served**: *17*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *23*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *17*

Have Physical Disability: *0*

Inspections / Reviews

06/24/2024 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/27/2024*

08/05/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *09/01/2024*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/08/2024*

Inspections / Reviews *(continued)*

08/07/2024 POC Submission

Submitted By: [redacted] **Date Submitted:** *09/01/2024*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *08/30/2024*

10/02/2024 Document Submission

Submitted By: [redacted] **Date Submitted:** *09/01/2024*

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

17 - Record Confidentiality

1. Requirements

2600.
17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [redacted], Resident 1's room had a Resident Task list that listed the other residents and their care needs located on Resident 1's window ledge.

Plan of Correction ***Accept ([redacted] - 07/29/2024)***

On 6/27/24 the administrator did an audit of all resident rooms to ensure that there were no accessible resident records in any rooms.
As of 7/26/24, the administrator in-serviced all staff on record confidentiality and HIPAA.
DCS will complete daily audits on rooms to ensure that all resident records are being handled properly and are stored properly. These audits will go from 7/26/24-9/26/2024.

Proposed Overall Completion Date: 09/26/2024

Licensee's Proposed Overall Completion Date: *09/26/2024*

Implemented [redacted] 10/02/2024)

23a - Activities of Daily Living Assistance

2. Requirements

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

Description of Violation

The assessment and support plan, dated [redacted] for resident 1 indicates the resident requires assistance with toileting, bladder management, and bowel management. On [redacted] the overnight shift did not provide toileting and bowel and bladder management assistance as required.

Plan of Correction ***Accept [redacted] - 07/29/2024)***

On 6/11/24, Resident #1 was immediately assisted with all toileting needs, he was showered, and his room was cleaned by overnight staff.
On 6/26/24 all staff was inserviced on Activities of Daily Living Assistance.
On 7/24/24 the administrator in-serviced all staff on ADL's/IADL's as well as assessments and support plans.
All staff has been in-serviced on Abuse / Neglect by the administrator on 7/24/2024.
The resident's daily ADL's assistance sheet has been updated and DCS will complete them by the end of each shift starting 7/29/24. This is to ensure that all residents are getting required assistance with all ADL's daily.
The administrator will keep all sheets from each shift to ensure on going compliance and will review them daily.

Proposed Overall Completion Date: 11/30/2024

Licensee's Proposed Overall Completion Date: *11/30/2024*

23a - Activities of Daily Living Assistance *(continued)*

Implemented (MJ - 10/02/2024)

25d - Rent Rebate

3. Requirements

2600.
25.d. A home may not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P. S. § § 4751-1—4751-12). If the home will be assisting the resident to manage a portion of the rent rebate, the requirements of § 2600.20 (relating to financial management) may apply. There may be no charge for filling out this paperwork.

Description of Violation

Resident 2's contract does not have information regarding the Senior Citizens Rebate and Assistance Act (72 P.S. §§ 4751-1 - 4752 - 12).

Plan of Correction ***Accept [redacted] - 07/29/2024)***

On 7/16/2024 Resident #1 and POA/Spouse were explained the rent rebate procedures. POA was able to sign acknowledgement that she has received and have been explained the rent rebate procedures.
The administrator has created a tickler and continues to provide and explain Rent Rebate procedures as well as having all families sign acknowledgement.
Administrator expects to have all residents/families sign acknowledgements by 9/30/2024.

Licensee's Proposed Overall Completion Date: *09/30/2024*

Implemented ([redacted] - 10/02/2024)

42b - Abuse

4. Requirements

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

Description of Violation

According to resident 1's support plan he/she needs assistance with toileting, bladder and bowel management. The resident needs assistance with the location of their toilet and reminders.
On [redacted], resident 1 removed the padded lining of his/her incontinent brief, urinated and defecated in the torn brief and then removed the contents from the brief and left it near the trash can in his/her bedroom. Feces and urine were seen on the floor and chair.

Staff person A observed the resident's condition and left the resident to go get staff person B. Staff person B instructed staff person A to video record the conditions of the resident's room. The resident could be seen in the video asleep on their urine soaked bed, and lying in their feces. Per staff interviews, stated the purpose of the recording was to document the condition of the resident left by the previous shift. The video recording showed the resident sleeping, soaked in urine and laying in, what appeared to be dried feces.
The resident was showered, and the room was cleaned by staff.

