pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail
April 16, 2025

Executive Director
Oxford Personal Care, LLC

RE: Oxford Crossings
310 East Winchester Avenue
Langhorne, Pennsylvania 19047
License #: 14858

Dear :

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department) review on October 2, 2024 and November 19, 2024 of the above facility, we have determined that your submitted plan of correction for the July 29 and 30, 2024 inspection is not fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: *OXFORD CROSSINGS* **License #**: *14858* **License Expiration**: *02/16/2025*

Address: *310 EAST WINCHESTER AVENUE, LANGHORNE, PA 19047*

County: *BUCKS* **Region**: *SOUTHEAST*

Administrator

Name: **Phone**: **Email**:

Legal Entity

Name: *OXFORD PERSONAL CARE LLC*
Address:
Phone: **Email**:

Certificate(s) of Occupancy

Type	Date	Issued By
C-1	11/22/1985	Commonwealth of PA
I-2	11/22/1985	Middletown Twp

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *142* **Waking Staff**: *107*

Inspection Information

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

Reason: *Renewal, Complaint, Monitoring* **Exit Conference Date**: *07/30/2024*

Inspection Dates and Department Representative

07/29/2024 - On-Site:
07/30/2024 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *116* **Residents Served**: *84*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Aria* **Capacity**: *27* **Residents Served**: *22*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *84*
Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *2*
Have Mobility Need: *58* **Have Physical Disability**: *4*

Inspections / Reviews

07/29/2024 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/04/2024*

09/10/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *09/04/2024*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/15/2024*

11/15/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *09/15/2024*

Reviewer: [redacted] **Follow-Up Type**: *Bypass Document Submission*

04/16/2025 - Bypass Document Submission

Submitted By: [redacted] **Date Submitted**: *11/15/2024*

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

3c - Post Current License

1. Requirements

2600.
3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 7/29/2024 the home's current violation report, and a copy of 55 Pa.Code Chapter 2600, was not posted in a conspicuous and public place in the home.

Plan of Correction ***Do Not Accept (- 09/10/2024)***

A binder has been created and visibly placed on a table in the lobby. It will be updated as needed to reflect current information by the Executive Director. This was completed during the inspection on 7-30-24

Licensee's Proposed Overall Completion Date: *09/04/2024*

Update: *09/10/2024*

Please indicate any additional steps/actions that will be put into place to monitor or audit for ongoing compliance.

This could be specific audits, reviews, spot checks, etc. Please include detailed information regarding start dates, frequencies and titles of person responsible for each step

Plan of Correction ***Accept (- 10/02/2024)***

A binder was created and visibly placed on a table in the lobby on 7-30-24. It will be updated as needed to reflect current information by the Executive Director. The Executive Director and/or their designee will monitor placement of binder daily during building rounds beginning 8-1-24. A quarterly audit will be completed by the Executive Director to ensure that binder is intact and up to date. Any missing information will be corrected and updated at the time of the audit. Audits instituted on 9-1-24 and will be completed quarterly thereafter in the months of December, March, June, and September. The findings of the audit will be initially reported on at the QAPI meeting scheduled for 9-25-24.

Licensee's Proposed Overall Completion Date: *09/25/2024*

Bypass Document Submission ***Implemented (- 11/19/2024)***

16c - Written Incident Report

2. 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 resides in the Secured Dementia Care Unit and has an assessment and support plan which indicates the resident requires regular supervision and cannot leave the home unattended. On 5/21/2024, resident 1 was left unattended and unsupervised at . The home was made aware of this incident the same day, and did not submit an incident report to the Department.

Plan of Correction ***Do Not Accept (- 09/10/2024)***

Reportable incidents will be filed with the Department's Personal Care Regional Office within stated 24 hour period. The Clinical Team will review all incidents and reportable events daily. A copy of all reportable incidents will be

16c - Written Incident Report (continued)

maintained by the Executive Director and sent to Regional Office.

The Transportation Coordinator and the Wellness Director will meet with transportation drivers to provide education on the needs of residents they transport and ensure that this information is clearly communicated by the schedulers when transport arrangements are being made via completion of a transport request form.

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

Update: *09/10/2024*

Please indicate any additional steps/actions that will be put into place to monitor or audit for ongoing compliance.

This could be specific audits, reviews, spot checks, etc. Please include detailed information regarding start dates, frequencies and titles of person responsible for each step

Plan of Correction ***Accept (- 10/02/2024)***

Reportable incidents will be filed with the Department's Personal Care Regional Office within stated 24 hour period. The Clinical Team will review all incidents and reportable events daily beginning 8-1-24. A copy of all reportable incidents will be maintained by the Executive Director and sent to Regional Office. Findings of daily reviews will be provided by the Executive Director during monthly QAPI committee meetings. The first meeting this will be reported on 9-25-24.

The Transportation Coordinator and the Wellness Director will meet with transportation drivers the week of 9-23-24 to provide education on the needs of residents they transport and ensure that this information is clearly communicated. The schedulers will complete the transport request form, pass it on to the Transportation Coordinator and note any special needs/requests on that form. The transportation request forms will be audited by the Transportation Coordinator once a week for 4 weeks to ensure that all information is being properly communicated beginning 9-23-24. Findings of audit will be reviewed at the monthly QAPI meeting scheduled for 10-16-24 and need for continued auditing will be assessed at that time.

Licensee's Proposed Overall Completion Date: *10/16/2024*

Bypass Document Submission ***Not Implemented (- 11/19/2024)***

23b - Instrumental Activities of Daily Living Assistance

3. Requirements

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

Description of Violation

The assessment and support plan for resident 1, dated indicates the resident cannot leave the home unattended and an escort must be provided whenever the resident leaves the secured unit. On 5/21/2024, the resident did not receive this assistance as required. Resident 1 was left unattended and unsupervised at .

Plan of Correction ***Do Not Accept (- 09/10/2024)***

Education has been provided to the Transportation Coordinator and the Transportation Drivers regarding the importance of not leaving a resident from the Memory Care Unit unattended when out of the secured unit. The facility is providing an aide to go with the driver and Resident 1 on . The community is also coordinating efforts with the family as they will frequently take to

23b - Instrumental Activities of Daily Living Assistance (continued)

A transportation request form will be completed by the staff member coordinating services for all transport requests. It will reflect any special needs a resident may have as identified on their support plan. This request from is submitted to the Transportation Coordinator who will review with Transporation drivers.

