

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

September 24, 2024

[REDACTED], OWNER
APRONTREE PERSONAL CARE LLC
18015 PATH VALLEY ROAD
SPRING RUN, PA, 17262

RE: APRONTREE PERSONAL CARE
18015 PATH VALLEY ROAD
SPRING RUN, PA, 17262
LICENSE/COC#: 33449

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/25/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

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

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: APRONTREE PERSONAL CARE **License #:** 33449 **License Expiration:** 11/08/2024
Address: 18015 PATH VALLEY ROAD, SPRING RUN, PA 17262
County: FRANKLIN **Region:** CENTRAL

Administrator

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

Legal Entity

Name: APRONTREE PERSONAL CARE LLC
Address: 18015 PATH VALLEY ROAD, SPRING RUN, PA, 17262
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: Other **Date:** 08/21/1985 **Issued By:** Labor & Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 20 **Waking Staff:** 15

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Interim **Exit Conference Date:** 07/25/2024

Inspection Dates and Department Representative

07/25/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 21 **Residents Served:** 19

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 10 **Are 60 Years of Age or Older:** 17
Diagnosed with Mental Illness: 8 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 1 **Have Physical Disability:** 0

Inspections / Reviews

07/25/2024 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/19/2024

08/21/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 09/21/2024
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/28/2024

Inspections / Reviews *(continued)*

08/29/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/21/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/21/2024

09/24/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/21/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

19 - Review Waiver

1. Requirements

2600.

19. Waivers

- e. The home shall notify the affected resident and designated person of the approval or denial of the waiver. A copy of the waiver request and the Department's written decision shall be posted in a conspicuous and public place within the home.

Description of Violation

On [REDACTED], the home received a waiver of 55 Pa. Code § 2600.101(a). On [REDACTED], a copy of the waiver request and the Department's written decision was not posted in a conspicuous and public place within the home.

Plan of Correction

Directed [REDACTED] - 08/29/2024)

On [REDACTED] the administrator moved the posted waiver of 55 Pa. Code 2600.101(a) from the office to the notification board located in the resident dining room where other required postings are located. Written notice continues to be included in the current resident contract and signed by the resident to signify notification and acceptance and filed in the resident's record.

- [REDACTED] - administrator confirmed that this waiver is the only written waiver issued to the facility. The administrator will be responsible for posting any future waivers if granted on the resident notification board located in the dining room.

- The administrator will add posted waivers to the administrator's monthly checklist starting with the September 2024 audit.

-The administrator will review and educate DCS that the waiver must be posted on the Resident's information board located in the dining room and that if any DCS notices the waiver is not posted on the Resident's Information Board to notify the administrator immediately so another copy can be posted on the resident information board. This training is scheduled for 8/28/24 and will be documented on a training sheet.

(Directed)

In addition to the above plan of correction:

- The administrator will add posted waivers to the administrator's monthly checklist which will begin no later than 9/10/24.
- Documentation of completed audits and education will be kept by the home and available for review by the Department.

Directed Completion Date: 09/10/2024

Implemented ([REDACTED] - 09/23/2024)

60a - Staff/Support Plan

2. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

Staff Member B has not successfully completed the Department approved annual practicum requirements for

60a Staff/Support Plan (continued)

medication administration and was the only staff member present in the home from 11pm 7am on 7/21/24 and 7/22/24. As a result, the home is unable to provide medication administration services during this time. Residents in the home have physician's orders for scheduled pro re nata (PRN) medications.

Plan of Correction**Directed () - 08/29/2024)**

A second audit was conducted by the administrator on all staff medication administration documentation on 8/28/22. The records were reviewed from January 2020, when the administrator/med trainer began the training. All observations/reviews were conducted by the same and current med trainer. Staff member B had successfully completed the yearly requirements.

The med trainer/administrator implemented a new binder organization to house all documentation for all staff's med trainings June 1, 24 and this system will resume being used by the administrator for all med training documentation since June 1 2024.

