

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

November 15, 2024

[REDACTED], BUSINESS OWNER/ADMIN
4701 NORTH 13TH STREET
PHILADELPHIA, PA, 19141

RE: CLARKE PERSONAL CARE HOME
4701 NORTH 13TH STREET
PHILADELPHIA, PA, 19141
LICENSE/COC#: 11406

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/06/2024, 08/07/2024 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: CLARKE PERSONAL CARE HOME License #: 11406 License Expiration: 06/02/2025
 Address: 4701 NORTH 13TH STREET, PHILADELPHIA, PA 19141
 County: PHILADELPHIA Region: SOUTHEAST

Administrator

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

Legal Entity

Name: MARJORIE CARASQUERO
 Address: 4701 NORTH 13TH STREET, PHILADELPHIA, PA, 19141
 Phone: [REDACTED]

Certificate(s) of Occupancy

Type: Other Date: 03/15/2012 Issued By: City of Philadelphia, L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 12 Waking Staff: 9

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 08/07/2024

Inspection Dates and Department Representative

08/06/2024 On Site: [REDACTED]
 08/07/2024 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 12 Residents Served: 12
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 12 Are 60 Years of Age or Older: 9
 Diagnosed with Mental Illness: 12 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

08/06/2024 - Full
 Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 09/01/2024

Inspections / Reviews (*continued*)

09/09/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 11/08/2024
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 09/13/2024

10/22/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 11/08/2024
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 10/30/2024

11/15/2024 Document Submission

Submitted By: [REDACTED] Date Submitted: 11/08/2024
Reviewer: [REDACTED] Follow Up Type: Not Required

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On [REDACTED], between [REDACTED] and [REDACTED], an agent of the Department, requested access to resident and staff records. Staff person A, the only staff present, said he did not have access to the information and that I would need to wait for staff person B, the Administrator.

Plan of Correction

Directed ([REDACTED] - 09/13/2024)

The staff person has access to the residents' records and Information. The administrator continues to train and educate the staff with providing information for the residents and accessibility to the home when the administrator is not there. The administrator is easily reached by phone. This will be reviewed bi-monthly with staff in building confidence and knowledge. Staff will not have access to staff information and files.

Proposed Overall Completion Date: 09/13/2024

Directed

In addition to the above plan of correction: The administrator or designee will provide, the agents of the Department, upon request, immediate access to the home, the residents, and records. MJ

Directed Completion Date: 09/13/2024

Implemented ([REDACTED] - 11/15/2024)

18 - Compliance With Laws

2. Requirements

2600.

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

Description of Violation

The home uses natural gas for several appliances including the kitchen range, the heater and the hot water heater. On 08/07/24, the home did not have any carbon monoxide detectors in the home.

Per the Care Facility Carbon Monoxide Alarms Standards Act of Jun. 23, 2016; Carbon Monoxide alarms must be installed in proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance.

Plan of Correction

Accept ([REDACTED] - 09/13/2024)

The carbon monoxide detectors were installed and operable in the basement and kitchen area on 8/8/24. The administrator will be responsible for checking and monitoring the detectors at least quarterly to ensure its operational and in place. A chart was implemented to assist and review quarterly to avoid this violation in the future.

Licensee's Proposed Overall Completion Date: 09/10/2024

Implemented ([REDACTED] - 11/15/2024)

57a - Designee Present/Age

3. Requirements

2600.

57.a. At all times one or more residents are present in the home a direct care staff person who is 21 years of age or older and who serves as the designee, shall be present in the home. The direct care staff person may be the administrator if the administrator provides direct care services.

Description of Violation

On 08/06/24, from 9:00 AM to 10:07 AM, at least 5 residents were present in the home. During this time, the only staff person present in the home was staff person A. Staff person A was unable to assist licensing representative with documentation retrieval including resident or staff lists, policies and procedures. Staff person A was not able to fulfill duties as an Administrator's designee. Staff person A was born in [REDACTED] and is [REDACTED] years old.