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

Update: *09/10/2024*

Please indicate the date training was provided.

Please indicate any additional steps/actions that will be put into place to monitor or audit for ongoing compliance.

This could be specific audits, reviews, spot checks, etc. Please include detailed information regarding start dates, frequencies and titles of person responsible for each step

Plan of Correction ***Accept (- 10/02/2024)***

Education to be provided to the Transportation Coordinator and the Transportation Drivers regarding the importance of not leaving a resident from the Memory Care Unit unattended when out of the secured unit on 9-23-24. The facility is providing an aide to go with the driver and Resident 1 on effective 8-1-24. The facility is also coordinating efforts with the family as they will frequently take to .
A transportation request form will be completed by the staff member coordinating services for all transport requests. It will reflect any special needs a resident may have as identified on their support plan. This request from is submitted to the Transportation Coordinator who will review with Transporation drivers. The transportation request forms will be audited by the Transportation Coordinator to ensure that all information is being properly communicated once a week for 4 weeks beginning 9-23-24. Findings of audit will be reviewed at the QAPI meeting on 10-16-24. Need for ongoing auditing will be reassessed at that time.

Proposed Overall Completion Date: 10/16/2024

Licensee's Proposed Overall Completion Date: *10/16/2024*

Bypass Document Submission ***Not Implemented (- 11/19/2024)***

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 has a diagnosis of dementia and is known to wander. Resident 1 resides in the Secured Dementia Care Unit and has an assessment and support plan which indicates the resident requires regular supervision and cannot leave the home unattended. On 5/21/2024, resident 1 was transported to by the home's transportation staff. Resident 1 was dropped off at and left in the waiting room, without transportation staff alerting the staff that the resident was in the building. Resident 1 was left unattended and unsupervised for an undetermined period of time.

42b - Abuse (continued)

Plan of Correction ***Do Not Accept (- 09/10/2024)***

Transportation Drivers will be educated regarding the importance of not leaving a resident from the Memory Care Unit unattended when out of the secured unit. The facility is providing an aide to go with the driver and Resident 1 on . We are also coordinating efforts with the family as they will frequently take as well. Online training that focuses on dementia care and resident rights will be completed by transportation drivers on an annual basis. This will be monitored by the Transportation Coordinator to ensure timely completion.

Licensee's Proposed Overall Completion Date: *10/30/2024*

Update: *09/10/2024*

Please indicate the date training will be provided Please indicate any additional steps/actions that will be put into place to monitor or audit for ongoing compliance.

This could be specific audits, reviews, spot checks, etc. Please include detailed information regarding start dates, frequencies and titles of person responsible for each step

Plan of Correction ***Accept (- 10/02/2024)***

Transportation Drivers will be educated regarding the importance of not leaving a resident from the Memory Care Unit unattended when out of the secured unit. This education is scheduled for 9-23-24. The facility is providing an aide to go with the driver and Resident 1 on and is currently in place as of 8-1-24. The facility is also coordinating efforts with the family as they will frequently take to as well. The transportation request forms will be audited by the Transportation Coordinator to ensure that all information is being properly communicated once a week for 4 weeks beginning 9-23-24. Finidnigs of the audit will be reviewed at the QAPI meeting on 10-16-24.
Online training that focuses on dementia care and resident rights will be completed by transportation drivers on an annual basis. This will be monitored by the Transportation Coordinator to ensure timely completion. The Human Resources Director will provide quarterly reports of training completion during the first week of January, April, July, September. to the Transportaion Coordinator. All transportation drivers will complete dementia care training and resident rights for the 2024 calendar year by 10-31-24.

Licensee's Proposed Overall Completion Date: *10/31/2024*

Bypass Document Submission ***Not Implemented (- 11/19/2024)***

65e - 12 Hours Annual Training

5. Requirements

2600.
65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

1. Staff person orientation shall be included in the 12 hours of training for the first year of employment.
2. On the job training for direct care staff persons may count for 6 out of the 12 training hours required annually.

Description of Violation

Direct care staff person A received only 8.75 hours of annual training in training year 2023.

Plan of Correction ***Do Not Accept (- 09/10/2024)***

Annual training completion will be monitored quarterly by all Department Managers and the Director of Human Resources to ensure that all training requirements are being met. The Human Resource Director will provide quarterly reports from Relias online training platform to all Department managers for proper follow up. Relias

65e - 12 Hours Annual Training (continued)

training reports will also be reviewed as part of a performance improvement plan for QAPI committee. Oxford staff members that have not completed annual training requirements by December 1 of each calendar year will be removed from the schedule until required training is completed.

Licensee's Proposed Overall Completion Date: *12/01/2024*

Update: *09/10/2024*

Please include detailed information regarding start dates for each step.

Plan of Correction ***Accept (- 10/02/2024)***

Annual training completion will be monitored quarterly by all Department Managers and the Director of Human Resources to ensure that all training requirements are being met. The Human Resource Director will provide quarterly reports from Relias online training platform to all Department managers for proper follow up within the first week of January, April, July, and October. Relias training reports will also be reviewed by the Human Resources Director and/or their designee as part of a performance improvement plan for monthly QAPI committee. This will begin with the October meeting scheduled for 10-16-24. Oxford staff members that have not completed annual training requirements by December 1 of each calendar year will be removed from the schedule until required training is completed.

Licensee's Proposed Overall Completion Date: *10/16/2024*

Bypass Document Submission ***Not Implemented (- 11/19/2024)***

65f - Training Topics

6. 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 A did not receive training in 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, or, safe management techniques during training year 2023.

Plan of Correction ***Do Not Accept (- 09/10/2024)***

The Wellness Director will assign and monitor completion of staff person A required training instruction.
Staff person A will be removed from the schedule if required training is not completed within given time frame and will not return until training requirements are done.

The Human Resource Director will provide quarterly reports from Relias online training platform to all Department

65f - Training Topics (continued)

managers for proper follow up to ensure that all employees are completing training as required. Relias training reports will also be reviewed as part of a performance improvement plan for QAPI committee.

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

Update: *09/10/2024*

Please include detailed information regarding start dates for each step

Plan of Correction ***Accept (- 10/02/2024)***

The Wellness Director will assign and monitor completion of staff person A required training instruction which is to be completed by 9-30-24.
Staff person A will be removed from the schedule on 10-1-24 if required training is not completed within given time frame and will not return until training requirements are done and verified by the Wellness Director.