(Directed)

- The administrator conducted an audit on all current med tech's training records on 8/22/24. All staff were confirmed to have the proper training and annual practicum requirements, however the proper practicum documentation was not completed to indicate the staff member was recertified along with proper signatures and dates.
- All staff medication training records will be updated for proper completion and filed in a binder by 9/10/24 as well as submitted to the Department for verification of staff being current in medication administration requirements.
- Beginning no later than 9/15/24, quarterly audits of staff's medication administration documentation will be completed by the administrator or designee to ensure staff remain current in required training elements.
- Documentation of staff's complete medication administration training and annual practicum forms will be kept by the home and available for review by the Department.

Directed Completion Date: 09/15/2024**Implemented () - 09/23/2024)****81b - Resident Personal Equipment****3. Requirements**

2600.

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

Description of Violation

At () on () Resident #1's enabler bar was not affixed to their bed in a manner that prevented the enabler bar from moving, posing an entrapment risk. Upon inspection, the entire enabler bar could be pulled forward and moved off the bedframe, including moving the resident's mattress when the enabler bar was moved. Additionally, Resident #1 reported to the agent of the department that they remove the cover on the enabler bar every night so they can watch tv through the opening in the enabler bar, then places the cover back on the enabler bar in the morning. The enabler bar is uncovered, and unsecured every night with the opening approximately 10" X 5", posing an entrapment risk.

81b - Resident Personal Equipment (continued)

Plan of Correction

Accept () - 08/29/2024)

On 7/26/24 the administrator investigated and inspected Resident #1's enabler bar. The administrator secured the enabler bar to a second bed frame for stabilization. After forceful attempt to move the bar- the bar was stable and secure. At that time the administrator also interviewed the Resident and her concern about the enabler bar cover. Her concern was that it was interfering in her ability to watch TV when in bed and she stated that she did not want the cover in place. The administrator discussed with the resident that the cover is required due to the opening being 10"x5" and is considered a potential entrapment risk. She verbalized understanding. The administrator on 7/26/24 rearranged the resident's room to prevent the enabler bar cover from interfering with her being able to view TV. Resident reported that there is not any interference from the cover with the new TV position.

- On 7/26/24 the administrator reviewed the daily check list and interviewed staff- staff members that signed the checklist stated that the cover was always in place on morning inspection. On 7/26/24- administrator reviewed with staff that they need to forcefully attempt to move the enabler bar to ensure stability.
- 7/26/24 the DCS resumed with the daily checklist.
- The administrator examined the enabler bar on 8/26/24 confirming stability. Starting September 1 2024, the enabler bar will be added to the Administrator's monthly checklist.
- On 8/28/24 the requirements for the enabler bar daily checklist and inspection expectations will be addressed at the DCS training and documented on training sheet.

Licensee's Proposed Overall Completion Date: 09/01/2024

Implemented () - 09/23/2024)

103c - Food Protected

4. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 7/25/24 at 10:15 AM there were approximately 10 uncovered onions stored in the kitchen's refrigerator drawer. The bottom of the drawer had 1/4" of an unidentifiable yellow liquid, that the onions were sitting in.

Plan of Correction

Accept () - 08/29/2024)

On 7/25/24 the cook had cleaned the refrigerator drawer where the onions were located. The onions were discarded at that time. On 7/26/24 the administrator investigated the noted violation. The cooks were interviewed and it was found that the punch had spilled.

- On 7/26/24 the administrator reviewed with the cooks the daily checks to be performed by the cooks and implemented the new procedure that all containers containing liquid must have a secured lid. At that time onions were placed in a container with a lid by the cook.
- 8/26/24- the administrator performed an inspection of refrigerators. No uncovered containers were found, onions and other produce was in a bag or covered container.
- The daily checks performed and initialed by the cooks of the refrigerators for spills or uncovered containers, resumed 7/26/24.