42b - Abuse (continued)

Plan of Correction ***Accept (- 08/07/2024)***

Resident #1 was immediately showered, and room was cleaned by staff.
All staff has been in-serviced on Abuse / Neglect by the administrator on 7/24/2024. On 7/24/2024 all DCS was in-serviced on the Bryn Mawr Village Cell Phone Policy. On 7/24/24 the administrator in-serviced all staff on resident rights with emphasis on the right to privacy.
Effective 08/01/2024, the Administrator will review residents rights/Abuse & Neglect with all DCS monthly. The monthly trainings will continue on for the next 5 months with an end date of 12/2024.
Starting 8/5/2024 the administrator or designee will interview residents about the care that is being provided with a completion date of 8/16/2024.
The administrator or a designee will complete random pop-ups each week during the overnight shift starting the week of 8/5/2024 with a completion date of 9/30/2024. All findings will be documented immediately for internal review.

Proposed Overall Completion Date: 09/30/2024

Licensee's Proposed Overall Completion Date: *09/30/2024*

Implemented 10/02/2024)

42s - Privacy

5. Requirements

2600.
42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On , staff person B directed staff person A to video record the conditions of resident 1's room on their phone. The resident can be seen in the video laying on his/her bed with feces smeared on the linen. The video was then sent to staff person B.

Plan of Correction ***Accept (- 07/30/2024)***

On staff members A & B were both taken off of the schedule following an investigation. On 6/25/24 Staff member A was in-serviced on The Bryn Mawr Village Cell Phone Policy as well as resident rights emphasizing the residents right to privacy.
On 7/24/2024 DCS was in-serviced on the Bryn Mawr Village Cell Phone Policy as well as residents rights emphasizing the right to privacy.

Licensee's Proposed Overall Completion Date: *07/27/2024*

Implemented (- 10/02/2024)

62 - Contact List

6. Requirements

2600.

62 - Contact List *(continued)*

62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

Staff person C, did not have a current list of staff for the home.

Plan of Correction ***Accept [redacted] - 07/30/2024)***

In response to the violation on 6/24/24, HR was able to provide Staff member C with a current and updated staff list. Effective 7/8/2024, the administrator will meet with the HR directly each week and both with sign off on a weekly updated staff list. This will ensure that the administrator maintains on-going compliance and has a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.
The administrator and HR will meet each week for the next 5 months with an end date of 12/31/2024 and documentation will be completed on a tickler created by the administrator that both parties will sign.

Proposed Overall Completion Date: 12/31/2024

Licensee's Proposed Overall Completion Date: *12/31/2024*

Implemented ([redacted] - 10/02/2024)

65a - FS Orientation 1st Day

7. Requirements

2600.
65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [redacted], did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Staff person B, whose first day of work was [redacted], did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and

65a - FS Orientation 1st Day (continued)

notification of emergency services.

Staff person D, whose first day of work was [redacted], did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Plan of Correction ***Accept [redacted] - 07/30/2024)***

As of 6/26/24 both Staff member A & staff member D have both received an orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services by the Human Resources director.
The Human Resources director has completed an immediate audit of all employee files on 6/25/24 to ensure that all staff members received an orientation that included these topics. All deficiencies have been corrected and documented, and all current employees have received proper orientation including these topics.
To enhance currently compliant operations, effective 7/29/24 the HR director will complete weekly audits on all orientation files for employees to ensure on going compliance with topics with a completion date of 09/30/2024. Effective 10/1/24 these audits will continue monthly for the following 3 months with an end day of 1/31/24.
Going forward the administrator will review all new employee files to ensure that proper training has been received and will address any deficiencies with HR to ensure on-going compliance until further notice.

Licensee's Proposed Overall Completion Date: *01/31/2025*

Implemented ([redacted] - 10/02/2024)

65b - Rights/Abuse 40 Hours

8. Requirements

2600.
65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person B completed his/her 40th scheduled work hour on [redacted] However, this staff person did not complete training in the following topics: emergency medical plan, reporting of reportable incidents and conditions.

Staff person C completed his/her 40th scheduled work hour on [redacted]. However, this staff person did not complete training in the following topics: emergency medical plan, reporting of reportable incidents and conditions.

65b - Rights/Abuse 40 Hours (continued)

Staff person D completed his/her 40th scheduled work hour on [redacted] However, this staff person did not complete training in the following topics: emergency medical plan, reporting of reportable incidents and conditions.