The Human Resource Director will provide quarterly reports from Relias online training platform to all Department managers for proper follow up to ensure that all employees are completing training as required. These reports will be provided the first week of each new quarter in the months of January, April, July, and October. Relias quarterly training reports will also be reviewed as part of a performance improvement plan for QAPI committee. The first meeting this will be reviewed is 10-16-24.

Licensee's Proposed Overall Completion Date: *10/16/2024*

Bypass Document Submission ***Not Implemented (- 11/19/2024)***

65g - Annual Training Content

7. 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 A 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) during training year 2023.

Plan of Correction ***Do Not Accept (- 09/10/2024)***

The Wellness Director will assign and monitor completion of staff person A required training instruction.
Staff person A will be removed from the schedule if required training is not completed within given time frame and will not return until training requirements are done.

65g - Annual Training Content (continued)

The Human Resource Director will provide quarterly reports from Relias online training platform to all Department managers for proper follow up to ensure that all employees are completing training as required. Relias training reports will also be reviewed as part of a performance improvement plan for QAPI committee.

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

Update: *09/10/2024*

Please include detailed information regarding start dates for each step.

Plan of Correction ***Accept (- 10/02/2024)***

The Wellness Director will assign and monitor completion of staff person A required training instruction. This will be completed by 9-30-24
Staff person A will be removed from the schedule on 10-1-24 if required training is not completed within given time frame and will not return until training requirements are done and verified by the Wellness Director.
The Human Resource Director will provide quarterly reports from Relias online training platform to all Department managers for proper follow up to ensure that all employees are completing training as required. These training reports will be provided with the first week in the months of January, April, July, and October. Relias training reports will also be reviewed as part of a performance improvement plan for QAPI committee. The first meeting where this will be reviewed is scheduled for 10-16-24.

Licensee's Proposed Overall Completion Date: *10/16/2024*

Bypass Document Submission ***Not Implemented (- 11/19/2024)***

81b - Resident Personal Equipment

8. 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

On 7/30/2024, a bedside mobility device was present on resident 2's bed, however the device was not securely attached to the resident's bedframe.

On 7/30/2024, a bedside mobility device was present on resident 3's bed, however the device was not securely attached to the resident's bedframe.

On 7/30/2024, a bedside mobility device was present on resident 4's bed, however the device was not securely attached to the resident's bedframe.

Plan of Correction ***Do Not Accept (- 09/10/2024)***

All bed enablers have been properly secured.

81b - Resident Personal Equipment (continued)

Audits will completed on all bed enablers by the Maintenance Director and/or their designee once a week for the next 6 weeks. After the 6-week period, audits will move to being done quarterly and findings to be presented at QAPI meetings. A reminder on the TELS work orders software will be created by the Maintenance Director to ensure timeliness and consistency.

Licensee's Proposed Overall Completion Date: *10/16/2024*

Update: *09/10/2024*

Please include detailed information regarding start dates for each step.

Plan of Correction ***Accept (█ - 10/02/2024)***

All bed enablers were properly secured by the Director of Maintenance on 8-1-24.
Audits will be completed on all bed enablers by the Maintenance Director and/or their designee once a week for the next 6 weeks beginning 9-2-24 and go through 10-9-24. After the 6-week period, audits will move to being done quarterly and findings to be presented at monthly QAPI meetings. The first audit of these findings will be presented at the meeting on 10-16-24. An automatic reminder on the TELS work orders software will be created by the Maintenance Director to ensure timeliness and consistency. This update on the TELS system was completed on 9-4-24.

Licensee's Proposed Overall Completion Date: *10/16/2024*

Bypass Document Submission ***Not Implemented (█ - 11/19/2024)***

82c - Locking Poisonous Materials

9. 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

A bottle of body lotion and a tube of toothpaste, both with a manufacture's label indicating "If swallowed get medical help or contact a poison control center immediately", was unlocked, unattended, and accessible to residents in Memory Care room A33. Not all the residents of the home, including resident 5, have been assessed capable of recognizing and using poisons safely.

Plan of Correction ***Do Not Accept (█ - 09/10/2024)***

Upon admission, and during each review of the RASP, residents will be assessed to determine their capability of recognizing/using potentially poisonous materials safely. This will be documented on their medical record and reflected on their support plan.
Room Rounds will be completed daily by the Wellness Director and/or their designee to ensure that cabinets/rooms are locked to ensure safety of all residents in the secured memory care unit. Any negative findings will be removed from the resident room until the Maintenance Director is able to ensure a safe locked area for the identified poisonous materials.

The Wellness Director will report on findings/trends at monthly QAPI meetings.

Licensee's Proposed Overall Completion Date: *11/04/2024*

82c - Locking Poisonous Materials *(continued)*

Update: *09/10/2024*

Please include detailed information regarding start dates for each step.

Plan of Correction ***Accept (- 10/02/2024)***

Upon admission, and during each review of the resident support plan, residents will be assessed to determine their capability of recognizing/using potentially poisonous materials safely. This will be documented on their medical record and reflected on their support plan. The start date for this assessment will begin on 10-1-24.
Room Rounds will be completed daily by the Wellness Director and/or their designee beginning on 8-1-24, to ensure that cabinets/rooms are locked to ensure safety of all residents in the secured memory care unit. Any negative findings will be removed from the resident room immediately and a TELS work order will be placed by the Wellness Director of their designee so that the Maintenance Director is able to ensure a safe locked area for the identified poisonous materials.

The Wellness Director and/or their designee will report on findings/trends at monthly QAPI meetings. The first report on these findings will be at the meeting scheduled for 10-16-24. The auditing process will be through TELS generated reports.

Licensee's Proposed Overall Completion Date: *10/16/2024*

Bypass Document Submission ***Not Implemented (- 11/19/2024)***

85a - Sanitary Conditions

10. Requirements

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

Description of Violation

On 7/30/2024, there was a strong odor in resident room C16, and the toilet was smeared with feces.

Plan of Correction ***Do Not Accept (- 09/10/2024)***

The strong odor in room C16 was remediated at the time of discovery. The housekeeping department will monitor this room twice daily to ensure that cleanliness and an odor free environment is maintained.