Licensee's Proposed Overall Completion Date: 08/26/2024

Implemented () - 09/23/2024)

107c - Food/Water 3 Day Supply

5. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 7/25/24, the home served 19 residents, requiring 57 gallons of emergency drinking water. However, the home had only 31 gallons, with most of the water in storage expired in June 2024. The home does not have a contract with a local bottled water supplier.

Plan of Correction

Accept (█) - 08/20/2024)

On 7/26/24 the administrator audited the emergency water supply. The water marked as expiring July 2024 had actually had an expiration date of 6-28-24 and had been labeled by staff incorrectly as 7/24. The administrator purchased and replaced the gallons that expired 6/28/24 as well as the gallons to expire in August 2024. The administrator did an inventory of the 60 gallons of emergency water supply and posted the amount of water and the expiration dates of that water on the shelving of the emergency water supply and the kitchen for the cooks. being 19 gallons- with a best by date of 7/5/25, 4 gallons-with a best by date of 3/20/26 and 37 newly purchased water (to replace the 6/28/24 gallons) with an expiration date of 6/26/26.

- On 8/15 the administrator added the emergency water supply to the administrator's monthly checklist to have 3 areas of checks and balances to begin documentation on the administrator's September 2024 check.

Licensee's Proposed Overall Completion Date: 09/01/2024

Implemented (█) - 09/23/2024)

121a - Unobstructed Egress

6. Requirements

2600.

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

Description of Violation

On 7/25/24 at 9AM, two egress doors and routes, marked as emergency exits and routes, were blocked. A wooden, 5-foot-long bench with a large industrial fan sitting on the bench was blocking the entire doorway leading into the social room, completely blocking the egress route to the egress door from the social room. Additionally, a large industrial fan and plug was blocking the emergency egress route and front side egress door. The fan was plugged in and placed in the middle of the egress route, with the cord stretched out across half the entire egress path, at approximately knee height.

The door leading from the hallway, into the social room does not open or close easily so that all residents in the home can operate the door. During the 7/25/24 inspection, one had to use their entire body and full force to push and pull the door to open and close. Even after using full force, the door only opened towards the egress door approximately 1-2 feet.

Repeated Violation -11/22/2022

Plan of Correction

Accept (█) - 08/29/2024)

-Direct Care staff removed the bench from the doorway and placed the 22 inch metal fan that was located on the bench in the social room on 7/25/24. On 7/25/24 after the administrator moved the second 22in metal fan 2 feet to ensure the cord was against the wall and not stretched across the hallway.

- On 7/26/24 the administrator reviewed with staff about making sure cords are against a wall to prevent a

121a - Unobstructed Egress (continued)

possible fall risk and that no objects can block the social room door even temporarily and that the social room door must kept open until a more permanent solution is completed.

-On 8/1/24 the administrator reviewed solutions with the door in question with a contractor. It was decided that the door is to not be removed and that the carpet at the doorway will be replaced with a LVP floor to prevent the door's opening from being difficult to open if the door becomes closed. -

- The administrator reviewed with residents during the August 18, 24 town meeting to notify staff if they need a fan moved, to ensure no egress obstructions occurs and to notify staff if they notice something blocking any doorway.

- A training to review with DCS Reg. 2600.121a by the administrator is scheduled for 8/28/24. To be included is the need for DCS to observe for any egress daily as they perform room checks, cleaning, etc. and to correct any obstructions immediately if found.

-The administrator will continue to do the Egress audits monthly September 1 2024 and document on the Administrator Monthly Checklist.

Licensee's Proposed Overall Completion Date: 09/20/2024

Implemented () - 09/24/2024

184a - Resident's Meds Labeled**8. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Violation

On [REDACTED], Resident #2 is prescribed [REDACTED] by mouth daily. On [REDACTED], the resident had two bottles of [REDACTED] in the home with one medication label indicating the correct order, and the other that read, [REDACTED] take 1 capsule twice daily.

