

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

November 21, 2024

[REDACTED], ADMINISTRATOR
TRANSITIONS HEALTHCARE CHAMBERSBURG, LLC
[REDACTED]

RE: TRANSITIONS HEALTHCARE SHOOK
HOME
55 SOUTH SECOND STREET
CHAMBERSBURG, PA, 17201
LICENSE/COC#: 33923

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/08/2024, 08/09/2024 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: *TRANSITIONS HEALTHCARE SHOOK HOME* License #: *33923* License Expiration: *03/21/2025*
 Address: *55 SOUTH SECOND STREET, CHAMBERSBURG, PA 17201*
 County: *FRANKLIN* Region: *CENTRAL*

Administrator

Name: [REDACTED]

Legal Entity

Name: *TRANSITIONS HEALTHCARE CHAMBERSBURG, LLC*
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *10/01/1994* Issued By: *Department of Health*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *42* Waking Staff: *32*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *08/09/2024*

Inspection Dates and Department Representative

08/08/2024 - On-Site: [REDACTED]
 08/09/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *45* Residents Served: *37*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *1*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *36*
 Diagnosed with Mental Illness: *20* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *5* Have Physical Disability: *2*

Inspections / Reviews

08/08/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/26/2024*

08/28/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *09/26/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/04/2024*

Inspections / Reviews *(continued)*

09/05/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/26/2024

Reviewer: [REDACTED]

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

11/21/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/26/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

28f - Resident's Funds and 30-day Refund

1. Requirements

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident 1 was discharged on [REDACTED]. The home did not issue a refund until [REDACTED]

Plan of Correction

Accept [REDACTED] - 09/05/2024)

- Initial audit was performed and currently no resident has a refund outstanding greater than 30 days on 8/22/24.
- The Personal Care Home Administrator (or designee) will conduct monthly audits to ensure refunds are returned in a timely manner starting 8/26/24.
- Personal Care Home Administrator (or designee) will report results of audits to QAPI monthly to ensure solutions are sustained over time. (The Quality Assurance/ Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance /Performance Improvement Committee to show it is in compliance.) The audits will continue until no longer deemed necessary by the Committee.

Licensee's Proposed Overall Completion Date: 09/26/2024

Implemented [REDACTED] - 11/21/2024)

51 - Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Direct care Staff B was hired on [REDACTED], however, there was no Pennsylvania Criminal History Background Check performed.

Plan of Correction

Accept [REDACTED] - 09/05/2024)

- Staff B criminal background check has been submitted awaiting report as of 9/3/24. Upon completion it will be placed in the staff's personal file.
- Personal Care Home Administrator or (designee) will audit all current staff files for criminal background checks. Any staff without criminal background checks will have one completed by 9/26/2024.
- Personal Care Home Administrator (or designee) will report results of audits to QAPI monthly to ensure solutions are sustained over time. (The Quality Assurance/ Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance /Performance Improvement Committee to show it is in compliance.)The audits will continue until no longer deemed necessary by the Committee. Starting the September 2024 Qapi report.

Licensee's Proposed Overall Completion Date: 09/26/2024

51 Criminal Background Check (continued)

Implemented ([REDACTED] - 11/21/2024)

65d Initial Direct Care Training

3. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department approved direct care training course and passing of the competency test.

Description of Violation

Direct care Staff B, hired on [REDACTED], has not completed the Department-approved direct care training course.

Direct care Staff C, hired [REDACTED] has not completed the Department-approved direct care training course.

Plan of Correction

Accept [REDACTED] - 09/05/2024)

- Staff Person B and C have started the training course as of 9/3/2024.
- Personal Care Home Administrator (or designee) will audit all staff training records to ensure completion and certification of direct care training or if exempt starting 8/22/2024.
- Personal Care Home Administrator (or designee) will retain copies of all certifications of completion of direct care training in staff personnel files starting 8/22/24.
- Personal Care Home Administrator (or designee) will ensure that all staff are required to have certification prior to working on floor by themselves starting 8/22/24.
- Personal Care Home Administrator (or designee) will incorporate direct care training completion with proof of training certification prior to orientation being completed starting with onboarding as of 8/22/24.
- Personal Care Home Administrator (or designee) will report results of audits to QAPI monthly to ensure solutions are sustained over time. (The Quality Assurance/ Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance /Performance Improvement Committee to show it is in compliance.)The audits will continue until no longer deemed necessary by the Committee. This will start September 2024 QAPI.

