pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **MOUNTAIN VIEW MEMORY CARE LLC**
LEGAL ENTITY

To operate **MOUNTAIN VIEW MEMORY CARE**
NAME OF FACILITY OR AGENCY

Located at **711 ROUTE 119, GREENSBURG, PA 15601**
(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 **80**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

PROVISIONAL

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 80**

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

No: **453771**

ISSUING OFFICER

ACTING 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 628P – 04/23

pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: NOVEMBER 8, 2024

[redacted], CEO
Mountain View Memory Care LLC
[redacted]

RE: Mountain View Memory Care
711 Route 119
Greensburg, PA 15601
License/COC #: 45377

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on March 28, 2024, July 24, 2024 and August 1, 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), the Department hereby REVOKES your certificate of compliance (license number 45377) dated June 22, 2024 to June 22, 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) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from November 8, 2024 to May 8, 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.

If you disagree with the decision to issue a FIRST 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 FIRST PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[redacted], Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
[redacted]

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.

[redacted]
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [redacted]

Department of Human Services
Bureau of Human Service Licensing

LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *MOUNTAIN VIEW MEMORY CARE* **License #**: *45377* **License Expiration**: *06/22/2024*

Address: *711 ROUTE 119, GREENSBURG, PA 15601*

County: *WESTMORELAND* **Region**: *WESTERN*

Administrator

Name: [redacted]

Legal Entity

Name: *MOUNTAIN VIEW MEMORY CARE LLC*

Address: [redacted]

Certificate(s) of Occupancy

Type: *C 2 LP* **Date**: *04/13/2006* **Issued By**: *Hempfield Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *80* **Waking Staff**: *60*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *04/05/2024*

Inspection Dates and Department Representative

03/28/2024 On Site: [redacted]

04/05/2024 Off Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* **Residents Served**: *40*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *secured* **Capacity**: *80* **Residents Served**: *40*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *34*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *40* **Have Physical Disability**: *0*

Inspections / Reviews

03/28/2024 - Partial

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *05/06/2024*

05/09/2024 POC Submission

Submitted By: [redacted] **Date Submitted:** *05/16/2024*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *05/16/2024*

10/29/2024 Document Submission

Submitted By: [redacted] **Date Submitted:** *05/16/2024*

Reviewer: [redacted] **Follow Up Type:** *Exception*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] at approximately [redacted] staff member A attempted to give resident #1 candy. Resident #1 swatted the candy away and said, "[redacted]" to staff member A. Staff member A then replied "[redacted] to resident #1. Multiple staff members to include staff member B had knowledge of the incident. However, the home did not report the suspected abuse to the local Area Agency on Aging until [redacted]

Resident #1 was admitted to Mountain View Memory Care's Secured Dementia Care Unit (SDCU) on [redacted] Resident #1's most recent assessment dated [redacted], indicates that the resident has a severe problem with orientation and judgement and is disoriented to person, place, and time. The resident's support plan dated [redacted] indicates that attempts will be made to assist resident #1 with tasks and orientation and, staff will monitor for visible signs of understanding.

On [redacted], resident #1 had bruising on [redacted] and hip after returning from a visit with family including [redacted] Staff member [redacted] the home's administrator, contacted the local Area Agency on Aging regarding the bruising who advised [redacted] to contact the resident's doctor to assess [redacted] cognitive functioning and ability to give informed consent. The home failed to follow through with having the resident assessed by [redacted] physician. On 3[redacted] at [redacted] p.m., resident #1 again left the home for an overnight visitation with family and [redacted] On [redacted] at [redacted] p.m. resident #1 was returned to the home. Between [redacted] multiple staff members observed resident #1 to have multiple bruises located close to [redacted] that resembled [redacted] Resident #1 also had bruising on [redacted] right forearm and right hip. However, the home did not immediately report the suspected abuse to the local Agency Area on Aging.

Plan of Correction ***Accept ([redacted] - 05/09/2024)***

Immediately upon notification: Incident on [redacted] - The administrator reported the incident on [redacted] when [redacted] was notified of the incident. The employee was suspended on [redacted] pending investigation and terminated on [redacted]

Alleged incident on [redacted] - There is no documentation of this incident, The bruises located close to [redacted] and right forearm and right hip was reported to AAA on [redacted] when observed by staff. No further marks was recorded or documented. (please see staff statements) Documentation shall be kept.