On [REDACTED] Resident #2 is prescribed [REDACTED], take 1 tablet [REDACTED] by mouth daily. On [REDACTED], the resident had 3 bottles of [REDACTED] in the home with 3 different medication labels: 2 read, take 1 tablet daily and the other read, take 1 tablet nightly.

On [REDACTED], Resident #2 is prescribed [REDACTED] 24-hour capsule, take 1 capsule [REDACTED] by mouth daily. On [REDACTED], the resident had 2 bottles of [REDACTED] available in the home with one medication label indicating the correct order, and the other that read, [REDACTED] take 3 capsules daily.

On [REDACTED], Resident #2 is prescribed [REDACTED], take 1 tablet [REDACTED] by mouth daily. However, the medication label on [REDACTED] at the home reads, [REDACTED] tablets, take 1 tablet twice a day.

Plan of Correction

Accept () - 08/29/2024

On [REDACTED] when the resident returned from [REDACTED] primary care appointment, the direct care staff member reviewed the medication list and called the PCP office to question the medication differences. RN also called PCP on 7/14 to question orders resident's driving status- was able to speak to Nurse- nurse confirmed the medication list concurred with the visit on 7/12/24.

184a - Resident's Meds Labeled (continued)

-An audit performed by the administrator will be performed to match all labels to current medication orders. The audit of all resident's medications will start on 8/30/24 and be completed by 9/1/24 and documented and saved with other audits in the administrator's monthly checklist binder when completed 9/1/24.

-9/2/24 all medication techs will be educated by the administrator on the findings and a demonstration of the expected audit process will be reviewed by the administrator.

- The incorrectly labeled medication was removed from the resident's storage basket where the extra prescription bottles are stored on 7/26/24 by direct care staff and secured in office until the resident returned to the home on August 3 2024 and the resident gave permission 8/4/24 for DCS member to discard the incorrect medication which was completed.

- The resident used a mail order for all of her prescriptions and was ordering refills of old prescriptions which led to resident multiple bottles from the mail in order being sent to the facility. Resident returned to her home July 17th and returned the evening of July 22 and left again July 24th at lunchtime and returned Aug 3rd. Resident was referred to personal care due to her living alone and not able to manage her medications or medical providers.

- DCS and administrator discussed with resident concerns over her medications after [REDACTED] 7/12 PCP visit and again when she received multiple prescription mail orders that were not matching upon [REDACTED] return to the facility on August 3rd.

-Resident agreed to use the main pharmacy that most residents participate with and for DCS to assist her in managing her medications and order her medications to rectify the situation to be able to manage that the correct medication is being refilled and has a proper label. DCS removed all medications with the incorrect label and was discarded on 8/4/24 with resident permission by DCS. The transition of all of [REDACTED] prescriptions will occur when the current medications need refilled in September with the blister start date of 9/18/24.

-On 8/30/24 the administrator will review the resident's RASP to ensure accuracy of the self-administration section and correct any changes.

- 9/17/24 DCS will match all medications with the MAR, physician's orders and medication labels and document on MAR if all information is correct.

-

Proposed Overall Completion Date: 09/19/2024

Licensee's Proposed Overall Completion Date: 09/19/2024

Implemented ([REDACTED]) - 09/23/2024)

187a - Medication Record**10. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

4. Strength.

11. Special precautions, if applicable.

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

13. Date and time of medication administration.

187a Medication Record (continued)

Description of Violation

Resident #2 is prescribed [redacted], apply 1 patch topically daily. remove and discard patch within 12 hours or as directed by doctor. However, the resident's July 2024 medication administration record (mar) indicates 2 patches are to be applied topically daily.

Resident #2 is prescribed [redacted], take 1 tablet daily. The resident's [redacted] mar does not include the reason for prescribing the medication.

