

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

December 5, 2024

[REDACTED]
2830 CAROL RD OPCO LLC
[REDACTED]

RE: AMOROSO WELLNESS AT YORK
2830 CAROL ROAD
YORK, PA, 17402
LICENSE/COC#: 33779

[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: AMOROSO WELLNESS AT YORK License #: 33779 License Expiration: 06/03/2025
Address: 2830 CAROL ROAD, YORK, PA 17402
County: YORK Region: CENTRAL

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: 2830 CAROL RD OPCO LLC
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: I-1 Date: 02/07/2022 Issued By: Springettsbury Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 157 Waking Staff: 118

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Complaint, Incident 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: 125 Residents Served: 104

Secured Dementia Care Unit

In Home: Yes Area: Aria Capacity: 20 Residents Served: 19

Hospice

Current Residents: 11

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 104
Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 53 Have Physical Disability: 1

Inspections / Reviews

08/06/2024 Full

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 08/30/2024

09/10/2024 - POC Submission

Submitted By: [Redacted] Date Submitted: 09/26/2024
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 09/17/2024

Inspections / Reviews *(continued)*

09/18/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/26/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/27/2024

12/05/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/26/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

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

Description of Violation

On [redacted] at 11:30 AM, Resident [redacted] was found on the floor in the secured [redacted] care unit and accused a [redacted] resident of having pushed [redacted] to the floor. The resident suffered a [redacted] and was described as screaming out in pain and repeatedly asking for [redacted]. This incident was not reported to the local area agency on aging, the Pennsylvania Department of Aging, or to the local police department.

Plan of Correction

Accept [redacted] - 09/06/2024)

On 08/29/2024 a training was complete in accordance with 15.a.

Follow-up reportable submitted to DHS on 09/01/2024

A training on reporting abuse will be held monthly for two months, next training will be on 10/01/24.

Staff will report abuse in the home to the Director of Nursing and Executive Director immediately. Executive Director will collaborate with the team to ensure immediate safety and treatment as well as Reporting.

Licensee's Proposed Overall Completion Date: 11/03/2024

Implemented [redacted] - 12/04/2024)

16d - Final Incident Report

2. Requirements

2600.

16.d. The home shall submit a final report, on a form prescribed by the Department, to the Department's personal care home regional office immediately following the conclusion of the investigation.

Description of Violation

On [redacted], Resident [redacted] was found on the floor in the secured [redacted] care unit and accused a [redacted] resident of having pushed [redacted] to the floor. The resident was sent to the hospital because it appeared that [redacted] leg was twisted. The resident was hospitalized and has not returned to the home because of serious injuries suffered including a [redacted]. The home has not filed a follow-up report including the nature and extent of the injuries suffered.

Plan of Correction

Accept [redacted] - 09/06/2024)

On 08/29/2024 a training was complete in accordance with 16.d.

Resident was sent to York Hospital the date that the incident occurred on 7/7/24.

A training on proper reporting of reportable incidents will be held monthly for two months starting 08/29/24.

16d - Final Incident Report (continued)

Nursing team will report all reportable incidents in the home to the Director of Nursing immediately, Director of nursing will then collaborate with the Executive Director to ensure proper Reporting.

Executive Director will ensure all reportable incidents are properly submitted to their respected agencies and will ensure follow up is complete.

Licensee's Proposed Overall Completion Date: 11/03/2024

Implemented () - 12/04/2024)

20b3 - Written Receipts**3. Requirements**

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

The home holds money for several residents including for Resident () Staff A states that the home doesn't obtain signatures for disbursements.

Plan of Correction

Accept () - 09/18/2024)

On 08/31/2024 a training was complete with Executive Assistant in accordance with 20.b.

Executive Director preformed an audit of files on 08/29/24. Documentation will be kept on a spreadsheet.

Executive Director and Executive Assistant will complete an audit on files for two months, starting on 08/29/24, will then review at Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 11/03/2024

Implemented () - 12/04/2024)

20b9 - Record Keeping**4. Requirements**

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

9. A copy of the itemized account shall be kept in the resident's record.

Description of Violation

The home holds money for several residents including for Resident () Staff A states that the home hasn't sent out quarterly statements to residents or designated persons since 2022.

Plan of Correction

Accept () - 09/18/2024)

On 08/27/2024 a training with Executive Assistant was complete in accordance with 20.b.

Executive Director and Executive Assistant completed an audit on all Resident files on 08/27/2024, next audit will be 09/27/24.

20b9 - Record Keeping (continued)

Executive Director will ensure quarterly statements are submitted to the designated person or Resident by mail.