Licensee's Proposed Overall Completion Date: 09/26/2024

Implemented [REDACTED] - 11/21/2024)

65i Training Record

4. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of direct care staff training for the 2023 training year does not include training in the following topics for direct care Staff C:

- 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

65i - Training Record (continued)

- personal care service needs of the residents
- safe management techniques
- care for residents with mental illness or intellectual disabilities

Plan of Correction

Accept (█ - 09/05/2024)

- Direct Care C has completed annual training as of 8/22/24.
- Personal Care Home Administrator (or designee) will ensure record of annual training completed and will require all staff to sign into training starting 8/26/24.
- Personal Care Home Administrator (or designee) will retain copies of sign in sheets of annual trainings for proof of participation starting 8/26/24.
- Personal Care Home Administrator (or designee) will ensure monthly training model is followed with coinciding training sign in sheet for all trainings starting 8/26/24.
- Personal Care Home Administrator (or designee) will ensure opportunity for all staff to attend monthly trainings if unable to attend starting 8/26/24.
- Personal Care Home Administrator (or designee) will report results of audits to QAPI monthly to ensure solutions are sustained over time. (The Quality Assurance/ Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance /Performance Improvement Committee to show it is in compliance.)The audits will continue until no longer deemed necessary by the Committee this will start with the September 2024 QAPI meeting.

Licensee's Proposed Overall Completion Date: 09/26/2024

Implemented (█ - 11/21/2024)

85a - Sanitary Conditions**5. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

Resident 2 receives blood sugar checks three times a day. The reading documented on Resident 2's treatment administration record indicates a blood sugar reading of █ on █. This reading is not stored in the resident's glucometer, however, it matches a reading stored on Resident 3's glucometer for █.

Plan of Correction

Accept (█ - 09/05/2024)

- Personal Care Home Administrator (or designee) will provide Blood Borne Pathogen Training to all staff with sign in sheet for proof of participation. This will be completed by 9/26/24.
- Personal Care Home Administrator (or designee) will provide Universal Precautions Training to all staff with sign in sheet for proof of participation. This will be completed by 9/26/2024
- Personal Care Home Administrator (or designee) will ensure all anticoagulation testing devices and diabetic supplies are labeled properly. This was completed 8/26/24.
- Personal Care Home Administrator (or designee) will audit all anticoagulation testing devices and diabetic supplies weekly to ensure proper labeling with resident name and proper storage starting 8/26/2024.
- Personal Care Home Administrator (or designee) will report results of audits to QAPI monthly to ensure solutions are sustained over time. (The Quality Assurance/ Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather

85a - Sanitary Conditions (continued)

proof/information and present it to the Quality Assurance /Performance Improvement Committee to show it is in compliance.)The audits will continue until no longer deemed necessary by the Committee. This will start with the September QAPI meeting.

Licensee's Proposed Overall Completion Date: 09/26/2024

Implemented (█) - 11/21/2024)

107a - Emergency Preparedness**6. Requirements**

2600.

107.a. The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

Description of Violation

The home did not have a copy of the emergency preparedness plan for the municipality or for the county.

Plan of Correction

Accept (█) - 09/05/2024)

- *Personal Care Home Administrator replaced all outdated information on 8/8/2024.*
- *Personal Care Home Administrator (or designee) will conduct Quarterly audits to ensure Emergency Management information is up to date starting 8/26/2024.*
- *Personal Care Home Administrator (or designee) will maintain Emergency Preparedness book and update changes accordingly with any changes starting 8/26/2024.*
- *Personal Care Home Administrator (or designee) will report results of audits to QAPI monthly to ensure solutions are sustained over time. (The Quality Assurance/ Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance /Performance Improvement Committee to show it is in compliance.)The audits will continue until no longer deemed necessary by the Committee. This will start with the September 2024 QAPI meeting.*

Licensee's Proposed Overall Completion Date: 09/26/2024

Implemented (█) - 11/21/2024)

107d - Procedure Emergency Management Agency Submission**7. Requirements**

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been reviewed or updated since 2014 as evidenced by outdated information contained in the posted emergency procedures including management team members no longer employed by the home.

