



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: NOVEMBER 5, 2024

██████████ Secretary
EC OPCO Lakemont Farms LLC
██
██

RE: Celebration Villa of Lakemont Farms
3275 Washington Pike
Bridgeville, Pennsylvania 15017
License/COC #: 450811

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on April 25, 2024, April 26, 2024, May 6, 2024, May 14, 2024, July 22, 2024, July 23, 2024, and August 22, 2024, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), mistreatment or abuse of residents being cared for in the facility, failure to submit an acceptable plan to correct noncompliance items, and failure to comply with the acceptable plan to correct noncompliance items, the Department hereby REVOKES your certificate of compliance (license number 450810) dated June 17, 2024 – June 17, 2025, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1); (5) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from November 5, 2024 to May 5, 2025.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.



Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
Section:					
42(b)	II	77	\$5	\$385	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

, Workload Manager
 Pennsylvania Department of Human Services
 Bureau of Human Services Licensing
 Room 631, Health and Welfare Building
 625 Forster Street
 Harrisburg, Pennsylvania 17120


This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala". The signature is written in a cursive style with a large initial 'J'.

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:



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

Facility Information

Name: *CELEBRATION VILLA OF LAKEMONT FARMS* License #: *45081* License Expiration: *06/17/2024*
Address: *3275 WASHINGTON PIKE, BRIDGEVILLE, PA 15017*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *EC OPCO LAKEMONT FARMS LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *03/17/1999* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *101* Waking Staff: *76*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Incident* Exit Conference Date: *05/14/2024*

Inspection Dates and Department Representative

04/25/2024 - On-Site: [REDACTED]
04/26/2024 - On-Site: [REDACTED]
05/06/2024 - On-Site: [REDACTED]
05/14/2024 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *140* Residents Served: *79*

Secured Dementia Care Unit

In Home: *Yes* Area: *1st floor* Capacity: *30`* Residents Served: *22*

Hospice

Current Residents: *12*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *79*
Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *22* Have Physical Disability: *0*

Inspections / Reviews

04/25/2024 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/15/2024*

06/17/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *07/08/2024*

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/25/2024*

06/28/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *07/08/2024*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/08/2024*

10/22/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: *07/08/2024*

Reviewer: [REDACTED]

Follow-Up Type: *Exception*

18 - Compliance With Laws

1. Requirements

2600.

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

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act of June 23, 2016, requires the battery to be labeled with the date of installation and replaced at least once annually or at such time as the unit signals a drained or failing battery, whichever is sooner. On 4/25/24, at approximately 10:55 a.m., the carbon monoxide detector located in close proximity of the kitchen's gas stove had batteries indicating the date of installation was 4/2021.

Plan of Correction

Accept (█) - 06/28/2024)

ACTION: 04/25/24 Carbon Monoxide detector located in close proximity of the kitchen's gas stove batteries was replaced and dated by maintenance director.

TRAINING: All staff were in-serviced on regulation 2600.18 on 5/10/24 by the administrator. A record of this training will be maintained in the administrator's office.

ONGOING: Administrator will continue education on regulation 2600.18 bimonthly for the next 6 months, a record of these trainings will be kept in the administrator's office. Home's maintenance staff will complete monthly checks starting 6/1/2024 on carbon monoxide detectors and will keep a record of these checks in the home's work order system.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented (█) - 10/22/2024)

42b - Abuse

2. 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

On 4/15/24, at approximately 10:00 p.m., staff person A manually restrained resident #1 by grabbing the resident's wrists, while behind █ crossing the resident's arms around █ chest and restricting the resident's movement while forcibly walking █ for over 60 seconds. Staff person A said to the resident in a raised voice, "I'm not going to let you hit me again." Resident #1 was screaming and crying and said staff person A is mean.

Repeat Violation: 12/12/22

Plan of Correction

Accept (█) - 06/28/2024)

ACTION: Staff A was suspended pending investigation from █ Staff A received training on reg 2600.42.b on 5/7/2024 from the administrator. Staff A was provided with a final written warning post suspension and returned to work with supervision x1 month.

TRAINING: All staff received training on regulation 2600.42b by the administrator on 5/10/2024, a record of this training will be kept in the administrator's office.

42b - Abuse (continued)

ONGOING: Administrator will schedule monthly training reviews on regulation 2600.42b for all staff for the next 6 months effective 6/1/2024. A record of these trainings will be kept in the administrator's office.
 Facility will implement monthly quality review on reg 2600.42b effective 7/1/2024

Licensee's Proposed Overall Completion Date: 06/30/2024

Not Implemented (█ - 10/22/2024)

65f - Training Topics

3. Requirements

2600.