A file shall be kept

Licensee's Proposed Overall Completion Date: 11/03/2024

Implemented [REDACTED] - 12/04/2024)

23b - Instrumental Activities of Daily Living Assistance**5. 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 [REDACTED] dated [REDACTED], indicates that the resident has a moderate need for supervision including supervision in the home and needs attendance when outside the home and tends to wander. The home documented that "Staff will redirect [the resident] as needed. [The resident] will wear a wander guard to assure safety." On 6/4/24, the resident did not receive this assistance as [REDACTED] was found at a nearby business.

The assessment and support plan for Resident [REDACTED] dated [REDACTED], indicates that the resident has minimal need for supervision but needs attendance in unfamiliar places. The support plan states that family or staff will remain with resident when outside of the community. This assistance wasn't provided on 6/4/24 when the resident was found at a nearby business and returned to the home by police.

Plan of Correction

Accept [REDACTED] - 09/18/2024)

On 08/27/2024 an all Staff training was complete in accordance with 23.b.

A training on IADLs per the resident's assessment and support plan will be held monthly for two months, starting 08/27/24.

All Residents requiring attendance when outside the home and tend to wander upon assessment will be issued a wonder guard and monitored daily. Staff will report any change in condition to Director of nursing, Director of Nursing will do an assessment within 24hrs. Director of Nursing will report Resident change to all nursing staff immediately via 24hr report. Wander guards will be implemented on TAR and documentation for placement daily and batteries will be tested weekly.

Licensee's Proposed Overall Completion Date: 11/03/2024

Implemented [REDACTED] 12/04/2024)

25b - Contract Signatures**6. Requirements**

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The contracts for the following residents were not signed or marked by the residents:

25b - Contract Signatures (continued)

- Resident's contract, dated [REDACTED]
- Resident's contract, dated [REDACTED]
- Resident's contract, dated [REDACTED]

Plan of Correction

Accept [REDACTED] - 09/18/2024)

On 08/27/2024 a training with Community Relations Director was complete in accordance with 25.b.

Contract signatures for Residents [REDACTED] and [REDACTED] were obtained on 8/8/24

On 08/27/2024 Executive Director and Community Relations Director performed and completed an audit on all files. An audit will be conducted monthly for two months, starting on 08/27/24.

Executive Director will ensure that all Resident contracts are signed by the Administrator or designee, the payer and the Resident. Signatures will be obtained during the day of contract signing per Resident's full consent.

Licensee's Proposed Overall Completion Date: 11/03/2024

Implemented [REDACTED] - 12/04/2024)

26b - Quality Management Plan Content**7. Requirements**

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

1. The reportable incident and condition reporting procedures.
2. Complaint procedures.
3. Staff person training.
4. Licensing violations and plans of correction, if applicable.

Description of Violation

The home's latest quality management meeting, conducted [REDACTED], does not address reportable incidents, complaint procedures, staff training, licensing violations and plans of corrections.

Plan of Correction

Accept [REDACTED] - 09/18/2024)

On 08/31/2024 a training was complete with the Nursing team in accordance with 26.b.

A quality management meeting will be held monthly, and discussions shall include, the reportable incident and conditions, reporting procedures, Complaint procedures, Staff person training and Licensing violations and plans of correction, starting on 09/04/24

Licensee's Proposed Overall Completion Date: 11/03/2024

Implemented [REDACTED] - 12/04/2024)

42b - Abuse**8. Requirements**

2600.

42b - Abuse (continued)

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On Sunday [redacted] at 11:30 AM, Resident [redacted] was found on the floor in the secured dementia care unit and accused a male resident of having pushed [redacted] to the floor. The resident suffered a [redacted] and was described as screaming out in pain and repeatedly asking for [redacted].

Repeated Violation - 9/14/23

Plan of Correction

Accept [redacted] - 09/18/2024)

On 08/25/2024 a training with all Staff was completed in accordance with 42.b.

Administrator completed an assessment on [redacted] Resident on 9/3/24. Resident was suspected of pushing Resident [redacted]. On 09/03/24, upon assessment, Administrator has determined that Resident's behaviors may have progressed to a level that may affect safety of other Residents and will be issued a 30 day notice of required advanced placement. Resident will be closely monitored starting 9/3/24 until alternate placement is found.

Director of Nursing will perform quarterly assessments starting on 9/23/24 on all Residents to ensure the home can safely provide care.

Licensee's Proposed Overall Completion Date: 11/03/2024

Implemented [redacted] - 12/04/2024)

42s - Privacy

9. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home has video cameras in common areas and hallways, including the lobby, that capture audio and can record.