Action Plan: On 05/01/24 The administrator did staff education on Regulation 2600.15 A. Reporting suspected abuse immediately to the supervisor or administrator. [redacted] did abuse training for staff on [redacted]. All staff completed the Abuse and neglect training on line by the AAA, Each staff person received a certificate for completion of training. Documentation shall be kept.

Ongoing Compliance: The administrator shall review all internal incidents daily x 12 months starting 05/01/24 to ensure all incidents are being reported to AAA and DHS. Staring 05/01/24 the administrator will track the internal incidents on a calendar and review at the monthly staff meetings and Quality Management Meetings daily x 12 months . The administrator will review the internal incidents at the monthly meetings starting on the first Tuesday of the Month at each staff meeting.

Licensee's Proposed Overall Completion Date: *05/06/2024* ***Not Implemented ([redacted] - 10/29/2024)***

15b - Supervisor Plan

2. Requirements

2600.
15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [redacted], at approximately [redacted] staff member A attempted to give resident #1 a candy. Resident #1 swatted the candy away and said, [redacted] to staff member A. Staff member A then replied [redacted] to resident #1. Staff member [redacted] the home's administrator became aware of the incident occurring between staff member A and resident #1 on [redacted], at approximately [redacted]. However, staff member A worked in the home without supervision or an approved plan of supervision on [redacted], from [redacted]., to [redacted].

Plan of Correction ***Accept [redacted] - 05/09/2024)***

Immediately Action: The administrator did verbal education with staff who worked on 03/16/24 11P-7A to review that all incidents need to be reported. We went over information about reporting/ just report everything. It is ok to over report.
Action Plan: Staff education held on 05/01/24 in regards to regulation 2600.15 b. The administrator will conduct a better investigation to ask more detailed questions, as it was not brought to the administrators attention that the words "[redacted] was said. The administrator created a form for incidents that occur to include an supervision plan so that no steps are missed when development and implement of a plan of supervision or suspension is involved with an employee.
Ongoing Education: The Administrator will review all incidents daily x 12 months starting 05/01/24 using new tracking form and the new created for a plan of supervision. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: *05/06/2024* ***Not Implemented [redacted] - 10/29/2024)***

16c - Written Incident Report

3. 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 was admitted to Mountain View Memory Care's Secured Dementia Care Unit (SDCU) on [redacted]. Resident #1's most recent assessment dated [redacted] indicates that the resident has a severe problem with orientation and judgement and is disoriented to person, place, and time. The resident's support plan dated [redacted] indicates that attempts will be made to assist resident #1 with tasks and orientation and, staff will monitor for visible signs of understanding.

On [redacted], resident #1 had bruising on [redacted] and hip after returning from a visit with family including [redacted] [redacted] Staff member [redacted] the home's administrator contacted the local Area Agency on Aging regarding the bruising who advised [redacted] to contact the resident's doctor to assess [redacted] cognitive functioning and ability to give informed consent. The home failed to follow through with having the resident assessed by [redacted] physician. On [redacted] at [redacted] p.m., resident #1 again left the home for an overnight visitation with family and [redacted] On [redacted] at [redacted] p.m. resident #1 was returned to the home. Between [redacted], multiple staff members observed resident #1 to have multiple bruises located close to [redacted] that resembled [redacted] Resident #1 also had bruising on [redacted] right forearm and right hip. However, the home failed to report [redacted] incident to the Department.

16c Written Incident Report *(continued)*

Plan of Correction ***Accept [redacted] - 05/09/2024)***

Immediate action: The administrator or designee will gather the information and complete the initial reportable immediately (related to suspected abuse) New check list implemented. Documentation shall be Kept.
Action Plan: The administrator did staff training on Regulation 2600.16 c. on 05/01/24. Staff completed AAA training with [redacted] on 03/12/24. All staff completed the abuse and neglect training on line by the AAA. Documentation shall be kept.
Ongoing compliance: The administrator will review all internal incidents daily starting 05/01/24 x 12 months to ensure all reportable incidents are reported to the Department with in 24 hours. Reportable incidents will be reviewed monthly starting on 06/01/24 x 12 months at the facility's team meetings and quality Management meetings forthgoing. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: *05/06/2024* ***Not Implemented [redacted] - 10/29/2024)***

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

Resident #1 was admitted to Mountain View Memory Care's Secured Dementia Care Unit (SDCU) on [redacted]. Resident #1's most recent assessment dated [redacted], indicates that the resident has a severe problem with orientation and judgement and is disoriented to person, place, and time. The resident's support plan dated [redacted] indicates that attempts will be made to assist resident #1 with tasks and orientation and, staff will monitor for visible signs of understanding.