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

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

Description of Violation

Direct care staff persons B, C and D did not receive annual training regarding instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during training year 2023.

Plan of Correction

Accept (█ - 06/28/2024)

ACTION: Direct care staff persons B, C and D were provided with training on reg 2600.65.f.2 on 5/10/2024 by the administrator.

TRAINING: All staff will be educated on reg 2600.65.f.2 by 6/20/2024 trained by the administrator, training documentation will be kept in the administrator's office.

ONGOING: Administrator will review staff required training records monthly effective 6/1/2024 to ensure compliance with this regulation. Documentation of these trainings and the monthly review will be kept in the administrator's office.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented (█ - 10/22/2024)

65g - Annual Training Content

4. 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.

Description of Violation

Staff persons B and C did not receive annual training regarding emergency preparedness procedures and recognition and response to crises and emergency situations during training year 2023.

Staff person C did not receive annual fire safety training completed by a fire safety expert or by a staff person trained

65g - Annual Training Content (continued)

by a fire safety expert during training year 2023.

Plan of Correction

Accept () - 06/28/2024

ACTION: Staff persons B and C were provided with training on reg 2600.65.g on 5/10/2024 by the administrator. Staff C has received training on reg 2600.65g 1&2 by administrator on 5/10/2024 by the administrator, the administrator received training by fire safety expert on 2/22/2024.

TRAINING: All staff will receive training on reg 2600.65.g 1&2 by 6/20/2024 by administrator.

ONGOING: Required training topics for direct care staff book will be implemented and kept in the administrator's office for review monthly that all staff were provided with required training topics effective 6/1/2024.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented () - 10/22/2024

85a - Sanitary Conditions

5. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 4/25/24, at approximately 10:30 a.m., resident #1's bathroom did not have a paper towel, mechanical air dryer or any other sanitary method to dry hands.

On 5/6/24, at approximately 2:45 p.m., the shared resident bathroom #103 did not have a paper towel, mechanical air dryer or any other sanitary method to dry hands.

Plan of Correction

Accept () - 06/28/2024

ACTION: On 4/25/2024 paper towels were placed in resident #1's room. On 5/6/2024 paper towels were placed in resident bathroom #103 by the maintenance director.

TRAINING: All staff will be training on regulation 2600.85.a by 6/20/2024 by the administrator, a record of this training will be kept in the administrator's office.

ONGOING: A weekly check off log has been implemented for housekeeping staff. This log will be submitted to the administrator to review weekly for six months. In addition, the maintenance director, administrator or a manager on duty will spot check resident units weekly to ensure compliance with this regulation, effective 6/18/2024.

Licensee's Proposed Overall Completion Date: 06/30/2024

Not Implemented () - 10/22/2024

132c - Fire Drill Records

6. Requirements

2600.

132c - Fire Drill Records (continued)

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 2/22/24 did not include how many residents were in the home, the number of residents evacuated, the number of staff persons participating, and whether the fire alarm or smoke detector was operative.

The fire drill record for the drill conducted in July at 4:36 a.m., only indicated the month and did not include a date or the year the fire drill was conducted.

The following fire drill records only indicated the minutes, failing to capture the seconds, for amount of time to evacuate:

- 4/27/23 - 8 minutes
- 6/29/23 - 9 minutes
- 8/31/23 - 7 minutes
- 9/3/23 - 8 minutes
- 10/27/23 - 10 minutes
- 11/17/23 - 8 minutes.

Plan of Correction

Accept (█) - 06/28/2024)

TRAINING: Administrator conducted a training with the management team on regulation 2600.132.c on 5/10/2024. A record of this training will be kept in the administrator's office. Management team includes maintenance director, director of nursing, resident care coordinator, administrative assistant, director of culinary, life enrichment director, and the director of sales & marketing.

ONGOING: Review training on reg 2600.132.c monthly with applicable staff for the next 3 months effective 6/1/2024. Administrator will review fire drill logs monthly for the next 6 months to ensure the requirements of this regulation are being met effective 6/1/2024.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented (█) - 10/22/2024)

171b5 - First Aid Kit

7. 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

On 5/6/24, the first aid kit in the transportation van used to transport residents did not include eye coverings or a thermometer.

171b5 - First Aid Kit (continued)

Plan of Correction

Accept (█) - 06/28/2024)

ACTION: On 5/6/2024 eye coverings and thermometer were added to first aid kit on transport van by maintenance director. A copy of regulation 2600.171.b5, which lists all required contents, has been added to all community first aid kits, the list was added to the box by the administrator on 5/6/2024.