Plan of Correction

Accept [redacted] - 09/10/2024)

Cameras in the home's audio and video recording were disabled on 08/08/2024 and will remain disabled.

A training on Resident's right to privacy was completed on 08/30/24 and will be held monthly for two months.

Licensee's Proposed Overall Completion Date: 11/03/2024

Implemented [redacted] - 12/04/2024)

65g - Annual Training Content

10. 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:

65g - Annual Training Content (continued)

5. Falls and accident prevention.

Description of Violation

Staff B did not receive training in falls and accident prevention during the 2023 training year.

Plan of Correction

Accept [redacted] - 09/18/2024)

Staff B was trained on 8/8/24

A mandatory training on falls and accident prevention will be held in house with Nursing team on 9/26/24 and annually thereafter.

Executive Director will perform quarterly Employee file audits thereafter.

Licensee's Proposed Overall Completion Date: 11/03/2024

Implemented [redacted] - 12/04/2024)

81b - Resident Personal Equipment

11. 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

The bedside assistive device on Resident [redacted]'s bed is not secured to the bedframe.

Plan of Correction

Accept [redacted] - 09/18/2024)

On 08/27/2024 a training with Director of Maintenance was completed in accordance with 81.b.

On 8/8 24 Maintenance secured Resident [redacted]'s bed rails.

A training on how to secure Resident's personal equipment will be conducted starting 8/27/24 with Maintenance Director and Director of Nursing. Any new equipment thereafter will be inspected by physical therapy for safety.

Director of Nursing and Maintenance Director will do monthly rounds ensuring that all Resident's with equipment are clean, in working order, safe and inspected by physical therapy thereafter

Licensee's Proposed Overall Completion Date: 11/03/2024

Implemented [redacted] - 12/04/2024)

82c - Locking Poisonous Materials

12. 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.

82c Locking Poisonous Materials (continued)

Description of Violation

On 8/7/24, a tube of Arm & Hammer toothpaste with a label stating "if swallowed get medical help or contact poison control right away" was on Resident [redacted]'s mini refrigerator. The resident is not assessed to recognize and use poisons safely.

Resident 1's medicine cabinet was unlocked and contained various items with labels stating "get medical help or contact poison control if swallowed" including [redacted] and a 2 oz tube of [redacted].

Plan of Correction

Accept [redacted] - 09/18/2024)

On 08/25/2024 a training with the Nursing department was completed in accordance with 82.c.

On 08/25/2024 Resident Wellness coordinator completed an audit in all Resident rooms.

Director of Nursing or designee will round with the Nursing team and complete a weekly room audit in each Residents room to ensure medications and poisonous materials are safely locked away monthly for two months starting 08/25/24.

Licensee's Proposed Overall Completion Date: 11/03/2024

Implemented [redacted] - 12/04/2024)

86b - Bathroom

13. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathroom in bedroom [redacted] does not have an operable window and the ventilation fan doesn't work.

Plan of Correction

Accept [redacted] 09/18/2024)

On 08/06/2024 both exhaust fans were fixed immediately by Maintenance Director.

On 8/13/24 Maintenance completed weekly checks for exhaust fans ensuring ventilation.

Maintenance will ensure exhaust fans are in working order weekly for two months and monthly thereafter starting on 9/3/24 and will be reviewed in QA meeting.

Licensee's Proposed Overall Completion Date: 11/03/2024

Implemented [redacted] - 12/04/2024)

91 - Telephone Numbers

14. 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.

91 - Telephone Numbers (continued)

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the second-floor common area.

Plan of Correction

Accept [REDACTED] - 09/18/2024)

On 08/27/2024 Maintenance ensured all phones in the home were tagged with the following numbers, 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.

Maintenance will do a monthly walk-through ensuring phones are tagged with 911, the nearest hospital and fire department in accordance with 91.

Licensee's Proposed Overall Completion Date: 11/03/2024

Implemented [REDACTED] - 12/04/2024)

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 8/6/24 at 10:25 AM, the sliding patio door in the ground-level dining area was blocked by a dining room table and the door was locked with a bolted-on door stopper which prevented the door from opening.

Plan of Correction

Accept [REDACTED] - 09/18/2024)

On 08/06/2024 table was immediately moved away from sliding glass doors

On 08/25/2024 a training with Dining Director was completed in accordance with 121.a.