Resident in room C16 has had RASP updated and will be assisted with toileting every 2 hours

Licensee's Proposed Overall Completion Date: *09/04/2024*

Update: *09/10/2024*

Please include detailed information regarding start dates for each step.

Plan of Correction ***Accept (- 10/02/2024)***

The strong odor in room C16 was remediated at the time of discovery on 7-30-24. The housekeeping department will monitor this room daily to ensure that cleanliness and an odor free environment is maintained. This process was initiated on 8-1-24.
Resident in room C16 will be assisted every two hours as needed with toileting. Physican orders will be requested by the Wellness Director and the RASP will be updated effective 9-23-24. The CMT's will document on the MAR that toileting assistance was offered/provided. The Wellness Director and/or their designee will audit the MAR monthly beginning 10-1-24 and ending12-31-24. Findings will be reported on at Monthly QAPI meetings. The first meeting to have the audit findings reviewed will be 10-16-24.

Licensee's Proposed Overall Completion Date: *10/16/2024*

85a - Sanitary Conditions *(continued)*

Bypass Document Submission ***Not Implemented (- 11/19/2024)***

91 - Telephone Numbers

11. Requirements

2600.

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

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in resident rooms A09 or B25.

Plan of Correction ***Do Not Accept (- 09/10/2024)***

Emergency telephone numbers have been placed in rooms A9 and B25.

The Maintenance Director will complete an initial audit on all rooms and ensure that emergency telephone numbers are clearly posted. If numbers are missing, they will be replaced at time of audit. Room audits will be routinely completed at the time of each resident move in and move out to ensure emergency numbers remain visible and intact. Emergency numbers will also be replaced at the request of a staff member, resident, and/or their responsible party.

Licensee's Proposed Overall Completion Date: *10/04/2024*

Update: *09/10/2024*

Please include detailed information regarding start dates for each step.

Plan of Correction ***Accept (- 10/02/2024)***

Emergency telephone numbers have been placed in rooms A9 and B25 effective 8-1-24.

The Maintenance Director will complete an initial audit on all rooms and ensure that emergency telephone numbers are clearly posted. This audit was initiated on 9-1-24 to identify any resident apartment that has emergency phone numbers are missing. The emergency phone numbers will be replaced at time of audit. Room audits will be routinely completed at the time of each resident move in and move out to ensure emergency numbers remain visible and intact by the Director of Maintenance. Emergency numbers will also be replaced at the request of a staff member, resident, and/or their responsible party.
The findings of initial audit will be reported on by the Director of Maintenance during the scheduled QAPI meeting on 10-16-24.

Licensee's Proposed Overall Completion Date: *10/16/2024*

Bypass Document Submission ***Not Implemented (- 11/19/2024)***

101j7 - Lighting/Operable Lamp

12. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

101j7 - Lighting/Operable Lamp *(continued)*

Description of Violation

Resident 1 does not have access to a source of light that can be turned on/off at bedside.

Resident 6 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction ***Do Not Accept (- 09/10/2024)***

The light in Resident 1's room has been placed at bedside. A tap light will be installed at the head of the bed to ensure resident access to a light source as the resident is at risk for falls out of bed and has a bed kept in a lower position with a fall mat on the floor. The bedside table and lamp are moved to prevent injury in the event of a fall.

Daily room rounds will be completed by the Wellness Director and/or their designee in the Secured Dementia Unit to ensure proper placement of furniture and lighting in resident rooms. Furniture and lighting will be moved as needed.

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

Update: *09/10/2024*

Please include detailed information regarding start dates for each step.

Plan of Correction ***Accept (- 10/02/2024)***

The light in Resident 1's room was placed at bedside on 7-30-24. A tap light will be installed at the head of the bed on 9-16-24 to ensure resident access to a light source.
Daily room rounds will be completed by the Wellness Director and/or their designee in the Secured Dementia Unit beginning 8-1-24 to ensure proper placement of furniture and lighting in resident rooms. Furniture and lighting will be moved as needed during those rounds.
The wellness Director and Director of maintenance will report on this performance Improvement plan at the QAPI meeting scheduled for 9-25-24, and again at the QAPI meeting on 10-16-24 to ensure compliance and consistency.

Licensee's Proposed Overall Completion Date: *10/16/2024*

Bypass Document Submission ***Not Implemented (- 11/19/2024)***

132b - Safety Inspection/Fire Drill

13. Requirements

2600.
132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection observed by a fire safety expert was conducted on 6/26/2023.

Plan of Correction ***Do Not Accept (- 09/10/2024)***

The Annual Fire Safety inspection was completed in April 2024. There were deficiencies noted during that inspection and we are waiting on a third party contractor (Fire Systems) to correct these deficiencies. Once this is done the facility will be issued the proper documentation. The Executive Director and Director of maintenance reached out to Fire Systems on 8-28-24, and
9-3-24 and they are aware of time sensitivity.
Report will be provided to the Regional Office by the Executive Director once it is received.

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

Update: *09/10/2024*

Please indicate any additional steps/actions that will be put into place to monitor or audit for ongoing compliance.

132b - Safety Inspection/Fire Drill (continued)

This could be specific changes in policies/procedures, audits, reviews, spot checks, etc. Please include detailed information regarding start dates, frequencies and titles of person responsible for each step

Plan of Correction ***Directed (- 10/07/2024)***

The Annual Fire Safety inspection was completed in April 2024. There were deficiencies noted during that inspection and we are waiting on a third party contractor (Fire Systems) to correct these deficiencies. Once this is done the facility will be issued the proper documentation. The Executive Director and Director of Maintenance reached out to Fire Systems on 8-28-24, and
9-3-24 and they are aware of time sensitivity. A quote for work needing to be completed was received from Fire Systems and submitted for corporate approval on 9-6-24.
Report will be provided to the Regional Office by the Executive Director once it is received.

Proposed Overall Completion Date: 10/30/2024

Directed Step:

Immediately: The administrator or designated staff person shall develop and implement a process and procedure to ensure a fire drill and fire inspection is conducted by a fire safety expert at least annually and that documentation of the fire drill and fire inspection are obtained and kept.

Directed Completion Date: *10/09/2024*

Bypass Document Submission ***Not Implemented (- 11/19/2024)***

141a - Medical Evaluation

14. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident 7's admission date is however their medical evaluation is dated . The medical evaluation was not complete within 60 days prior to admission or within 30 days after admission of the resident.