TRAINING: All management staff and/or staff who are approved to drive the vehicle received training on regulation 2600.171.b on 5/10/2024 by the administrator. A record of that training will be kept in the administrator's office. Management team includes the maintenance director, director of nursing, resident care coordinator, director of culinary, administrative assistant, life enrichment director, and director of sales & marketing.

ONGOING: Administrator or manager on duty will audit all first aid kits to ensure compliance with regulation 2600.171.b5 on a monthly basis for the next six months effective 6/1/2024. A record of these audits will be kept in the administrator's office.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented (█) - 10/22/2024)

185a - Implement Storage Procedures

8. 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 5/5/24, at 6:58 p.m., resident #3's blood glucose reading on the meter indicated 369. However, the medication administration record (MAR) indicated 379.

Plan of Correction

Accept (█) - 06/17/2024)

ACTION: DON conducted an audit of all MARS vs Glucometer readings in the community the week of May 6, 2024.

TRAINING: Director of Nursing, Executive Director, Resident Care Coordinator and all community med techs will receive training on regulation 2600.185.a by 6/20/24. A record of this training will be kept in the administrator's office.

ONGOING: Director of Nursing, Executive Director, and RCC will conduct weekly MAR to cart audits on all non self-medicating residents. These audits started May 13, 2024 and will be conducted through August 30, 2024. Previous week and current weeks' audits will be kept in a binder for review by the Executive Director weekly. The reviews started the week of May 13, 2024. The community's preferred pharmacy will do a monthly MAR to cart audit and provide the Executive Director and Regional nurse their audit results. These audits will be done monthly with cart exchange. Director of Nursing and/Executive Director are monitoring blood sugar readings and documentation daily to ensure documentation accuracy. This practice started May 13 2024 and will continue through August 2024.

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented (█) - 10/22/2024)

233c - Key-Locking Devices

9. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

On 4/25/24, at 1:46 p.m., the directions for operating the secured dementia care unit's entrance locking mechanism were not conspicuously posted.

On 4/25/24, at 1:50 p.m., the directions for operating the dining room's locking mechanism were incorrect.

On 4/25/24, at 2:05 p.m., the directions for operating the TV area's locking mechanism were incorrect.

Plan of Correction

Accept ([redacted] - 06/28/2024)

ACTION: Directions for operating the secured dementia care unit were conspicuously posted at all exits on 4/26/2024 by the administrator.

TRAINING: All staff were educated on regulation 2600.233.c on 5/10/2024 by the administrator.

ONGOING: The administrator or maintenance director will conduct monthly audits for the next 6 months to confirm posts are visible and information posted is accurate effective 6/1/2024. A record of this audit will be kept in the administrator's office.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented ([redacted] - 10/22/2024)

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

Facility Information

Name: *CELEBRATION VILLA OF LAKEMONT FARMS* License #: *45081* License Expiration: *06/17/2025*
Address: *3275 WASHINGTON PIKE, BRIDGEVILLE, PA 15017*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *EC OPCO LAKEMONT FARMS LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *03/17/1999* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *124* Waking Staff: *93*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident, Monitoring* Exit Conference Date: *08/21/2024*

Inspection Dates and Department Representative

07/22/2024 - On-Site: [REDACTED]
07/23/2024 - On-Site: [REDACTED]
08/22/2024 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *140* Residents Served: *77*

Secured Dementia Care Unit

In Home: *Yes* Area: *lower level* Capacity: *30* Residents Served: *20*

Hospice

Current Residents: *12*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *77*
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *47* Have Physical Disability: *0*

Inspections / Reviews

07/22/2024 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/22/2024*

10/07/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *10/18/2024*

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *10/10/2024*

10/16/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *10/18/2024*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/18/2024*

10/22/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: *10/18/2024*

Reviewer: [REDACTED]

Follow-Up Type: *Exception*

42b - Abuse

1. 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

On 7/9/24, at approximately 4:00 a.m., resident #1 pushed resident #2 causing [REDACTED] to fall backwards and hit [REDACTED] head on a door. Resident #2 fell to the floor and yelled out in pain. As a result, resident #2 sustained [REDACTED] requiring 1 skin staple.