On [redacted] resident #1 had bruising on [redacted] and hip after returning from a visit with family including [redacted] Staff member [redacted] the home's administrator, contacted the local Area Agency on Aging regarding the bruising who advised [redacted] to contact the resident's doctor to assess [redacted] cognitive functioning and ability to give informed consent. The home failed to follow through with having the resident assessed by [redacted] physician. On [redacted], at [redacted] p.m., resident #1 again left the home for an overnight visitation with family and [redacted] On [redacted] p.m. resident #1 was returned to the home. Between [redacted], multiple staff members observed resident #1 to have multiple bruises located close to [redacted] that resembled [redacted] Resident #1 also had bruising on [redacted] right forearm and right hip. Staff member D, the home's physician, indicated that resident #1 does not have the ability to consent to sexual activity.

Plan of Correction ***Accept [redacted] - 05/09/2024)***

Immediate Action: The administrator did a plan of care with AAA in regards to resident #1. A physician order to keep resident on the unit and supervise the resident was obtained on 03/20/24. The physician evaluated resident on [redacted] per AAA request.
Action Plan: The home shall observe Resident 1 while [redacted] family visits and document visitation as it is to be supervised. The administrator created a binder on the unit with the resident's care plan, physician order dated 03/20/24. for supervision of visits and doctors visit dated 04/16/24. Staff Education completed with all staff in regards to the order for Resident #1 supervised visits and doctors not on [redacted]. The administrator put out a binder on 05/01/24 with staff education on resident #1. AAA was given this information on 04/26/24. Documentation shall be kept.
Ongoing Education The administrator conducted staff education on 05/01/24 reviewed regulation 2600.42 b The

42b - Abuse (continued)

administrator will review incidents daily starting on 05/01/24 to ensure reporting is being completed. Upon Hiring starting on 04/20/24 new employees will now complete online training with AAA (Pda-Ims.org) and sign off on Resident #1 order so they have knowledge that all visits are supervised. The administrator will review 3 employee's weekly starting on 05/07/24 x 12 months to ensure all incidents are being reported promptly

Licensee's Proposed Overall Completion Date: *05/06/2024* ***Not Implemented (- 10/29/2024)***

42c - Treatment of Residents

5. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted] at approximately [redacted]., staff member A attempted to give resident #1 candy. Resident #1 swatted the candy away and said, [redacted] to staff member A. Staff member A then replied [redacted] to resident #1.

Plan of Correction ***Accept (- 05/09/2024)***

Immediate Action: Staff Member A was suspended on [redacted] and terminated on [redacted]
Action Plan: Staff Education conducted on 05/01/24 in regards to regulation 2600.42c. This administrator will add Abuse and neglect topic to the remaining 8 training topics for the year. (please see new training plan) Documentation shall be kept.
Ongoing Compliance: The Administrator will interview 3 residents monthly starting on 05/07/24 (they are in a memory care unit that is why suggested month the home has limited residents who could understand due to cognition) x 12 months to ensure they are being treated with dignity and respect. Documentation shall be kept.

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

Implemented (- 10/29/2024)

Facility Information

Name: *MOUNTAIN VIEW MEMORY CARE* **License #**: *45377* **License Expiration**: *06/22/2025*

Address: *711 ROUTE 119, GREENSBURG, PA 15601*

County: *WESTMORELAND* **Region**: *WESTERN*

Administrator

Name: [redacted]

Legal Entity

Name: *MOUNTAIN VIEW MEMORY CARE LLC*

Address: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *04/13/2006* **Issued By**: *Hempfield Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *88* **Waking Staff**: *66*