Dining Director will round dining room weekly for one month ensuring the dining area is in accordance with 121.a. starting 8/25/24

Licensee's Proposed Overall Completion Date: 11/03/2024

Implemented [REDACTED] - 12/04/2024)

125a - Combustible Storage

16. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

On [REDACTED] at 11:15 AM, there were 2 carts containing several cans of primer and paint that were stored in the maintenance room against the boiler and hot water heater.

125a Combustible Storage (continued)

Plan of Correction

Accept [redacted] - 09/18/2024)

On 08/06/2024 both carts were immediately removed and properly stored by the Maintenance Director.

Rounds will be completed monthly by Maintenance Director for two months in accordance with 125.a. starting 9/3/24 and quarterly thereafter.

Licensee's Proposed Overall Completion Date: 11/03/2024

Implemented [redacted] - 12/04/2024)

144c1 - Smoking Area Guidelines

17. 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 permits smoking at an area behind the building. There were six cigarette butts on the ground of the smoking area.

Plan of Correction

Accept [redacted] - 09/18/2024)

On 08/29/2024 a fire safety training with all staff was completed in accordance with 144.c.

On 8/29/24 rounds on the outside grounds were completed by Maintenance Director.

Outside rounds ensuring fire safety and will be completed by maintenance weekly for two months in accordance with 144.c. starting 8/25/24

Licensee's Proposed Overall Completion Date: 11/03/2024

Implemented [redacted] - 12/04/2024)

183b - Meds and Syringes Locked

18. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [redacted] at 10:19 AM, the medication cart on the second floor was unattended and accessible. Resident [redacted]'s Active Food Thickener was on top of the cart and there was a loose peach colored pill underneath the cart.

183b - Meds and Syringes Locked (continued)

On [REDACTED], there was a 1.8 oz. tube of [REDACTED] in a basket near Resident [REDACTED]'s bedside table. Resident [REDACTED] is not assessed as capable to self-administer medications.

On [REDACTED] there was a tube of [REDACTED] on the bathroom sink in Resident [REDACTED]'s room. Resident [REDACTED] is not assessed to self-administer medications.

Repeated Violation - 12/11/23

Plan of Correction

Accept [REDACTED] - 09/18/2024)

On 08/29/2024 a training with the Nursing team was completed in accordance with 183.b.

On 8/29/24 rounds were completed by Wellness Coordinator in accordance with 183.b.

Director of Health and Wellness or designee will do daily rounds to ensure medications are not left in Resident rooms are safely locked, carts are not left unattended and accessible starting 08/29/24 for two months.

Licensee's Proposed Overall Completion Date: 11/03/2024

Implemented [REDACTED] 12/04/2024)

183d - Prescription Current**19. Requirements**

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [REDACTED] a bottle of 200 ct [REDACTED] prescribed for Resident [REDACTED] was in the ground-floor east medication cart. This medication expired 5/2023.

[REDACTED] IUs tablets prescribed for Resident [REDACTED] were in the ground-floor east medication cart. This medication was discontinued on 7/24/24.

An [REDACTED] prescribed for Resident [REDACTED] on 2/21/24 was in the ground-floor west medication cart and was expired.

An albuterol sulfate inhaler prescribed for Resident [REDACTED] was in the first-floor medication cart. The cannister in the [REDACTED] had an expiration date of 10/2022.

Plan of Correction

Accept [REDACTED] - 09/18/2024)

On 09/3/2024 a training with Med-Tech's was completed in accordance with 183.d.

On 9/3/24 an audit was completed by Wellness Coordinator on all medication carts ensuring that all medications were current and not expired.

An audit will be completed by Wellness Director or designee on all medication carts weekly for two months ensuring that all medications were current and not expired starting on 9/3/24.

183d Prescription Current (continued)

Licensee's Proposed Overall Completion Date: 11/03/2024

Implemented (█) - 12/04/2024)

183e - Storing Medications

20. 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

Resident █ is prescribed █ tablets. One of the tablets was in a fully punctured blister that was taped closed.

The upstairs medication cart contained a loose round pill marked EP 116.

Plan of Correction

Accept (█) - 09/18/2024)

On 09/3/2024 a training with Med Tech's was completed in accordance with 183.e.

On 9/3/24 an audit by the Wellness Coordinator was completed in accordance with 183.e.

An audit will be completed weekly for two months starting on 9/3/24.

Licensee's Proposed Overall Completion Date: 11/03/2024

Implemented (█) - 12/04/2024)

184b - Labeling OTC/CAM

21. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On █, a bottle of 200 ct █ and a bottle of █ vitamins belonging to Resident █ were in the ground floor east medication cart and were not labeled with the resident's name.