Plan of Correction

Accept (█) - 09/05/2024)

- *Personal Care Home Administrator replaced all outdated information on 8/8/2024.*
- *Changes were submitted to the local Emergency Management Agency 8/22/24.*
- *Personal Care Home Administrator (or designee) will conduct Quarterly audits to ensure Emergency*

107d Procedure Emergency Management Agency Submission (continued)

Management information is up to date starting 8/26/24.

- Personal Care Home Administrator (or designee) will maintain Emergency Preparedness book and update changes accordingly with any changes starting 8/26/2024.
- Personal Care Home Administrator (or designee) will report results of audits to QAPI monthly to ensure solutions are sustained over time. (The Quality Assurance/ Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance /Performance Improvement Committee to show it is in compliance.)The audits will continue until no longer deemed necessary by the Committee. This will start with the September 2024 QAPI meeting.

Licensee's Proposed Overall Completion Date: 09/26/2024

Implemented (█) - 11/21/2024)

124 - Notice to Fire Department**8. Requirements**

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home has not notified the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency since 3/13/14.

Plan of Correction

Accept (█) - 09/05/2024)

- Personal Care Home Administrator submitted 124 letter to Chambersburg Fire Department via fax 8/22/2024.
- Personal Care Home Administrator (or designee) will conduct quarterly audit to ensure completion of notification starting 8/22/24.
- Personal Care Home Administrator (or designee) will ensure notification is submitted as changes arise as per regulations starting 8/22/24.
- Personal Care Home Administrator (or designee) will ensure notification includes total capacity of the home, A description of the general layout of the home (number of floors), general description of the mobility needs of residents the home is willing to serve will suffice starting 8/22/24.
- Personal Care Home Administrator (or designee) will ensure letter is sent by certified mail or facsimile to ensure documentation of receipt by fire department starting 8/22/24.
- Personal Care Home Administrator (or designee) will retain receipt of confirmation of receipt by fire department for their records starting 8/22/24.
- Personal Care Home Administrator (or designee) will report results of audits to QAPI monthly to ensure solutions are sustained over time. (The Quality Assurance/ Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance /Performance Improvement Committee to show it is in compliance.) The audits will continue until no longer deemed necessary by the Committee. This will start with the September 2024 QAPI meeting.

Licensee's Proposed Overall Completion Date: 09/26/2024

Implemented (█) - 11/21/2024)

132h - Designated Meeting Place

9. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the fire drill on 12/22/23 at 7:00 AM, residents did not evacuate to a designated meeting place away from the building or within the fire-safe area.

Plan of Correction

Accept [redacted] - 09/05/2024)

- Personal Care Home Administrator (or designee) will provide training to all residents on designated meeting areas to evacuate to during fire drills starting 8/26/24.
- Personal Care Home Administrator (or designee) will review designated meeting areas to evacuate do during fire drills at monthly resident council meetings and will be reflected in the notes starting at the September 2024 Resident Council Meeting.
- Personal Care Home Administrator (or designee) will provide training to all staff on designated meeting areas to evacuate to during fire drills starting 8/26/2024.
- Personal Care Home Administrator (or designee) will report COVID outbreak via email to DHS to be advised on how to proceed with mandated fire dills during that time. This email correspondence will be retained for records and submitted during inspection. This was completed on 8/21/2024.
- Personal Care Home Administrator (or designee) will report results of audits to QAPI monthly to ensure solutions are sustained over time. (The Quality Assurance/ Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance /Performance Improvement Committee to show it is in compliance.) The audits will continue until no longer deemed necessary by the Committee. This will start at the September 2024 QAPI meeting.

Licensee's Proposed Overall Completion Date: 09/26/2024

Implemented [redacted] - 11/21/2024)

132i - Testing Fire Alarm

10. Requirements

2600.

132.i. A fire alarm or smoke detector shall be set off during each fire drill.

Description of Violation

During the fire drill on 12/22/23, the fire alarm was not sounded.