Inspection Information

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

Reason: *Complaint, Incident, Interim* **Exit Conference Date**: *09/12/2024*

Inspection Dates and Department Representative

07/24/2024 - On-Site: [redacted]
08/01/2024 - On-Site: [redacted]
08/05/2024 - On-Site: [redacted]
08/28/2024 - Off-Site: [redacted]
09/12/2024 - Off-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* **Residents Served**: *44*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Whole Building* **Capacity**: *80* **Residents Served**: *44*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *44*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *44* **Have Physical Disability**: *0*

Inspections / Reviews

07/24/2024 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/12/2024*

10/28/2024 - POC Submission

Submitted By: [redacted] **Date Submitted:** *10/11/2024*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *12/12/2024*

23a - Activities of Daily Living Assistance

1. 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 has an unsteady gait, requires supervision, and will attempt to stand without supervision. The home will monitor ambulation with hands on assistance for safety.
On 7/2/24, resident #1 had an unwitnessed fall after attempting to ambulate without assistance and sustained a subdural hematoma as a result of this fall. The resident did not receive the assistance from the home that [redacted] required.

Repeat Violation: 9/8/23

Plan of Correction ***Accept [redacted] - 10/28/2024)***

Immediate Action: At 4:45 AM Care staff assisted Resident 1 by calling 911 for an unwitnessed fall. Resident was check on at 4:00 am prior to fall.
Action Plan: The PCHA scheduled Direct Care Staff education with the Rise program / PCHA on Fall Safety and prevention of falls Nov 19, 2024. If the direct care staff is not available to attend education they will have until 11/30/24 to make up the education with the PCHA. Documentation shall be Kept.
Ongoing Compliance: A new fall assessment form will be utilized and tracked by the DOW or PCHA starting October 14, 2024 for a period of 4 weeks to help direct care staff recognize residents who are higher fall risks. Documentation shall be kept.
See attached Fall Assessment Form / Tracking Schedule

Proposed Overall Completion Date: 11/04/2024

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

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

Resident #2, admitted to the home on [redacted], has diagnoses of [redacted]. The resident's assessment and support plan, dated [redacted] indicates the resident has no assistance needs with ambulation; however, is occasionally incontinent of bladder and requires assistance. In addition, the resident has a history of falls to include unwitnessed falls on [redacted].

On [redacted] at approximately [redacted]., resident #2 had an unwitnessed fall in the great room of the home. The resident was complaining of left wrist pain. Hospice evaluated the resident and ordered mobile x-ray services. At approximately 8:00 p.m., mobile x-ray arrived, and the resident was diagnosed with an age-indeterminate impact

42b - Abuse (continued)

fracture of the [redacted]. Between [redacted] staff assisted resident #2 to bed for the night. On [redacted], at approximately [redacted], resident #2 was found on the floor of [redacted] bedroom next to [redacted] bed. [redacted] pants were down around [redacted] ankles, [redacted] brief was partially off and near [redacted] thighs, and [redacted] was moaning and complaining of left hand pain. Staff indicated they believe the resident was attempting to change [redacted] own brief when [redacted] fell from the bed. The resident had vomit on [redacted] shirt and was lying in a pool of partially dried vomit on the floor near [redacted] head. In addition, the resident's blood pressure was [redacted], indicating the resident was in [redacted]. Emergency medical services arrived at the home and transported resident #2 to the hospital where the resident was admitted for a mechanical fall resulting in a nondisplaced distal radial fracture of the left wrist, and unable to ambulate.

Plan of Correction ***Accept ([redacted] - 10/28/2024)***

Immediate Action: At 6:00 AM Care staff assisted resident 2 by calling 911 for an unwitnessed fall. Resident was checked on at 4:00 am by care staff and was sleeping in bed.
Action Plan: The PCHA scheduled Direct Care Staff training with the Rise Program/ PCHA on Fall Safety and prevention of falls November 19, 2024. If Direct Care Staff is not available for that education they will have until 11/30/24 to make up the education with the PCHA. Documentation shall be kept.
Ongoing Compliance: A new fall assessment form will be utilized and tracked by the DOW or PCHA starting on October 14, 2024 for a period of 4 weeks to help direct care staff recognize residents who are higher fall risks. Documentation shall be kept.
See attached Fall assessment form / tracking form

Proposed Overall Completion Date: 11/04/2024

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

103g - Storing Food

3. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

The following food items in the walk-in freezer were opened and unsealed:
24 cups of pudding
3 cups of ice cream
11 pizza bagels