Plan of Correction ***Accept ([redacted] 08/05/2024)***

Due to incident, staff member B has been taken off of the schedule and has not returned to work since to received training in the following topics. Staff members C & D received training in the emergency medical plan, reporting of reportable incidents and conditions by the Human Resources director on 7/20/24.
The HR director did an audit of all employee files to ensure that all staff members received an orientation that included these 4 topics. The audit was completed on 7/3/24 and all deficiencies have been corrected and documented.
To enhance currently compliant operations, effective 7/29/24 the HR director will complete weekly audits on all orientation files for employees to ensure on going compliance with topics with a completion date of 9/30/2024.
Going forward the administrator will review all new employee files to ensure that proper training has been received before the employees 40th scheduled work hour.
Effective 10/01/24 the audits will begin monthly until 12/31/2024.

Proposed Overall Completion Date: 12/31/2024

Licensee's Proposed Overall Completion Date: *12/31/2024*

Implemented ([redacted] - 10/02/2024)

65f - Training Topics

9. 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

Direct care staff person D did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, personal care service needs of the resident, safe management techniques, care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 2023.

65f - Training Topics *(continued)*

Plan of Correction ***Accept ([redacted] 08/05/2024)***

In response to violation on 6/24/24, on 7/20/24 Staff Member D received training in medication self-administration training, instruction on meeting the needs of the residents as described in the pre-admission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, personal care service needs of the resident, safe management techniques, care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.
The administrator will complete weekly audits starting 7/1/24 and these audits will continue on for 2 months. The administrator will review each employee file to ensure all proper training has and is been received and documentation remains available.
Effective 9/1/24 the audits will continue bi-weekly for the following 3 months, with an end date of 12/31/24.

Licensee's Proposed Overall Completion Date: *12/31/2024*

Implemented [redacted] 10/02/2024)

65g - Annual Training Content

10. 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.
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 person D did not receive training in 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, emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), falls and accident prevention, new population groups that are being served at the home that were not previously served, if applicable during training year 2023 to 2024.

Plan of Correction ***Accept ([redacted] - 08/05/2024)***

In response to violation on 6/24/24, Staff member D received training in fire safety, emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, The Older Adult Protective Services Act, Falls and accident prevention, New population groups that are being served at the home that were not previously served, if applicable.
On 7/3/2024, the administrator has completed an audit with the HR director to ensure that all staff has received training on these 6 topics.

65g - Annual Training Content (continued)

The administrator will complete weekly audits starting 7/1/24 and these audits will continue on for 2 months. The administrator will review each employee file to ensure all proper training has been received and documentation remains available.
Effective 9/1/24 the audits will continue bi-weekly for the following 3 months, with an end date of 12/31/24.

Licensee's Proposed Overall Completion Date: *12/31/2024*

Implemented (MJ - 10/02/2024)

82c - Locking Poisonous Materials

11. Requirements

2600.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Two tubes of Crest Pro Health Detoxify Deep Clean toothpaste, with a manufacture's label indicating "to contact poison control", was unlocked, unattended, and accessible to residents to Resident 2's room. Not all the residents of the home, including Resident 2 have been assessed capable of recognizing and using poisons safely.

Plan of Correction ***Accept ([redacted] - 08/05/2024)***

The administrator in-serviced all DCS on locking up poisonous materials on 7/1/24.
Effective 7/29/24 DCS will complete daily audits on all rooms to ensure that all poisonous materials are locked up and inaccessible to all residents. These audits will continue on for 2 months with an end date of 9/30/24.

Licensee's Proposed Overall Completion Date: *09/30/2024*

Implemented [redacted] 10/02/2024)

85a - Sanitary Conditions

12. Requirements

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

Description of Violation

On 6/24/2024, there was blood stains on the floor in resident 2's bathroom.

On 6/24/2024, the vent, located in the bathroom of Resident # 2, had a heavy accumulation of thick dust. The accumulation of dust fell into the toilet below, when checked for functionality by the Department.

Plan of Correction ***Accept ([redacted] - 08/05/2024)***

On 6/24/24 housekeeping was called and immediately cleaned the vent in the bathroom as well as the blood stains on the bathroom floor in resident #2's bathroom.
Housekeeping also did an audit of the bathrooms and will do weekly audits to ensure all vents remain cleaned for functionality starting 7/29/24. These weekly audits will continue until 12/29/24.
The housekeeping supervisor will in-service all housekeeping staff regarding sanitary conditions on 7/29/24.