Plan of Correction ***Do Not Accept (- 09/10/2024)***

All resident medical evaluations will be completed 60 days prior to admission or 30 days after admission. Wellness staff and attending physician will be re-educated on this requirement by the Wellness Director.
Admission checklist developed and will be monitored by the Wellness Director to ensure that compliance is maintained for all new admissions. Any trends will be reported on during monthly QAPI meetings.

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

Update: *09/10/2024*

Please include detailed information regarding start dates for each step.

Plan of Correction ***Accept (- 10/07/2024)***

All resident medical evaluations will be completed 60 days prior to admission or 30 days after admission effective 8-1-24. Wellness staff and attending physician will be re-educated on this requirement by the Wellness Director on 9-25-24 at the monthly QAPI meeting.

141a - Medical Evaluation (continued)

Admission checklist to be developed, reviewed, and monitored by the Wellness Director, and initial review will be at the QAPI meeting on 9-25-24. The focus of Admission checklist is to ensure that compliance is maintained for all new admissions Audits will be completed monthly beginning in September 2024, and continue for three months ending in December 2024 to ensure process is generating positive trend. Trends will be reported on during monthly QAPI meetings. The first meeting for this report to be reviewed will be 9-25-24.

Licensee's Proposed Overall Completion Date: *10/16/2024*

Bypass Document Submission ***Not Implemented (- 11/19/2024)***

141b1 - Annual Medical Evaluation

15. Requirements

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

Description of Violation

Resident 7's most recent medical evaluation was completed on . The resident's previous medical evaluation was completed on

Plan of Correction ***Do Not Accept (- 09/10/2024)***

Residents will have a yearly medical evaluation completed. Annual Medical evaluations will be completed within required time frame. Wellness staff and attending physicians will be re-educated on this requirement. An initial chart audit to be completed by the Wellness Director. Residents in need of a medical evaluation will be identified and brought into compliance. The compliance report generated by the electronic health record will be reviewed each week by the Wellness Director to ensure ongoing compliance.
Any trends will be reported at monthly QAPI meeting.

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

Update: *09/10/2024*

Please include detailed information regarding start dates for each step.

Plan of Correction ***Accept (- 10/07/2024)***

Residents will have a yearly medical evaluation completed as per regulatory requirement. Wellness staff and attending physicians will be re-educated on this requirement during the QAPI meeting scheduled for 9-25-24 by the Wellness Director. An initial chart audit to be completed by the Wellness Director by 9-23-24 and findings to be reported on at the monthly QAPI meeting on 9-25-24. Residents in need of a medical evaluation will be identified at that QAPI meeting and will be brought into compliance by 10-31-24. The compliance report generated by the electronic health record will be reviewed each week by the Wellness Director to ensure ongoing compliance. The start date for this is 9-30-24. the findings will be reported on at the monthly QAPI meetings. The first meeting where this will be reviewed is 10-16-24.

Licensee's Proposed Overall Completion Date: *10/31/2024*

Bypass Document Submission ***Not Implemented (- 11/19/2024)***

171b4 - Staff Training

16. Requirements

2600.
171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:
4. At least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff training and orientation).

Description of Violation

On 3/14/24, staff person B transported residents to [redacted] alone. Staff person B completed the initial direct care staff person training on [redacted] however staff person B did not complete any of the direct care staff annual training required by 2600.65f during training year 2023.

Plan of Correction ***Do Not Accept ([redacted] - 09/10/2024)***

Staff Person B will complete direct staff training modules as required.
The Transportation Coordinator will monitor Relias training completion quarterly reports to ensure that all transportation drivers are in compliance with annual training requirements.

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

Update: *09/10/2024*

Please include detailed information regarding start dates for each step.

Plan of Correction ***Accept ([redacted] - 10/07/2024)***

Staff Person B will complete direct staff training modules as required by 9-30-24.
The Transportation Coordinator will monitor Relias training completion quarterly reports to ensure that all transportation drivers are in compliance with annual training requirements. The Human Resource Director will provide quarterly reports from Relias online training platform to all Department managers for proper follow up within the first week of January, April, July, and October. Relias training reports will also be reviewed as part of a performance improvement plan for monthly QAPI committee. This will begin with the October meeting scheduled for 10-16-24. Oxford staff members that have not completed annual training requirements by December 1 of each calendar year will be removed from the schedule until required training is completed.

Licensee's Proposed Overall Completion Date: *10/16/2024*

Bypass Document Submission ***Not Implemented ([redacted] - 11/19/2024)***

171b7 - Transportation Assistant

17. Requirements

2600.
171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:
7. Transportation shall include, when necessary, an assistant to the driver who assists the driver to escort residents in and out of the home and provides assistance during the trip.

Description of Violation

On 4/25/2024 home transportation staff transported resident 1 to [redacted]. During the transport, resident 1 unbuckled [redacted] seat belt and walked around the vehicle while it was in motion. The driver was able to get the resident re-situated after pulling over the vehicle. Resident 1's assessment and support plan, dated [redacted] indicates the resident needs to be provided an escort whenever leaving the secured unit. No assistant participated in the trip to help provide supervision for the resident.

171b7 - Transportation Assistant (continued)

Plan of Correction ***Do Not Accept (- 09/10/2024)***

Resident 1 will have a Personal Care Assistant and/or family member with as an escort whenever is leaving the secured unit.

A transportation request form will be completed for all transport requests and will reflect any special needs a resident may have as identified on their support plan. This form will be forwarded to the Transportation Coordinator and will be reviewed with the transportation driver .

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

Update: *09/10/2024*

Please indicate the date training will be provided Please indicate any additional steps/actions that will be put into place to monitor or audit for ongoing compliance.

This could be specific audits, reviews, spot checks, etc. Please include detailed information regarding start dates, frequencies and titles of person responsible for each step

Plan of Correction ***Accept (- 10/07/2024)***

Resident 1 will have a Personal Care Assistant and/or family member with as an escort whenever is leaving the secured unit. This is effective 8-1-24.

A transportation request form will be completed for all transport requests and will reflect any special needs a resident may have as identified on their support plan effective 8-1-24. This form will be forwarded to the Transportation Coordinator and will be reviewed with the transportation driver. The Transportation Coordinator will complete a weekly audit of the transport request forms once a week for 4 weeks beginning 9-23-24 and ending 10-16-24. The findings will be reviewed at the QAPI meeting on 10-16-24.