Plan of Correction

Accept ([redacted] - 09/05/2024)

- Personal Care Home Administrator (or designee) will report COVID outbreak via email to DHS to be advised on how to proceed with mandated fire dills during that time. This email correspondence will be retained for records and submitted during inspection. This process was initiated 8/21/2024.
- Personal Care Home Administrator (or designee) will audit monthly fire drills to ensure all fire drills meet regulation specifications. Starting 8/21/2024.
- Personal Care Home Administrator (or designee) will report results of audits to QAPI monthly to ensure solutions are sustained over time. (The Quality Assurance/ Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather

132i Testing Fire Alarm (continued)

proof/information and present it to the Quality Assurance /Performance Improvement Committee to show it is in compliance.) The audits will continue until no longer deemed necessary by the Committee. This will start with the September 2024 QAPI meeting.

Licensee's Proposed Overall Completion Date: 09/26/2024

Implemented (█ - 11/21/2024)

171b4 - Staff Training**11. 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

Staff D transports residents either alone or accompanied by activities staff. Neither Staff D nor activities staff has completed the Department approved direct care training course.

Plan of Correction

Accept (█ - 09/05/2024)

- *Staff member D did complete the Direct Care training course 8/22/2024.*
- *Personal Care Home Administrator (or designee) will audit all staff/volunteer training records to ensure completion and certification of direct care training or if exempt. This will be completed by 9/26/2024.*
- *Personal Care Home Administrator (or designee) will determine there is always a staff/volunteer present who has direct care training present when a resident is being transported. This will be completed by 9/26/24.*
- *Personal Care Home Administrator (or designee) will retain copies of all certifications of completion of direct care training in staff personnel files. This will be completed by 9/26/24.*
- *Personal Care Home Administrator (or designee) will ensure that all staff/volunteers are required to have certification prior to transporting residents on outings. This process will start 8/22/2024.*
- *Personal Care Home Administrator (or designee) will ensure all staff/volunteers will provide on job training to include ADL assistance, transferring of residents. This will start 8/22/2024.*
- *Personal Care Home Administrator (or designee) will incorporate direct care training completion with proof of training certification prior to orientation being completed. This will start 8/22/24.*
- *Personal Care Home Administrator (or designee) will report results of audits to QAPI monthly to ensure solutions are sustained over time. (The Quality Assurance/ Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance /Performance Improvement Committee to show it is in compliance.)The audits will continue until no longer deemed necessary by the Committee. This will start at the September 2024 QAPI meeting.*

Licensee's Proposed Overall Completion Date: 09/26/2024

Implemented (█ - 11/21/2024)

183b - Meds and Syringes Locked**12. Requirements**

183b - Meds and Syringes Locked (continued)

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 8/8/24 at 9:13 AM, there were two Lidocaine patches unlocked, unattended, and accessible on top of the medication cart in the first-floor lounge area.

Plan of Correction

Accept [redacted] - 09/05/2024)

- Personal Care Home Administrator (or designee) will provide education to all MT/LPN on locking up all medications and syringes by 9/26/2024.
- Personal Care Home Administrator (or designee) will retain sign in for training starting 8/26/2024.
- Personal Care Home Administrator (or designee) will perform unannounced audits to ensure all medications and syringes are locked up per regulation starting 8/26/2024.
- Personal Care Home Administrator (or designee) will report results of audits to QAPI monthly to ensure solutions are sustained over time. (The Quality Assurance/ Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance /Performance Improvement Committee to show it is in compliance.) The audits will continue until no longer deemed necessary by the Committee. this will start with the September 2024 QAPI meeting.

Licensee's Proposed Overall Completion Date: 09/26/2024

Implemented [redacted] - 11/21/2024)

183d - Prescription Current

13. 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], the following over-the-counter medications were expired but still present in the home's treatment cart:

- a box of [redacted] expired as of [redacted]
- a box of [redacted] + Headache expired [redacted]
- a box of [redacted] + Flu Severe expired [redacted]
- two boxes of [redacted] expired [redacted]

Plan of Correction

Accept [redacted] - 09/05/2024)

- Personal Care Home Administrator (or designee) will provide training to all MT/LPNs on the requirements of disposing medications that have been discontinued or prescribed for residents who no longer reside in the home by 9/26/2024.
- Personal Care Home Administrator (or designee) will retain sign in of training for their records by 9/26/2024.
- Personal Care Home Administrator (or designee) will conduct unannounced audits of the medication carts and medication room weekly to ensure medications stored are still prescribed for administration and administered to residents who still reside in the home starting 8/26/2024.
- Personal Care Home Administrator (or designee) will report results of audits to QAPI monthly to ensure solutions are sustained over time. (The Quality Assurance/ Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather

183d Prescription Current (continued)

proof/information and present it to the Quality Assurance /Performance Improvement Committee to show it is in compliance.) The audits will continue until no longer deemed necessary by the Committee. This will start with the September 2024 QAPI meeting.