Plan of Correction

Accept ([REDACTED] - 09/13/2024)

The staff is knowledgeable of the resident's records and information, and in the absence of the administrator the staff has access to the resident files, information and policies. On 8/8/24, we reviewed the sharing resident's information in the home when the administrator is not available. The staff is aware and will be able to handle this situation in the future. The administrator is available to work alongside staff in avoiding this and if I am not in the home I can be easily reach by phone. I will review and update staff bi-weekly.

Licensee's Proposed Overall Completion Date: 09/12/2024

Implemented ([REDACTED] - 11/15/2024)

60a Staff/Support Plan

4. 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

During this renewal inspection, the home provided a two week staffing schedule showing only one staff person working in the home during weeks #3 and #4 except for a 4 hour period (5:00 PM to 9:00 PM) on Monday, Tuesday and Wednesday. This one staff person is expected to provide care to residents, administer medications, prepare and clean up after meals, do laundry and some house keeping. This is not sufficient staffing to meet the needs of the residents; for example; if staff is doing laundry in the basement, they are not accessible to residents because access to the basement is through the kitchen, which residents are not supposed to enter unattended, and staff cannot hear residents calling for them outside of the kitchen. This situation was witnessed during the inspection where staff A could not hear residents calling for him when licensing representative arrived.

Plan of Correction

Accept ([REDACTED] - 09/13/2024)

The staff on duty is knowledgeable and capable of handling the responsibilities during working hours. The residents are allowed in the kitchen area and basement, and there are two access to the basement. The administrator is available and works alongside staff in morning from 7am 10 am and from 5pm to 10pm, in meeting the daily needs and care of the residents. There is a weekly laundry schedule that is posted, and some of the residents are capable of doing their personal laundry with minimal supervision. Once weekly general housekeeping is done, and the administrator does the cleaning and maintenance on the other days. The administrator works along with staff in meeting the residents needs and care daily.

Licensee's Proposed Overall Completion Date: 09/10/2024

Implemented ([REDACTED] - 11/15/2024)

85a Sanitary Conditions

7. Requirements

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

Description of Violation

On 08/06/24 at 12:02 PM, a strong odor of urine was identified in the first floor bathroom. Staff member B, the Administrator, made aware and agreed that a strong odor of urine was present.

Plan of Correction

Accept (█ - 10/22/2024)

On 8/6/24, the Urine odor was cleaned up immediately by administrator. Residents have full access to all the bathrooms and occasional accident will happen. Staff and I would clean up after the residents. I have spoken to the male resident in becoming alert when using the bathrooms. The bathroom checks are done daily. a chart implemented. Checks will be done at 10 am, 1:30 pm, 4 pm, 7:30 pm and 9 pm.

Licensee's Proposed Overall Completion Date: 09/12/2024

Implemented (█ - 11/15/2024)

85e Trash Outside Home

8. Requirements

2600.
85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 08/06/24, several items of trash were identified outside of the home, including;

- an old radiator chained to the front patio,
- an old mattress against the side tree,
- empty iced tea bottle, wood debris and trash littered throughout the property,
- a stockpile of trash including a shopping cart, old furniture, an old trash can and several bags of trash lined up in front of the garage.

Plan of Correction

Accept (█ - 10/22/2024)

On 8/17/24, the trash and old radiator were removed from the yard and front porch. The administrator will monitor and ensure all trash and other items be removed from the yard weekly. Some of the trash doesn't belong to the home, being a corner home various trash items are constantly dumped. We move the items behind the facility fence to avoid getting a ticket from the city.

Licensee's Proposed Overall Completion Date: 09/14/2024

Implemented (█ - 11/15/2024)

92 Windows

9. Requirements

2600.
92. Windows and Screens Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

A large piece of plastic sheeting was jammed into the window of the second floor back bathroom between the top half of the window and the frame. The reason for the plastic sheeting in the window was not known to staff.