Licensee's Proposed Overall Completion Date: *10/16/2024*

Bypass Document Submission ***Not Implemented (- 11/19/2024)***

183e - Storing Medications

18. 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 7/30/2024, at 10:35 am, Resident 5's prescription of Lorazepam 0.5mg tablet had a tear on the back of the bubble pack located at spot 11.

On 7/30/2024, at 10:40 am, Resident 8's prescription of Lorazepam 0.5mg tablet had a tear on the back of the bubble pack located at spot 11.

On 7/30/2024, at 12:19 pm, Resident 9's prescription of Tramadol HCL 50 mg tablet had a tear on the back of the bubble pack located at spot 23.

183e - Storing Medications (continued)

On 7/30/2024 at 10:44 am, Atropine 10mg/ml 1% oral suspension belonging to resident 1 with a "Do not use after" date of 6/24/2024, was found on the medication cart.

On 7/30/2024 at 10:52 am, Latanoprost .005% with an open date of 3/25/2024, belonging to resident 10, was found on the medication cart. Per manufacturers' instructions, this medication should be disposed of 6 weeks after opening.

Plan of Correction ***Do Not Accept (█ - 09/10/2024)***

Chart audits will be completed weekly by the Wellness Director and/or their designee for the next 4 weeks and quarterly thereafter with focus on ensuring that 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. Audits will also include checking medication cards for any tears in the bubble pack, expiration dates, and dating of medications when opened. All CMT's and Nurses will be in serviced on proper storage of medications. Results of audits will be reported on at QAPI meetings.

Licensee's Proposed Overall Completion Date: *10/30/2024*

Update: *09/10/2024*

Please include detailed information regarding start dates for each step.

Plan of Correction ***Accept (█ - 10/07/2024)***

Medication Cart Audits will be completed monthly by the Wellness Director and/or their designee for the next 4 months beginning 9-1-24 and ending 12-31-24. Medication cart audits will then move to a quarterly review schedule of March, June, September, and December. Focus of audits will be on ensuring that 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. Audits will also include checking medication cards for any tears in the bubble pack, expiration dates, and dating of medications when opened. All CMT's and Nurses will be in serviced on proper storage of medications the week of 9-23-24. Results of audits will be reported on at QAPI meetings. The first QAPI meeting that results of audit will be discussed is 10-16-24.

Licensee's Proposed Overall Completion Date: *10/16/2024*

Bypass Document Submission ***Not Implemented (█ - 11/19/2024)***

185a - Implement Storage Procedures

19. 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 the following dates and times the blood sugar readings for resident 2 were recorded incorrectly on resident 2's

185a - Implement Storage Procedures (continued)

medication administration record (MAR):

- *7/18/2024 at 8am, glucometer reads 227 and MAR reads 251.*
- *7/28/2024 at 4pm, glucometer reads 243 and MAR reads 178.*

On the following dates and times there were no readings in resident 2's glucometer, however the following readings were recorded in the resident's medication administration record (MAR):

- *7/18/2024 at 4 pm, MAR reads 187.*
- *7/22/2024 at 4 pm, MAR reads 190.*
- *7/23/2024 at 4 pm, MAR reads 229.*

On the following dates and times, there were no readings in resident 11's glucometer, however the following readings were recorded in the residents medication administration record (MAR):

- *7/22/2024 at 8am, MAR reads 129*
- *7/27/2024 at 12pm, MAR reads 126, and at 5pm MAR reads 124*
- *7/28/2024 at 5pm, MAR reads 309*
- *7/29/2024 at 5pm, MAR reads 130*

Plan of Correction ***Do Not Accept (█ - 09/10/2024)***

CMT's and Nurses will be re-educated on calibrating glucometers, proper usage of glucometers, proper documentation of blood glucose levels by the Wellness Director. Glucometer calibration will be done monthly with CMT offering direct demonstration to the Wellness Director that the process has been completed according to manufacturer guidelines.

All CMT's will receive annual diabetic training as required. This will be monitored by the Wellness Director to ensure compliance.

Licensee's Proposed Overall Completion Date: *10/04/2024*

Update: *09/10/2024*

Please include detailed information regarding start dates for each step.

Plan of Correction ***Accept (█ - 10/07/2024)***

CMT's and Nurses will be re-educated on calibrating glucometers, proper usage of glucometers, proper documentation of blood glucose levels by the Wellness Director during the week of 9-23-24.
Glucometer calibration will be done monthly and documented by the CMT prior to the end of the month. The Wellness Director and /or their designee will audit documentation the first week of each new month effective 10-1-24 to ensure that calibration has been completed according to manufacturer guidelines.
All CMT's will receive annual diabetic training as required. This will be monitored by the Wellness Director to ensure compliance. A diabetic training class is to be scheduled for September 2024.

Licensee's Proposed Overall Completion Date: *10/16/2024*

Bypass Document Submission ***Not Implemented (█ - 11/19/2024)***

187b - Date/Time of Medication Admin.

20. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

187b - Date/Time of Medication Admin. *(continued)*

Description of Violation

On 6/13/2024 at 3:40 pm, resident 12 was administered Tramadol 50 mg 1 tab (2 half tabs). Staff person C did not initial or record the date and time of administration.

On 6/28/2024 at 9:00 pm, resident 13 was administered Clonazapam 0.5 mg. Staff person C did not sign out the medication in the narcotics log.

Repeat violation: 4/11/2024 et al

Plan of Correction ***Do Not Accept (█ - 09/10/2024)***

The Wellness Director will re-educate CMT's and Nurses on the six rights of medication administration. The Wellness Director will complete quarterly audits to ensure that medications are medication administration is being documented timely. Any trends will be reported on at QAPI meetings.

Licensee's Proposed Overall Completion Date: *10/23/2024*

Update: *09/10/2024*

Please include detailed information regarding start dates for each step.