Licensee's Proposed Overall Completion Date: 09/26/2024

Implemented (█ - 11/21/2024)

183e - Storing Medications**14. 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 █, there were two loose pills observed in the home's medication cart.

Plan of Correction

Accept (█ - 09/05/2024)

- *Personal Care Home Administrator (or designee) will provide training to all MT/LPNs on the requirements of storing medications in a clean and organized manner in accordance with the manufactures instructions to prevent damage or loss by 9/26/2024.*
- *Personal Care Home Administrator (or designee) will retain sign in of training for their records by 9/26/2024.*
- *Personal Care Home Administrator (or designee) will conduct unannounced audits of the medication carts and medication room weekly to ensure medications stored in a clean and organized manner in accordance with the manufactures instructions to prevent damage or loss starting 8/26/2024.*
- *Personal Care Home Administrator (or designee) will report results of audits to QAPI monthly to ensure solutions are sustained over time. (The Quality Assurance/ Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance /Performance Improvement Committee to show it is in compliance.) The audits will continue until no longer deemed necessary by the Committee. This will start with the September 2024 QAPI meeting.*

Licensee's Proposed Overall Completion Date: 09/26/2024

Implemented (█ - 11/21/2024)

183f - Discontinued Medications**15. Requirements**

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

A small white pill was in a plastic cup in the trash bin on the side of the medication cart. Disposing of medications in the trash is not an approved method of destroying medications according to the Department of Environmental Protection and Federal and State regulation.

183f - Discontinued Medications (continued)

Plan of Correction

Accept [REDACTED] - 09/05/2024)

- The pill in question was disposed of according to the Department of Environmental Protection, Federal and State Regulations on 8/9/2024.
- Personal Care Home Administrator (or designee) will provide training to all MT/LPNs on the requirements of destroying medications that have been discontinued, expired or prescribed for residents who no longer reside in the home in a safe manner.
- Personal Care Home Administrator (or designee) will retain sign in of training for their records by 9/26/24.
- Personal Care Home Administrator (or designee) will conduct unannounced audits of the medication carts and medication room weekly to ensure medications stored are still prescribed for administration and administered to residents who still reside in the home, have current doctor orders to administer, and are within date starting 8/26/24.
- Personal Care Home Administrator (or designee) will report results of audits to QAPI monthly to ensure solutions are sustained over time. (The Quality Assurance/ Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance /Performance Improvement Committee to show it is in compliance.) The audits will continue until no longer deemed necessary by the Committee. This will start with the September 2024 QAPI meeting.

Licensee's Proposed Overall Completion Date: 09/26/2024

Implemented [REDACTED] - 11/21/2024)

184a - Resident's Meds Labeled

16. Requirements

2600.

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

Description of Violation

Resident 4 is prescribed [REDACTED], give [REDACTED] as needed for [REDACTED], [REDACTED] according to the medication administration record. The prescription label on the bottle of this medication states to administer [REDACTED]

Plan of Correction

Accept [REDACTED] - 09/05/2024)

- Resident 4 label reflects current order as of 8/9/2024.
- Personal Care Home Administrator (or designee) will provide training to all MT/LPNs on the requirements of labeling of medications, that includes residents name, medication, date prescription was issued, prescribed dosage and instructions for administration. The use of medication label change stickers will be reviewed by 9/26/24.
- Personal Care Home Administrator (or designee) will retain sign in of training for their records by 9/26/24.
- Personal Care Home Administrator (or designee) will conduct unannounced audits of the medication carts and medication room weekly to ensure medication bottles are labeled, blister packs are labeled correctly to meet regulations. If directions have changed a change of directions sticker will be placed on the label of the medication. Daily logs of orders will be used for this to ensure new orders are correct starting 8/26/24.