92 - Windows (continued)

Plan of Correction

Accept (█ - 10/22/2024)

on 8/7/24, the item was removed from the window, The staff and administrator will monitor this situation as there were not know reason for the bag to be there. When checking bathroom daily, staff and administrator will also double check the windows and surrounding areas. This will be done at 10 am, 1:30 pm, 4 pm, 7:30 pm and 9 pm.

Licensee's Proposed Overall Completion Date: 09/12/2024

Implemented (█ - 11/15/2024)

96a - First Aid Kit

10. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the kitchen does not include antiseptic.

Plan of Correction

Accept (█ - 10/22/2024)

On 8/7/24, the antiseptic was put in the first aid kit. The staff forgot it was in the cabinet above the microwave. Staff and administrator will be responsible to ensure the antiseptic bottle is available and valid for inspection and as needed. This will be checked monthly and replaced when expired.

Licensee's Proposed Overall Completion Date: 09/12/2024

Implemented (█ - 11/15/2024)

100a - Exterior - Free of Hazards

11. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On 08/06/24, several broken/shattered ceramic tiles were littered in the home's driveway and yard. The shards have sharp edges and present as a hazard.

Plan of Correction

Accept (█ - 10/22/2024)

On 8/17/24, the trash bags were removed from the yard. and the yard will be kept clean and hazard free. This will be done weekly and after future home repairs or construction. The administrator and staff will be responsible to check this weekly.

Licensee's Proposed Overall Completion Date: 09/12/2024

Implemented (█ - 11/15/2024)

103f - Refrigerator/Freezer Temps

12. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

103f - Refrigerator/Freezer Temps (continued)

Description of Violation

On 08/07/24 at 12:57 PM the temperature in the basement freezer was 30 degrees Fahrenheit and at 1:08 PM it was also 30 degrees Fahrenheit.

Plan of Correction

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

On 9/8/24, the temperature was checked, and adjustment was made to read below 0 degrees F Staff will be responsible for checking freezer daily and monthly to ensure freezer is operational and maintaining correct temperature.

Licensee's Proposed Overall Completion Date: 09/12/2024

Implemented ([redacted] - 11/15/2024)

103i - Outdated Food

13. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 08/07/24, at 12:50 PM, there were several open, unlabeled and undated items in the kitchen refrigerator including:

- a bottle of creamy French dressing,
- two jars of Welch's Concord Grape Jelly,
- a bottle of Wellsley Farms Apple Juice,
- a bottle of Ragu Traditional Sauce,
- and a jar of Sweet Gherkin Pickles.

Plan of Correction

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

[redacted]

Proposed Overall Completion Date: 09/12/2024

Directed

By 10/30/24: All staff persons handling, preparing or storing food items shall be educated regarding the safe storage of food items including labeling and dating. Documentation of education shall be kept. The administrator or designee shall check all food storage areas daily including refrigerators and freezers to ensure all food items are labeled and dated. Any outdated or spoiled food will be disposed of. [redacted]

Directed Completion Date: 10/30/2024

Implemented ([redacted] - 11/15/2024)

107b - Emergency Procedures

14. Requirements

2600.
107.b. The home shall have written emergency procedures that include the following:
1. Contact information for each resident's designated person.

107b - Emergency Procedures (continued)

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

Description of Violation

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

Plan of Correction

Directed () - 10/22/2024

On 8/7/24, the contact information was immediately updated by administrator. to include the two new admissions. The administrator will be the person responsible for updating the contact information with new intake and after termination of residents. This will be reviewed upon new intake and termination.

Proposed Overall Completion Date: 09/12/2024

Directed

In addition to the above POC Immediately: The administrator will conduct a weekly check to ensure all required items in accordance with 2600.107b are up to date and posted in a conspicuous and public place for the personal care homes' emergency procedures and the local municipal emergency plans. MJ

Directed Completion Date: 09/12/2024

Implemented () - 11/15/2024

121a - Unobstructed Egress

15. 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 08/07/24 at 1:35 PM, a nightstand with a lamp and other personal items on top, partially blocked the home's emergency exit through room 1B on the second floor.