Plan of Correction ***Accept (█ - 10/07/2024)***

The Wellness Director will re-educate CMT's and Nurses on the six rights of medication administration the week of 9-23-24. The Wellness Director and/or their designee will complete quarterly audits to ensure that medication administration is being documented timely. These audits will be completed the months of March, June, September, and December. Any trends will be reported on at QAPI meetings. The first meeting that audit findings will be reported on is 10-16-24

Licensee's Proposed Overall Completion Date: *10/16/2024*

Bypass Document Submission ***Not Implemented (█ - 11/19/2024)***

187d - Follow Prescriber's Orders

21. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 2 is prescribed Humalog Kwikpen Subcutaneous Solution Pen-Injector Unit/ML, inject per sliding scale: 0-150= 0 units; 151-200= 2 units; 201-250=4 units; 251-300= 6 units; 301-350= 8 units; 351-400= 10 units. If blood sugar less than 70 or greater than 400 call MD. On 7/18/2024 at 8am, resident 2's blood sugar was 227, and the resident was administered 8 units. On 7/28/2024 at 4pm, resident 2's blood sugar was 243, and the resident was administered 3 units.

Resident 2 is prescribed to have glucometer readings completed three times per day, at 8 am, 11 am and 4 pm.

187d - Follow Prescriber's Orders (continued)

Readings were not completed within 1 hour of the scheduled time on the following dates: on 7/18/24, the 8 am reading was completed at 9:08 am, the 11 am reading was completed at 12:52 pm; on 7/19/24, the 11 am reading was completed at 1:02 pm, the 4 pm reading was completed at 5:40 pm, and, on 7/27/24, the 11 am reading was completed at 1 pm.

Resident 11 is prescribed to have glucometer readings completed three times per day, at 8 am, 12 pm and 5 pm. On 7/17/24 at 12:00 pm and on 7/17/24, 7/23/24, 7/24/24 and 7/25/24 at 5 pm, glucometer readings were not completed. On the following dates readings were not completed within 1 hour of the scheduled time: on 7/15/24, the 5 pm reading was completed at 6:22 pm; on 7/24/24 the 8 am reading was completed at 10:18 am; and on 7/30/24 the 8 am reading was completed at 9:41 am.

Repeat violation: 6/6/2023 et al.

Plan of Correction ***Do Not Accept (- 09/10/2024)***

The Wellness Director will re-educate CMT's and Nurses on the six rights of medication administration. The Wellness Director will complete quarterly audits to ensure that medications are medication administration is being documented timely. Any trends will be reported on at QAPI meetings.

Licensee's Proposed Overall Completion Date: *10/23/2024*

Update: *09/10/2024*

Please include detailed information regarding start dates for each step.

Plan of Correction ***Accept (- 10/07/2024)***

The Wellness Director will re-educate CMT's and Nurses on the six rights of medication administration the week of 9-23-24. The Wellness Director and/or their designee will complete quarterly audits to ensure that medications are being administered according to prescriber directions and is being documented timely. These audits will be completed the months of March, June, September, and December. Any trends will be reported on at QAPI meetings. The first meeting that audit findings will be reported on is 10-16-24.

Licensee's Proposed Overall Completion Date: *10/16/2024*

Bypass Document Submission ***Not Implemented (- 11/19/2024)***

190b - Insulin Injections

22. Requirements

2600.
190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

On 7/16/2024 at 8 am, 11 am, and 4 pm, staff person A, who has not successfully completed a Department-approved diabetes patient education program with in the last 12 months, administered insulin to resident 2.

On 7/24/2024 at 8 am and 12 pm, staff person A, who has not successfully completed a Department-approved diabetes patient education program with in the last 12 months, administered insulin to resident 11.

190b - Insulin Injections (continued)

Plan of Correction ***Do Not Accept (- 09/10/2024)***

Diabetic Education Training has been scheduled for Oxford Crossing in September 2024. Staff Person A will be present at this education session and successfully show completion of the course. Staff Person A is not administering insulin at this time.
The Wellness Director and/or their designee will maintain listing of all required training for the Certified Medication Technicians (CMT's) and ensure that annual training is completed. This list will be reviewed during QAPI meetings.

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

Update: *09/10/2024*

Please indicate the date training will be provided Please indicate any additional steps/actions that will be put into place to monitor or audit for ongoing compliance.

This could be specific audits, reviews, spot checks, etc. Please include detailed information regarding start dates, frequencies and titles of person responsible for each step

Plan of Correction ***Accept (- 10/07/2024)***

Diabetic Education Training will be scheduled for Oxford Crossing in September 2024. Staff Person A will be present at this education session and successfully show completion of the course. Staff person A will be removed from the schedule on 10-1-24 if the training has not been successfully completed. Staff Person A is not administering insulin at this time.
The Wellness Director and/or their designee will maintain listing of all required training for the Certified Medication Technicians (CMT's) and ensure that annual training is completed. This list will be complied and reviewed by 10-1-24. This list will be reviewed during QAPI meetings. The first meeting for reporting findings is scheduled for 10-16-24.

Licensee's Proposed Overall Completion Date: *10/16/2024*

Bypass Document Submission ***Not Implemented (- 11/19/2024)***

225c - Additional Assessment

23. Requirements

2600.
225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident 10's current assessment was completed on However, the resident's previous assessment was completed on

Plan of Correction ***Do Not Accept (- 09/10/2024)***

Annual assessments will be completed timely and upon significant change in the resident condition. The Wellness Director and/or their designee will monitor due dates and report status daily.

Licensee's Proposed Overall Completion Date: *09/04/2024*

Update: *09/10/2024*

Please indicate the date training will be provided Please indicate any additional steps/actions that will be put

225c - Additional Assessment (continued)

into place to monitor or audit for ongoing compliance.

This could be specific audits, reviews, spot checks, etc. Please include detailed information regarding start dates, frequencies and titles of person responsible for each step

Plan of Correction ***Accept (- 10/07/2024)***

Annual assessments will be completed timely annually and upon significant change in the resident condition. The Wellness Director and/or their designee will monitor due dates and report status daily beginning 9-23-24. The Wellness Director and/or their designee will complete a monthly audit beginning 10-1-24 and report findings at the QAPI meeting beginning on 10-16-24 and ending
4-16-24 if there are no negative findings. If negative findings continue the audit will continue for another 6 months and then reassess at that time.