Resident #2 is prescribed [redacted], take 1 tablet with breakfast with food. The resident's [redacted] mar does not include the special precautions to take with breakfast, with food.

The time staff administered [redacted] to Resident #2 on [redacted] is not recorded on the resident's July 2024 mar.

Resident #2's July 2024 mar, documents staff administered [redacted] to the resident twice daily and once daily. The dosage administered is unknown as the order to, take 1 capsule by mouth every day, was crossed off to read, take 2 capsules daily. The date of the change of dosage is not recorded.

Plan of Correction

Accept [redacted] - 08/29/2024)

The home will manage all of the resident's medical appointments and medications after the resident changes providers on Aug 29th and her current medications need refilled.

On 8/28/24 the administrator completed and documented training to DCS on Reg. 2600.187 (a).

On 9/2/24 the administrator will review the MAR audit findings and educate DCS how to perform a MAR audit.

The administrator will conduct an audit of all resident MARs for Reg 2600.187 (a) beginning 8/30/24 and to be completed on 9/1/24.

Starting 9/17/24 when the new blister packs are given by the pharmacy, a monthly audit will be completed by DCS member and documented on an audit sheet and kept in the administrator's monthly checklist binder under the audit section.

Licensee's Proposed Overall Completion Date: 09/19/2024

Implemented [redacted] - 09/23/2024)

187d - Follow Prescriber's Orders

11. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed [redacted], apply 1 patch topically daily, removed and discard patch within 12 hours or as directed by doctor. However, the resident was administered 2 patches daily on [redacted].

On [redacted] Resident #2's physician prescribed [redacted], take 1 tablet by mouth daily. The home did not administer the medication until [redacted].

187d - Follow Prescriber's Orders (continued)

On [REDACTED] Resident #2 was prescribed [REDACTED], take 1 tablet with breakfast with food. The home does not administer the medication to the resident until [REDACTED].

Resident #2 is prescribed [REDACTED] as needed, [REDACTED] cream every other day, [REDACTED] with handihaler daily, and [REDACTED] daily. However, at the time of the 7/25/24 inspection, these medications were not administered to the resident in July 2024 because the medications were not available in the home.

Resident #2 is prescribed [REDACTED] daily. On [REDACTED] the home hasn't been able to administer the medication since [REDACTED] as it hasn't been available in the home.

Plan of Correction**Directed ([REDACTED] - 08/29/2024)**

Administrator called to PCP on [REDACTED] - Resident was present in the home after the orders received from PCP on 7/12 on the following days: July, 13-16 and July 23 and 24. The resident's PCP was on vacation for a month and the nurse could only confirm the recent med list and that the [REDACTED],

[REDACTED] were all patient reported medication and not prescribed by the physician. The resident during July was controlling her own prescription orders and she did not purchase the previously listed medications/supplements.

- Upon return of the resident for a period of time (11 days) DCS was able to discuss the need of medication management and she agreed that she wanted to use the pharmacy most residents use in order to assist her with ensuring that her proper medications are being ordered. Resident also expressed interest to DCS in changing PCP to the PA-C that makes rounds at the home. [REDACTED] will transfer to [REDACTED] care on Aug 27, 2024. Resident has had an extended absence from the home Aug 14 and has an anticipated return of Aug 25th and is in charge of [REDACTED] medication administration during that time.

- An audit of all medications will be conducted by the administrator for all residents beginning on 8/30/24 and to be completed by 9/1/24. The findings of that audit will be documented and filed in the Administrator's monthly checklist binder under the audit section.

-On 8/28/24 the administrator educated DCS on Reg. 2600.187 (d) and documented on training sheet.

-On 9/2/24 DCS will be educated by the administrator on the findings of the audit and how to conduct an audit.

-Beginning 9/17/24 when the new monthly blisters are given by the pharmacy, DCS will conduct and document an audit monthly to ensure all prescribed medications are available. This audit document will be filed in the administrator's monthly checklist binder under the audit section.