Plan of Correction

Accept () - 10/22/2024

On 8/10/24, the nightstand was replacement with a smaller nightstand. The resident was verbal reminded to refrain from moving the furniture in the bedroom. Staff will check the room when doing the daily check.at 10 am, 1:30 pm, 4pm, 7:30 pm and 10 pm.

Licensee's Proposed Overall Completion Date: 09/12/2024

Implemented () - 11/15/2024

144c1 - Smoking Area Guidelines

16. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home's designated smoking area has an upholstered chair for use by residents, this chair is not considered fire-resistant.

Plan of Correction

Directed () - 10/22/2024

On 8/7/24, the chair was removed immediately after. the resident was asked not to switch the chairs around. Staff and administrator will continue daily monitoring to ensure the chair stays on the non-smoking area, and no further violation.

Proposed Overall Completion Date: 09/12/2024

Directed

In addition to the above POC: By 10/30/24 The administrator will educate all residents and staff persons on the home rules for smoking and the homes policy and procedures for smoking including the proper fire and safety measures and the importance of keeping combustible materials out of the smoking area. No combustible chairs, cushions or other items will be permitted in the smoking area. Documentation of education will be kept. MJ

Directed Completion Date: 10/30/2024

Implemented () - 11/15/2024

162c Menu Posted

17. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 08/06/24 at 9:29 AM, the home's menus for the weeks of 07/22/24 to 07/28/24 and 07/29/24 to 08/04/24 were posted.

Plan of Correction

Accept () - 10/22/2024

On 8/6/24, this was corrected immediately and posted to show the current week. The Administrator will check and ensure the bi-weekly menus are up to date weekly for two weeks. The administrator will do a chart to ensure the calendar posted are current.

Licensee's Proposed Overall Completion Date: 09/12/2024

Implemented () - 11/15/2024

182c Medication Administration

18. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber’s orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident’s hand.
6. Place the medication in the resident’s hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

Resident #1 is prescribed [REDACTED] and [REDACTED], totaling [REDACTED] in the morning and [REDACTED] in the evening along with two additional medications. On [REDACTED], during a medication cart audit, it was discovered that resident #1 had been receiving a double order of these medications since Saturday [REDACTED]. The home receives all medications prepackaged for administration by time and date. For an unknown reason, the home had received a double order of these three medications and the staff had been administering the medications without checking the prescriber's order or verifying the correct pill count to be administered at these times.

Plan of Correction

Directed ([REDACTED] - 10/22/2024)

On 8/7/24, the error was corrected, and medication was discontinued. A medication incident and error were completed and submitted to DHS. On 8/8/24, the staff was retraining in the administration of medication along with documentation on receiving of medication by the certified trainer. Staff and administrator monitored the resident for any change in status. On 8/7/24, Horizon House on-call and [REDACTED] psychiatrist was notified, before a call was made to [REDACTED] ER. to continue current medication dosage and monitor resident. On [REDACTED], a follow-up with DR. [REDACTED] PCP. No concern and to continue current medications and monitoring.

Proposed Overall Completion Date: 09/12/2024

Directed

In addition to the above POC: By 10/30/24 The administrator will review and update if necessary the home’s procedures for the safe storage, access, security, distribution and use of medications, including the procedures for medication accountability. All staff persons qualified to administer medications will be reeducated on the home’s policy and procedures. The administrator or designated staff person qualified to administer medications shall complete an initial audit then weekly for 2 months and monthly audits thereafter of the medication cart, medication administration records, and prescription orders to ensure all prescription medications are available for administration. Documentation of education shall be kept. [REDACTED]

Directed Completion Date: 10/30/2024

Implemented ([REDACTED] - 11/15/2024)

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.