184a Resident's Meds Labeled (continued)

- *Personal Care Home Administrator (or designee) will report results of audits to QAPI monthly to ensure solutions are sustained over time. (The Quality Assurance/ Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance /Performance Improvement Committee to show it is in compliance.) The audits will continue until no longer deemed necessary by the Committee. This will start with the September 2024 QAPI meeting.*

Licensee's Proposed Overall Completion Date: 09/26/2024

Implemented [REDACTED] - 11/21/2024)

184b - Labeling OTC/CAM**17. 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 8/9/24, the following over the counter medications were stored in the home's treatment cart and had no label indicating to whom they belonged:

a box of [REDACTED]

a box of [REDACTED]

two boxes of [REDACTED]

Plan of Correction

Accept [REDACTED] - 09/05/2024)

- *OTC/CAM medications are labeled indicating residents name effective 8/9/2024.*
- *Personal Care Home Administrator (or designee) will provide training to all MT/LPNs on the requirements of labeling of medications, that includes residents name by 9/26/2024.*
- *Personal Care Home Administrator (or designee) will retain sign in of training for their records by 9/26/24.*
- *Personal Care Home Administrator (or designee) will conduct unannounced audits of the medication carts and medication room weekly to ensure medication bottles are labeled, blister packs are labeled correctly as well as OTC and CAM medications to meet regulations starting 8/26/24.*
- *Personal Care Home Administrator (or designee) will report results of audits to QAPI monthly to ensure solutions are sustained over time. (The Quality Assurance/ Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance /Performance Improvement Committee to show it is in compliance.) The audits will continue until no longer deemed necessary by the Committee. This will start with the September 2024 QAPI meeting.*

Licensee's Proposed Overall Completion Date: 09/26/2024

Implemented [REDACTED] - 11/21/2024)

185a - Implement Storage Procedures**18. 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 2 is prescribed blood sugar checks three times daily. Staff A stated that Resident 2's glucometer had been reset the morning of [REDACTED] because it was programmed with the wrong date and time.

Blood sugar readings for multiple residents differed from those stored in the meters versus those recorded on the home's treatment administration records.

Readings stored on Resident 3's glucometer included:

[REDACTED]

Readings stored on Resident 5's glucometer included:

[REDACTED]

Readings stored on Resident 6's glucometer included:

[REDACTED]

Plan of Correction

Accept ([REDACTED] - 09/05/2024)

- Personal Care Home Administrator (or designee) will provide training to all MT/LPNs on the requirements of storing medications in a safe and secure manner, as well as training on medical equipment to include maintaining and cleaning as per manufacturer's instructions, accessibility of equipment to resident at all times and should only be used by the particular resident it is recommended for by 9/26/2024.*
- Personal Care Home Administrator (or designee) will retain sign in of training for their records by 9/26/2024.*
- Personal Care Home Administrator (or designee) will conduct unannounced audits of the medication carts and medication room weekly to ensure there will be no misuse of medical equipment starting 8/26/2024.*
- Personal Care Home Administrator (or designee) will audit all glucoscans weekly to ensure blood sugar checks are being completed properly per physician's order and with the correct medical equipment starting 8/23/2024.*
- Personal Care Home Administrator (or designee) will report results of audits to QAPI monthly to ensure solutions are sustained over time. (The Quality Assurance/ Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance /Performance Improvement Committee to show it is in compliance.) The audits will continue until no longer deemed necessary by the Committee. This will start*

185a Implement Storage Procedures (continued)*with the September 2024 QAPI meeting.*

Licensee's Proposed Overall Completion Date: 09/26/2024

Implemented (█) - 11/21/2024)

187a - Medication Record**19. Requirements**

2600.

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

13. Date and time of medication administration.

Description of Violation

Resident 4 is prescribed █ tablet █ unit █ by mouth one time a day. This medication was administered on █ at █ however, it was not marked as given on the medication administration record.

Plan of Correction

Accept (█) - 09/05/2024)

- Personal Care Home Administrator (or designee) will provide training to all MT/LPNs on the requirements of keeping a medication record on each resident including importance of documentation of administration of medication by 9/26/2024.
- Personal Care Home Administrator (or designee) will retain sign in of training for their records by 9/26/2024.
- Personal Care Home Administrator (or designee) will conduct daily audits of the medication administration to ensure supporting documentation of medication administration starting 8/26/2024.
- Personal Care Home Administrator (or designee) will report results of audits to QAPI monthly to ensure solutions are sustained over time. (The Quality Assurance/ Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance /Performance Improvement Committee to show it is in compliance.) The audits will continue until no longer deemed necessary by the Committee. This will start with the September 2024 QAPI meeting.