85a - Sanitary Conditions *(continued)*

Licensee's Proposed Overall Completion Date: *11/29/2024*

Implemented [redacted] 10/02/2024)

107b - Emergency Procedures

13. Requirements

2600.
107.b. The home shall have written emergency procedures that include the following:

1. Contact information for each resident's designated person.
2. The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
3. Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
4. Means of transportation in the event that relocation is required.
5. Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
6. Alternate means of meeting resident needs in the event of a utility outage.

Description of Violation

The home's written emergency procedures do not include contact information for each resident's designated person.

Plan of Correction ***Accept ([redacted] 08/05/2024)***

On 6/24/24 all residents' emergency contact information has been placed in the Emergency Procedures.
The administrator will do weekly audits to ensure that each resident's designated persons information remains in the binder. These audits will continue until 9/26/2024.
Any deficiences will be documented and recorded for

Licensee's Proposed Overall Completion Date: *09/26/2024*

Implemented [redacted] - 10/02/2024)

141b1 - Annual Medical Evaluation

14. Requirements

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

Description of Violation

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

Plan of Correction ***Accept ([redacted] - 08/05/2024)***

The administrator has created a tickler for all residents' annual medical evaluations. The tickler has all dates of current medical evaluations as well as the annual dates that all medical evaluations are due.
This tickler will be updated at significant changes and as new residents are admitted and will also be updated when residents are discharged.

Licensee's Proposed Overall Completion Date: *07/26/2024*

Implemented ([redacted] - 10/02/2024)

183b - Meds and Syringes Locked

15. 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 [redacted], there was a small round pill with letters [redacted] Imprinted on the pill observed on the floor near the medication cart.

Plan of Correction ***Accept [redacted] - 08/05/2024)***

On 6/25/24 the administrator did an audit of the med carts to ensure that all prescription medications, CAM and syringes were kept in an area or container that is locked.
As of 6/26/2024, all med-techs and nurses were in serviced on medication storage.
Starting 8/01/24 all nursing staff will complete daily audits on each shift to check for loose pills in the med-carts. The audits will begin daily for the next month. Effective 09/01/24 the audits will begin weekly for the next 3 months with an end date of 12/31/2024.

Licensee's Proposed Overall Completion Date: *12/31/2024*

Implemented [redacted] - 10/02/2024)

183e - Storing Medications

16. Requirements

2600.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [redacted], there were two small round orange pills loose in the medication cart.

Plan of Correction ***Accept ([redacted] - 08/05/2024)***

On 6/25/24 the administrator did an audit of the med carts to ensure that all prescription medications, OTC medications and CAM are stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.
As of 6/26/2024, all med-techs and nurses were in serviced on medication storage.
Starting 8/01/24 all nursing staff will complete daily audits on each shift to ensure that all medications are stored properly. The audits will begin daily for the next month. Effective 09/01/24 the audits will begin weekly for the next 3 months with an end date of 12/31/2024.

Licensee's Proposed Overall Completion Date: *12/31/2024*

Implemented ([redacted] - 10/02/2024)

224a - Preadmission Screen Form

17. Requirements

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident 1 was admitted to the home on 4/12/2024; however, the resident's preadmission screening form was not completed and did not include the signature in section I-C.

224a - Preadmission Screen Form *(continued)*

Plan of Correction ***Accept ([redacted] - 08/05/2024)***

As of 6/25/2024 the administrator has spoken with the admissions director and no new residents will be admitted without a completed prescreen.
The administrator will do weekly audits with the admissions director to ensure that there have been no new resident contracts completed without a completed preadmissions screening form available.
6/1/2024 The administrator created a check off sheet for all new admissions to ensure all files have prescreens. The administrator will use this checkoff sheet for all new admissions for the next 5 months with an end date of 12/31/2024.

Licensee's Proposed Overall Completion Date: *12/31/2024*

Implemented ([redacted] - 10/02/2024)

227g -Support Plan Signatures

18. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 1 participated in the development of his/her support plan on 4/15/2024. However, the assessor and the resident did not sign the support plan.

Plan of Correction ***Accept ([redacted] - 08/05/2024)***

As of [redacted] resident #1's POA and the assessor have both signed the support plan. Following the completion of all support plans, the administrator has created a ticker sheet for all resident support plans to ensure they all have required signatures with a completion date of 9/1/24. The administrator will complete a documented audit on all support plans weekly for the next month and effective 9/1/24 the administrator will complete monthly audits for the following 2 months to ensure on-going compliance with a completion date of 11/30/24.

Licensee's Proposed Overall Completion Date: *11/30/2024*

Implemented [redacted] - 10/02/2024)