185a Implement Storage Procedures (continued)

Description of Violation

Resident #1 is prescribed [redacted] tablet and [redacted] tablet, totaling [redacted] in the morning and [redacted] in the evening along with two additional medications. On [redacted], during a medication cart audit, it was discovered that resident #1 had been receiving a double order of these medications since Saturday 08/03/24. The home receives all medications prepackaged for administration by time and date. For an unknown reason, the home had received a double order of these three medications. Staff received and stored these medications in the working supply without checking the prescriber's order and administered the medications to the resident in error.

Resident #1 is prescribed [redacted] Capsule as needed. On [redacted] this medication was not available in the home.

On [redacted], the following blood glucose documentation errors were discovered:

- the [redacted] "After Dinner" glucometer reading of 299 was recorded as 209,
- the [redacted] "After Dinner" glucometer reading of 310 was recorded as 160,
- the [redacted] "Before Breakfast" glucometer reading of 247 was recorded but is indecipherable,
- the [redacted] "Before Breakfast" glucometer reading of 236 was recorded as 138.

Repeat Violation: 05/07/24.

Plan of Correction

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

On [redacted], the medications were discontinued and removed from the medication cart and [redacted] PCP and Psychiatrist was notified On [redacted]. A review was done with staff on proper documentation. On [redacted] the medication Benzonite was discontinued on the MAR after the discontinued note was received dated [redacted]. On [redacted], the glucose logs were corrected and in the folder. On [redacted], a medication review was completed, and staff will continue to accurately document the administration medication.

Proposed Overall Completion Date: 09/12/2024

Directed

In addition to the above POC: By 10/30/24 The administrator will review and update if necessary the home's procedures for the safe storage, access, security, distribution and use of medications, including the procedures for medication accountability. All staff persons qualified to administer medications will be reeducated on the home's policy and procedures. The administrator or designated staff person qualified to administer medications shall complete an initial audit then weekly for 2 months and monthly audits thereafter of the medication cart, medication administration records, glucometers, and prescription orders to ensure all prescription medications are available for administration. Documentation of education shall be kept. MJ

Directed Completion Date: 10/30/2024

Implemented ([redacted] - 11/15/2024)

187a - Medication Record

20. Requirements

2600.

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

187a - Medication Record (continued)

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #2 is prescribed [REDACTED] - Take one (1) tablet by mouth twice a day. However, resident's [REDACTED] 2024 medication administration record (MAR) does not have this medication listed. The prescription order date is [REDACTED] and was hand-written on the [REDACTED] 2024 MAR but not on the [REDACTED] 2024 MAR.

Repeat Violation: 04/28/23.

Plan of Correction

Accept [REDACTED] - 10/22/2024)

On 8/8/24, staff was retrained on the administration of medication and documentation. on 8/7/24, the correction was made. Upon receiving new MARs and medication staff and administrator will compare and make necessary corrections. Medication error was completed and reviewed. The administrator will work with staff to avoid further repeat of violation, daily and monthly when medications are delivered.

Licensee's Proposed Overall Completion Date: 09/12/2024

Implemented [REDACTED] - 11/15/2024)

187d - Follow Prescriber's Orders

21. Requirements

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

Description of Violation

- Resident #1 is prescribed [REDACTED] in the morning and [REDACTED]. However, resident #1 was administered twice the dosage between [REDACTED] and [REDACTED] in the afternoon.

- Resident #2 has been receiving [REDACTED] - take one tablet by mouth at bedtime since [REDACTED]. The resident's August 2024 MAR lists the dosage amount of this medication as [REDACTED]. The home is not certain of the correct dosage because they state they do not receive a copy of the doctor's order from the resident's case manager; Horizon House.

Repeat Violation: 05/07/24, 04/28/23, et. al.