Licensee's Proposed Overall Completion Date: 09/26/2024

Implemented (█) - 11/21/2024)

20. Requirements

2600.

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

4. Strength.

Description of Violation

Resident 4 is prescribed █, take 1 tab by mouth one time a day. The medication administration record does not include the strength of this medication.

Plan of Correction

Accept (█) - 09/05/2024)

- Resident 4 MAR reflects the strength of the medication as of 8/9/2024.
- Personal Care Home Administrator (or designee) will provide training to all MT/LPNs on the requirements of keeping a medication record on each resident including all orders must include strength and dosage of

187a - Medication Record (continued)

medication in directions by 9/26/2024.

- Personal Care Home Administrator (or designee) will retain sign in of training for their records by 9/26/2024. Personal Care Home Administrator (or designee) will conduct daily audits of the medication administration to ensure supporting documentation of medication administration including directions of physician's orders starting 8/26/2024.
- Personal Care Home Administrator (or designee) will report results of audits to QAPI monthly to ensure solutions are sustained over time. (The Quality Assurance/ Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance /Performance Improvement Committee to show it is in compliance.) The audits will continue until no longer deemed necessary by the Committee. This will start with September 2024 QAPI meeting.

Licensee's Proposed Overall Completion Date: 09/26/2024

Implemented [redacted] - 11/21/2024)

187d - Follow Prescriber's Orders

21. Requirements

2600.

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

Description of Violation

Resident 4 was not given the following prescribed medications:

- [redacted]

Plan of Correction

Accept [redacted] - 09/05/2024)

- Personal Care Home Administrator (or designee) will provide training to all MT/LPNs on the requirements of keeping a medication record on each resident including importance of documentation of administration of medication by 9/26/2024.
- Personal Care Home Administrator (or designee) will retain sign in of training for their records by 9/26/2024.
- Personal Care Home Administrator (or designee) will conduct daily audits of the medication administration to ensure supporting documentation of medication administration starting 8/26/2024.
- Personal Care Home Administrator (or designee) will report results of audits to QAPI monthly to ensure solutions are sustained over time. (The Quality Assurance/ Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance /Performance Improvement Committee to show it is in compliance.) The audits will continue until no longer deemed necessary by the Committee. This will start with the September 2024 QAPI meeting.

Licensee's Proposed Overall Completion Date: 09/26/2024

Implemented [redacted] - 11/21/2024)

254a - Records Discharge/Active

22. Requirements

254a - Records Discharge/Active (continued)

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], the electronic medication administration record system was unlocked, unattended, and accessible atop the medication cart in the first-floor lounge. In addition, there was an empty box of [REDACTED] with a prescription label and medical diagnosis for Resident 7 sitting on the cart.

Plan of Correction

Accept [REDACTED] - 09/05/2024)

- Initial audit of Medication Cart was performed, and no resident information was visible on 8/8/2024.
- Personal Care Home Administrator (or designee) will provide training to all MT/LPNs on the requirements of maintaining residents record in a confidential manner. All staff will be educated on using the ctrl+alt+delete to lock the computer instead of the lock screen used in the PCC format previously used by 9/26/2024.
- Personal Care Home Administrator (or designee) will retain sign in of training for their records by 9/26/2024.
- Personal Care Home Administrator (or designee) will conduct unannounced daily audits of the locking of the computer to provide confidentiality to provide privacy of resident's health information starting 8/26/2024.
- Personal Care Home Administrator (or designee) will report results of audits to QAPI monthly to ensure solutions are sustained over time. (The Quality Assurance/ Performance Improvement Committee reviews all deficiencies monthly by having Quality Assurance/Performance Improvement Committee members gather proof/information and present it to the Quality Assurance /Performance Improvement Committee to show it is in compliance.) The audits will continue until no longer deemed necessary by the Committee. This will start with the September 2024 QAPI meeting.

Licensee's Proposed Overall Completion Date: 09/26/2024

Implemented [REDACTED] - 11/21/2024)