The ground floor west medication cart contained a bottle of Value Size █ oz, and a bottle of █ oz. Neither bottle was labeled with the name(s) of the resident(s) to whom these medications belonged.

Plan of Correction

Accept (█) - 09/18/2024)

On 09/4/2024 a training with the Med Tech's was completed in accordance with 184.b.

On 9/4/24 an audit was completed by the Wellness Director in accordance with 184.b.

184b - Labeling OTC/CAM (continued)

An audit ensuring compliance with 184.b. will be completed weekly for two months.

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

Implemented [REDACTED] - 12/04/2024)

187a - Medication Record**22. Requirements**

2600.

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

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED], however, the medication administration record does not indicate the diagnosis or purpose for the medication.

Plan of Correction

Accept [REDACTED] - 09/18/2024)

On 09/4/2024 a training was completed with the Med-Tech's in accordance with 187.a.

On 9/4/24 a diagnosis audit on all MAR's completed by Wellness Coordinator on all Residents in accordance with 187.a.

An audit on MAR's including Resident diagnosis will be completed weekly for two months and monthly by Nursing Director or designee.

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

Implemented [REDACTED] - 12/04/2024)

187d - Follow Prescriber's Orders**23. Requirements**

2600.

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

Description of Violation

Resident [REDACTED] was prescribed [REDACTED] IUs, however, the medication had been discontinued on 7/24/24 but was still administered through 8/7/24.

Plan of Correction

Accept [REDACTED] - 09/18/2024)

On 09/5/2024 a training with Med-Tech's was completed in accordance with 187.d.

On 9/5/24 an audit was completed by Wellness Coordinator on all medication carts and MAR's ensuring that all medications were current and not discontinued.

An audit will be completed on all medication MAR's and medication carts weekly for two months ensuring that all medications are current and not discontinued, starting on 9/5/24.

Licensee's Proposed Overall Completion Date: 11/05/2024

187d Follow Prescriber's Orders (*continued*)*Implemented* [REDACTED] - 12/04/2024)

231e No Objection Statement

24. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident [REDACTED] was admitted to the Secured [REDACTED] Unit (SDCU) on 7/1/24. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Plan of Correction*Accept* [REDACTED] - 09/18/2024)

On 9/5/24 a training with the Community Relations Director was completed in accordance with 231.e.

On 9/5/24 Executive Director and Community Relations Director completed an audit ensuring files are in accordance with 231.e.

Resident [REDACTED] no longer resides at Amoroso, all current resident files are in accordance.

An audit on memory care files will be completed monthly for two months, starting 9/5/24 by the Executive Director or designee, and will be obtained prior to admission thereafter.

Licensee's Proposed Overall Completion Date: 11/05/2024

Implemented [REDACTED] - 12/04/2024)

236 Staff Training

25. 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

Staff B, who works in the secured dementia care unit, did not have 6 hours of training in dementia care during the 2023 training year.

Plan of Correction*Accept* [REDACTED] - 09/18/2024)

On 7/8/24 Staff B completed 6 hours of dementia care training.

Executive Director and Executive Assistant audited Employee files on 9/5/24, files will be audited monthly for two months and upon hire.

Executive Director or designee will audit Employee files quarterly thereafter ensuring the home is in accordance with 236.

236 - Staff Training (continued)

Licensee's Proposed Overall Completion Date: 11/03/2024

Implemented [REDACTED] - 12/04/2024)

254a - Records Discharge/Active

26. Requirements

2600.

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

Description of Violation

On [REDACTED] at 10:14 AM, the second-floor medication office was unlocked, unattended, and accessible allowing anyone to access resident records and the controlled substance count logs which includes resident names, prescribed medications, and diagnosis information including for Resident [REDACTED] and Resident [REDACTED] mg tablets.

At 10:19 AM, the second-floor medication cart was unattended in a lounge area and the electronic medication administration system was unlocked and accessible and permitted access to resident names, prescribed medications, and diagnosis information including for Residents [REDACTED] and [REDACTED]. Atop the cart was the controlled substance log which included the names of residents, prescribed controlled substances, and diagnosis information. including Resident [REDACTED].

Plan of Correction

Accept ([REDACTED] 09/18/2024)

On 08/25/2024 a training with all Staff was completed in accordance with 254.a.

On 08/25/24 Wellness Coordinator completed rounds ensuring medication carts and medication rooms were safely locked.

Wellness Director or designee will do daily rounds at unexpected times to ensure medication carts and medication rooms are safely locked for 30 days starting on 8/25/24.

Licensee's Proposed Overall Completion Date: 11/03/2024

Implemented [REDACTED] - 12/04/2024)