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Accept (█ - 10/22/2024)

On 8/7/24, The medication was removed immediately, and the PCP and psychiatrist was notified on 8/8/24. His support team from Horizon House who handles his medication was contacted and a request was made to have a list of his current medication. Along with the pharmacy that delivered his medications to Horizon House. Staff and administrator will closely monitor all deliveries of medication and make the necessary corrections and inquiry daily and monthly.

Licensee's Proposed Overall Completion Date: 09/12/2024

Implemented (█ - 11/15/2024)

190c - Record of Training

22. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for staff person B does not include documentation of successful completion of any training prior to the current Annual Practicum dated 07/07/24.

Plan of Correction

Accept (█ - 10/22/2024)

The training was completed on 7/10/2022 and 7/9/23 for Staff B. The documentation was in the file. In ensure this is not repeated the administrator will slow down at the time of inspection. The administrator will double check to ensure the files are in order and available. This will be down quarterly.

Licensee's Proposed Overall Completion Date: 09/12/2024

Implemented (█ - 11/15/2024)

191 - Resident Right to Refuse

23. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #3, admitted █, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Directed (█ - 10/22/2024)

On 8/7/24, this was corrected immediately by the administrator. The form was reviewed with resident and signed on 8/7/24. The administrator had overlooked this with the new form. The form is in his files and upon admission of new resident the administrator will ensure its reviewed and in the resident files.

Proposed Overall Completion Date: 09/12/2024

Directed

In addition to the above POC: By 10/30/24 The administrator or designee will audit all resident records to ensure all residents have been educated on the right to refuse medication if they believe there may be a medication error.

191 - Resident Right to Refuse (continued)

Any instances of missing documentation will be corrected immediately. Documentation shall be kept.

Directed Completion Date: 10/30/2024

Implemented () - 11/15/2024)

221c - Post Activity Calendar

24. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

On 08/06/24 at 9:30 AM, the home does not have a current weekly activity calendar posted in a public and conspicuous place in the home. The activity calendar that is posted is dated July 2024.

Plan of Correction

Accept () - 10/22/2024)

on 8/6/24, this was immediately corrected, and the current calendar was put in place. The August calendar was at the back. The administrator will be person held responsible to ensure this is avoided and not repeated. This will be reviewed monthly when preparing each monthly calendar.

Licensee's Proposed Overall Completion Date: 09/12/2024

Implemented () - 11/15/2024)

225a - Assessment 15 Days

25. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #3 was admitted on (); however, the resident's assessment was not completed until ()

Plan of Correction

Accept () - 10/22/2024)

The resident was relocated and most of () personal and medical information was not obtained, and that was the reason the assessment was incomplete. also unable to get medical services for him. The administrator is aware of the 15-day requirement after admission. In the future the administrator will complete the assessment within the 15 days of admission without the DME and relevant information. This will be noted on the assessment. This will be done upon admission of a new resident.

Proposed Overall Completion Date: 09/12/2024

Licensee's Proposed Overall Completion Date: 09/12/2024

Implemented () - 11/15/2024)

227g -Support Plan Signatures

26. Requirements

2600.

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

227g Support Plan Signatures (continued)

Description of Violation

Resident #1 participated in the development of his/her support plan on [REDACTED] along with staff persons A and B. However, staff B did not sign the support plan.

Resident #2 participated in the development of his/her support plan on [REDACTED] along with staff persons A and B. However, staff A did not sign the support plan.

Plan of Correction

Directed ([REDACTED] - 10/22/2024)

On 8/8/24, the correction was completed by administrator and will be responsible to reviewing and checking that the document is signed and dated in a timely manner. The administrator will ensure this is not repeated in the future by checking after the admission of a new resident and review to be done quarterly.

Proposed Overall Completion Date: 09/12/2024

Directed

In addition to the above POC: By 10/30/24 The administrator will review all current and newly completed support plans to ensure completion including signatures of those involved in the development of the plan. Any support plans not signed will be updated immediately. MJ

Directed Completion Date: 10/30/2024

Implemented ([REDACTED] - 11/15/2024)