Proposed Overall Completion Date: 09/17/2024

(Directed)

In addition to the above plan of correction,

- Beginning no later than 9/10/24, at least 10 (ten) resident MAR's will be reviewed monthly by the Administrator or designee to ensure medications are being administered per the physician's orders-audit will include checking the time medication was administered, that medications were available to administer and that the correct dose is being given.
- Documentation of completed audits and staff education will be kept by the home and available for review

187d - Follow Prescriber's Orders (continued)*by the Department.***Directed Completion Date:** 09/17/2024**Implemented** [REDACTED] - 09/23/2024)**190a - Completion Medication Course****12. Requirements**

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Members A and C, who have not successfully completed the Department-approved medications administration course, administered medications to Resident #2 to include the following:

*Staff Member A:**On* [REDACTED]*Staff Member C:**On* [REDACTED]**Plan of Correction****Directed** [REDACTED] - 08/29/2024)

- A second audit was conducted by the administrator on all staff medication administration documentation on 8/28/22. The records were reviewed from January 2020, when the administrator/med trainer began the training. All observations/reviews were conducted by the same and current med trainer. Staff member B had successfully completed the yearly requirements.

-The med trainer/administrator implemented a new binder organization to house all documentation for all staff's med trainings June 1, 24 and this system will resume being used by the administrator for all med training documentation since June 1 2024.

(Directed)

- The administrator conducted an audit on all current med tech's training records on 8/22/24. All staff were confirmed to have the proper training and annual practicum requirements, however the proper practicum documentation was not completed to indicate the staff member was recertified along with proper signatures and dates.*
- All staff medication training records will be updated for proper completion and filed in a binder by 9/10/24 as well as submitted to the Department for verification of staff being current in medication administration requirements.*
- Beginning no later than 9/15/24, quarterly audits of staff's medication administration documentation will be completed by the administrator or designee to ensure staff remain current in required training elements.*

190a - Completion Medication Course (continued)

- Documentation of staff's complete medication administration training and annual practicum forms will be kept by the home and available for review by the Department.

Directed Completion Date: 09/15/2024

Implemented () - 09/23/2024)

254a - Records Discharge/Active**13. Requirements**

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On (), the medical evaluation, hospice, and skilled nursing records for Resident #3 were unlocked, unattended, and accessible on the desk in the staff area in the kitchen.

On () medical records including prescribed medications, diagnoses, and physician's visits were unlocked, unattended and accessible on a dresser in Resident #2's bedroom. Resident #2 was not present in their bedroom or in the home at the time of the inspection and did not lock their bedroom or identifiable information when they left their bedroom.

Plan of Correction

Accept () - 08/29/2024)

The hospice records belonged to Hospice the resident was discharged on 7/18/24 and hospice did not retrieve their records. DCS removed the hospice record and was secured in the office until hospice retrieved. As of 7/25/24 the procedure was implemented by the administrator that all outside agencies must be responsible to house their own documentation. The administrator will write a policy addressing outside agency records.

on 7/26/24 the administrator investigated Resident # 2's medical records noted above. All medical records received by the facility are reviewed and filed in the resident's individual record and secured in the secured/locked medication room. The documentation was brought by the newly admitted resident and was placed by her on her dresser prior to her leaving the facility for an extended visit home. Upon return the resident destroyed her papers on Aug 4.

On 8/18/24 the administrator reviewed with residents at the monthly town meeting that private documentation can be housed for them in a secure/locked area per request.

8/28/24 the administrator educated DCS and cooks on Reg 2600.254 (a) and documented on training sheet.

Starting 9/1/24 the administrator will conduct a walk through monthly to identify any areas of resident confidentiality in common areas where other residents or visitors are able to access. The walkthrough will be documented on the administrator's monthly checklist.

Licensee's Proposed Overall Completion Date: 09/01/2024

Implemented () - 09/23/2024)