Plan of Correction ***Accept [redacted] - 10/28/2024)***

Immediate Action: On 07/24/24 the Dietary Staff sealed the 24 cups of pudding, 3 cups of ice cream, and 11 pizza bagels. Verbal Education given by the PCHA to Dietary Manager on 07/24/24.
Action Plan: The PCHA scheduled Dietary Staff Education for 10/15/24 in regards to regulation 2600.130 g. If the Dietary staff is not available to meet on 10/15/24 for education, they will have until 10/30/24 to make up education with the PCHA. New Sign created and posted on 10/10/24.
Ongoing Compliance: Dietary Manager or designee will check the freezer daily starting 10/13/24 for a period of 8 weeks. Documentation shall be kept.

Proposed Overall Completion Date: 12/08/2024

103g - Storing Food *(continued)*

Licensee's Proposed Overall Completion Date: *12/08/2024*

105g - Lint Removal and Duct Cleaning

4. Requirements

2600.
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 7/24/24, there was an accumulation of lint, the approximate size of a baseball, in the lint trap of dryer #1. In addition, there was an accumulation of lint, the size of approximately two baseballs, in the lint trap of dryer #2.

Plan of Correction ***Accept [redacted] - 10/28/2024)***

Immediate Action: The Maintenance personal removed the lint on 07/24/24 from dryer 1 and dryer 2.
Action Plan: The PCHA scheduled Laundry staff education for 10/15/24 in regards to regulation 2600.105 g. Importance of lint removal. If laundry staff can't attend on 10/15/24 the they will have until 10/30/24 to meet with the PCHA to make up education on lint removal regulation 2600.105 g. New Signage posted in laundry room by the PCHA on 10/10/24.
Ongoing Compliance: Laundry Staff will check the dryers daily starting on 10/14/24 for a period of 8 weeks. The Maintenance personal will then do a second check weekly starting 10/14/24 for a period of 8 weeks to ensure no lint is left in Dryer 1 or 2. Documentation shall be kept. Laundry Load checklist / maintenance personal check lint list attached.

Proposed Overall Completion Date: 12/12/2024

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

185a - Implement Storage Procedures

5. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The home is counting controlled substances prescribed for residents.
Resident #3 is prescribed [redacted] tablet, take by mouth one tablet twice a day as needed. On [redacted], resident #3 had [redacted] tablets in the prescription card; however, the count sheet indicated there should be 30 tablets.

Plan of Correction ***Accept [redacted] - 10/28/2024)***

Immediate Action: The PCHA did verbal education to the Medication Tech on site 08/01/24. The employee who did not sign off on controlled sheet is no longer employed with the company.
Action Plan: The PCHA scheduled Med-tech training for 10/15/2024 for documentation of controlled substances in regards to regulation 2600.185a. If a Med -tech is unavailable for the education, they will have until 10/30/24 to meet with the PCHA for the education make-up. Documentation shall be kept.
Ongoing Compliance: The PCHA or DOW will review all controlled substance sheets monthly starting on 10/14/24 x 2 months to ensure compliance with regulation 2600.185 a. Please see attached list of residents with controlled substances and check off list

185a - Implement Storage Procedures (continued)

Proposed Overall Completion Date: 11/14/2024

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

187a - Medication Record

6. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #3 is prescribed [redacted], take one tablet twice a day as needed. This medication was administered on [redacted].; however, the resident's July 2024 medication administration record (MAR) indicates staff person A administered the medication, and this staff person was not working that day. The medication was administered by a different staff person who initialed as staff person A.

Plan of Correction ***Accept ([redacted] - 10/28/2024)***

Immediate Action: The PCHA verbally educated the Med-techs that were on duty on 08/01/24 on importance of logging on to Tabulo Pro with his/her own credentials.
Action Plan: The PCHA scheduled education for the Med-Techs for 10/15/24 for proper procedure to log on and off of computer and computer systems. If Med-techs not available for that date/education they will have until 10/30/24 to make up education with the PCHA. Documentation shall be kept.
Ongoing Compliance: The PCHA will add information sheet to new hire packets for Med-techs review starting on 10/15/24. Documentation shall be kept.

Proposed Overall Completion Date: 10/15/2024

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