Licensee's Proposed Overall Completion Date: *10/16/2024*

Bypass Document Submission ***Not Implemented (- 11/19/2024)***

227d - Support Plan Medical/Dental

24. Requirements

2600.
227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

On 7/30/2024, a bedside mobility device was present on resident 2's bed, however the resident's support plan, dated does not indicate the specific need for the device, the intended use and any risks associated with the use, the resident's ability to use the device safely for the purpose it was intended, Identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

On 7/30/2024, a bedside mobility device was present on resident 3's bed, however the resident's support plan, dated does not indicate the specific need for the device, the intended use and any risks associated with the use, the resident's ability to use the device safely for the purpose it was intended, Identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

On 7/30/2024, a bedside mobility device was present on resident 4's bed, however the resident's support plan, dated does not indicate the specific need for the device, the intended use and any risks associated with the use, the resident's ability to use the device safely for the purpose it was intended, Identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

Plan of Correction ***Do Not Accept (- 09/10/2024)***

Resident support plans will reflect the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services as determined necessary by the physician, physician's assistant or certified registered nurse practitioner. The Wellness Director and/or their designee will review these items during the individual's RASP review.

227d - Support Plan Medical/Dental *(continued)*

Licensee's Proposed Overall Completion Date: *10/23/2024*

Update: *09/10/2024*

Please indicate the date training will be provided Please indicate any additional steps/actions that will be put into place to monitor or audit for ongoing compliance.

This could be specific audits, reviews, spot checks, etc. Please include detailed information regarding start dates, frequencies and titles of person responsible for each step

Plan of Correction ***Accept (- 10/07/2024)***

Resident support plans will reflect the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services as determined necessary by the physician, physician's assistant or certified registered nurse practitioner beginning 10-1-24. The Wellness Director and/or their designee will review these items during the individual's RASP review beginning 10-1-24 and update as changes occur. Education to be provided to Wellness staff and Physicians at the QAPI meeting scheduled for 10-16-24. An audit will be completed by the Wellness Director and/or their designee. This audit will be a random 5% sampling of current census and will include review of RASP and any changes in condition and /or new orders. This audit will be reported on beginning at the meeting scheduled for 11-20-24.

Licensee's Proposed Overall Completion Date: *10/30/2024*

Bypass Document Submission ***Not Implemented (- 11/19/2024)***

227g -Support Plan Signatures

25. 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 2 participated in the development of support plan on 7/25/2023. However, neither the resident nor the assessor signed the support plan.

Resident 3 participated in the development of support plan on 11/29/2023. However, neither the resident nor the assessor signed the support plan.

Resident 4 participated in the development of support plan on 11/13/2023. However, neither the resident nor the assessor signed the support plan.

Plan of Correction ***Do Not Accept (- 09/10/2024)***

The Wellness Director and/or their designee will ensure that support plans have correct signatures in place at the time of the assessment.

Licensee's Proposed Overall Completion Date: *10/23/2024*

Update: *09/10/2024*

Please indicate the date training will be provided Please indicate any additional steps/actions that will be put into place to monitor or audit for ongoing compliance.

227g -Support Plan Signatures (continued)

This could be specific audits, reviews, spot checks, etc. Please include detailed information regarding start dates, frequencies and titles of person responsible for each step

Plan of Correction ***Accept (█ - 10/07/2024)***

The Wellness Director and/or their designee will ensure that support plans have correct signatures in place at the time of the assessment. The Wellness Director and/or their designee will audit all support plans completed each month beginning 10-1-24 to ensure that the participants and the assessor in the review signed off on the plan. Findings of audit will be reported on at monthly QAPI meetings for 6 months beginning 10-16-24 and ending 4-16-25 if audit indicates no negative findings. The audit will continue if there are any negative findings for another 6 months.

Licensee's Proposed Overall Completion Date: *10/16/2024*

Bypass Document Submission ***Not Implemented (█ - 11/19/2024)***

233c - Key-Locking Devices

26. 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 7/29/2024 at 11:05 am, the directions for operating the home's locking mechanism were not conspicuously posted near the door to the Secure Dementia Care Unit (SDCU).

Plan of Correction ***Do Not Accept (█ - 09/10/2024)***

The directions for operating the door locking mechanism is conspicuously posted above the keypad on either side of the door to the secured dementia care unit.
The Concierge will complete daily rounding of the lobby area and ensure that posting remains visible and intact. If positing is found to be missing it will be replaced immediately.

Licensee's Proposed Overall Completion Date: *09/04/2024*

Update: *09/10/2024*

Please include detailed information regarding start dates for each step.

Plan of Correction ***Accept (█ - 10/07/2024)***

The directions for operating the door locking mechanism is conspicuously posted above the keypad on either side of the exit/entrance door to the secured dementia care unit. This was completed on 7-30-24.
The Concierge will complete daily rounding of the lobby area beginning on 8-1-24 and ensure that posting remains visible and intact. If posting is found to be missing it will be replaced immediately. Findings of daily rounds will be reported to Executive Director. Results of findings during rounds will be reported on at monthly QAPI meetings for six months. The first meeting for reviewing findings will be at the QAPI meeting scheduled for 9-25-24 and will end at the QAPI meeting scheduled for 3-19-25. Performance Improvement plan will be reassessed at the March 2025 meeting and decision to be made at that time if it needs to continue.

Licensee's Proposed Overall Completion Date: *10/16/2024*

Bypass Document Submission ***Implemented (█ - 11/19/2024)***

236 - Staff Training

27. Requirements

2600.
236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

Direct care staff person A, who works in the Secure Dementia Care Unit (SDCU) did not have the required additional 6 hours of training in dementia care during the 2023 training year.

Plan of Correction ***Do Not Accept (█ - 09/10/2024)***

Staff Person A will have the required additional 6 hours of training in dementia completed.
The Wellness Director will review the Relias online training reports quarterly to ensure that all wellness staff training is being done and is in compliance by the end of the calendar year. Anyone not completing required training by December 1 will be removed from the schedule until they are back in compliance

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

Update: *09/10/2024*

Please include detailed information regarding start dates for each step.

Plan of Correction ***Accept (█ - 10/07/2024)***

Staff Person A will have the required additional 6 hours of training in dementia completed by 9-30-24. If the training is not completed staff person A will be removed from the schedule on 10-1-24 until training is completed.
The Wellness Director will review the Relias online training reports for wellness staff quarterly in March, June, September, and December to ensure that all wellness staff training is being done and is in compliance by the end of the calendar year. Anyone not completing required training by December 1 will be removed from the schedule until they are back in compliance. Initial findings of training reports will be reviewed at the QAPI meeting scheduled for 10-16-24.

Licensee's Proposed Overall Completion Date: *10/16/2024*

Bypass Document Submission ***Not Implemented (█ - 11/19/2024)***