Resident #1 was admitted to the home's secured dementia care unit on [REDACTED] with a medical evaluation, dated [REDACTED] indicating a diagnosis of anxiety. The assessment and support plan, dated [REDACTED], indicates resident #1's behavior can present as irritable, becoming easily upset and aggressive. Resident #1 is prescribed Lorazepam 0.5 mg tablet by mouth 3 times daily for anxiety. The home failed to administer this medication to resident #1 from 8:00 p.m. on 7/6/24 through 7/11/24 because the medication was unavailable.

Repeat Violation: 12/12/2022

Plan of Correction

Directed ([REDACTED] - 10/16/2024)

Action: On July 11, 2024 the Resident Care Coordinator ordered prescribed medication and it was delivered on July 11, 2024.

Training: Beginning on September 19, 2024, Certified Med Techs are being in-serviced by the Administrator on regulation 2600.42.b, which included ensuring ordered medications are stocked and administered per MD orders. (Training/sign in sheets attached). Documentation of the staff education shall be kept in accordance with 2600.65i. Regulation and training steps will be reviewed during the home's monthly quality management plan review.

DIRECTED: The quality management plan review will be conducted by 10/18/24 and shall include all of the requirements of §2600.26(b)(1) - (5) and development and implementation of measures to address areas needing improvement in accordance with §2600.26(c). [REDACTED] 10/16/24

Ongoing: Beginning September 23, 2024, an audit of 15 MARS will be conducted by the Administrator, RCC, or weekly x 1 month; every 2 weeks x 1 month then monthly thereafter to ensure on-going compliance and education. Documentation of the audits shall be kept in the administrator's office.

Resident's PCP has no additional suggestions or new orders, provider did recommend placement in an alternative setting.

Resident was issued a 30-day notice on [REDACTED] to relocate to a facility that can safely manage behaviors. Resources were provided to the family, as of [REDACTED] a new facility has not yet been identified for placement. Resolve was previously involved with resident and have been contacted for placement assistance and additional staff training. Staff have been given training on redirecting technics for residents and have received training on when to notify administrator on any escalating behaviors.

DIRECTED: Within 24 hours of receipt of the accepted plan of correction - If resident #1 is still served and in accordance with §2600.225(c)(3), the RASP for resident #1 shall be updated to include safe management techniques along with enhanced supervision protocols. [REDACTED] 10/16/24

Proposed Overall Completion Date: 10/10/2024

Not Implemented ([REDACTED] - 10/22/2024)

42b - Abuse (continued)

Directed Completion Date: 10/10/2024

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 7/22/24, at 11:20 a.m., there were no paper towels, mechanical air blower or other sanitary method of hand drying in the visitor's bathroom located on the 1st floor.

On 7/22/24, at 4:32 p.m., there were no paper towels, mechanical air blower or other sanitary method of hand drying in the resident bathroom #303.

Plan of Correction

Accept (█) - 10/16/2024

Action: On July 22, 2024 housekeeping was immediately notified that the paper towel holder needed restocking and was completed.

Training: Beginning September 20, 2024, all staff members are being in-serviced by the Administrator on regulation 2600.85A, which includes keeping the bathroom stocked with hand towels. Documentation of the staff education shall be kept in accordance with 2600.65i.

Ongoing: Beginning September 13, 2024 housekeeping will check all public restrooms daily to ensure that they are stocked with paper towels. Administrator will round daily for two weeks, then weekly to ensure on-going compliance with stocking.

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

Not Implemented (█) - 10/22/2024

187d - Follow Prescriber's Orders

3. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed Lorazepam 0.5 mg tablet by mouth 3 times daily for anxiety. The home failed to administer this medication to resident #1 from 8:00 p.m. on 7/6/24 through 7/11/24 because the medication was unavailable.

Plan of Correction

Accept (█) - 10/16/2024

Action: On July 11, 2024 the Resident Care Coordinator ordered prescribed medication and it was delivered on July 11, 2024.

Training: Beginning September 19, 2024, Certified Medication Techs are being in-serviced by the Administrator on regulation 2600.187.d, which included ensuring ordered medications are stocked and administered per MD orders. (Training/sign in sheets attached). Documentation of the staff education shall be kept in accordance with 2600.65i.

On-going: Beginning September 23, 2024, an audit of 15 MARS will be conducted by the Administrator, RCC, or weekly x 1 month; every 2 weeks x 1 month then monthly thereafter to ensure on-going compliance and education.

187d - Follow Prescriber's Orders (continued)

Beginning 10/14/2024 5 medication pass observations will be completed each month. Documentation of the audits/observations shall be kept in the administrator's office.

Licensee's Proposed Overall Completion Date: 10/14/2024

Not Implemented ([REDACTED] - 10/22/2024)