

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

January 17, 2025

[REDACTED]
FAVERS RESIDENTIAL CARE HOME INC
[REDACTED]

RE: FAVERS RESIDENTIAL CARE HOME
574 TEECE AVENUE
PITTSBURGH, PA, 15202
LICENSE/COC#: 44913

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/13/2024 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: *FAVERS RESIDENTIAL CARE HOME* License #: *44913* License Expiration: *11/05/2024*
 Address: *574 TEECE AVENUE, PITTSBURGH, PA 15202*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *FAVERS RESIDENTIAL CARE HOME INC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *R-4* Date: *02/04/2010* Issued By: *Borough of Bellevue*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *11* Waking Staff: *8*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Renewal, Complaint* Exit Conference Date: *08/13/2024*

Inspection Dates and Department Representative

08/13/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *14* Residents Served: *11*

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

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *10* Are 60 Years of Age or Older: *10*
 Diagnosed with Mental Illness: *11* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

08/13/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/25/2024*

01/17/2025 - Document Submission
 Submitted By: [REDACTED] Date Submitted: *10/25/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Not Required*

25b - Contract Signatures

1. 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

Resident [redacted] contract, dated [redacted] was not signed by the resident.

Plan of Correction

Directed [redacted] 10/16/2024)

DIRECTED:

Within 24 hours of receipt of the plan of correction - The administrator will review resident [redacted] contract with the resident and obtain the resident's signature. - [redacted] 10/17/24

Within 7 calendar days of receipt of the plan of correction - The administrator will review the contracts of all current residents to ensure a completed, signed contract is present in each record. - [redacted] 10/17/24

Within 7 calendar days of receipt of the plan of correction - The administrator will develop and implement a document tracking system for new residents to ensure all contracts, including signatures, are completed prior to, or within 24 hours of admission. - [redacted] 10/17/24

Within 7 calendar days of receipt of the plan of correction - All staff persons involved with resident admissions and contracts will be educated to the tracking system. Documentation of the training will be kept. - [redacted] 10/17/24

Directed Completion Date: 10/24/2024

Implemented [redacted] - 01/08/2025)

26b - Quality Management Plan Content

2. 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.
5. Resident or family councils, or both, if applicable.

26b - Quality Management Plan Content (continued)

Description of Violation

The home has not conducted a quality management review within the last year.

Plan of Correction

Directed [redacted] - 10/16/2024)

DIRECTED:

Within 15 calendar days of receipt of the plan of correction - A quality management review will be conducted. The review will be documented in writing including the date of the review, who conducted the review, how the review was done, the findings, and any follow-up action planned. - [redacted] 10/17/24

Within 15 calendar days of receipt of the plan of correction - The administrator will schedule and conduct a quality management review at least annually. - [redacted] 10/17/24

Directed Completion Date: 11/01/2024

Implemented [redacted] - 01/08/2025)

42s - Privacy

3. 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 lock was inoperable on the door of the 1st floor common bathroom.

Repeat violation: [redacted]

Plan of Correction

Directed ([redacted] - 10/17/2024)

DIRECTED:

Within 7 calendar days of receipt of the plan of correction - The administrator will ensure the lock on the 1st floor common bathroom is repaired or replaced. - [redacted] 10/17/24

Within 7 calendar days of receipt of the plan of correction - The administrator or designee will complete a walk-through of the home at least monthly, to ensure all locks in the home are functioning. - [redacted] 10/17/24

Directed Completion Date: 10/24/2024

Implemented [redacted] 01/08/2025)

64c - Annual Training

4. Requirements

2600.

64c Annual Training (continued)

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff person A, the home's administrator, only completed 10 hours of annual training in training year 2023.

Plan of Correction

Directed [redacted] - 10/17/2024)

DIRECTED:

Staff person A, administrator, will complete 14 hours of approved administrator annual training in addition to the 24 hours due for 2024 for a total of 38 hours. All hours of annual training shall be completed by December 31, 2024. Documentation of successful completion of each training course listed above will kept in the administrator's training record. [redacted] 10/17/24

Directed Completion Date: 12/31/2024

Implemented [redacted] - 01/08/2025)

81b - Resident Personal Equipment

5. 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

Resident [redacted] has bilateral bedside enablers on the upper portion of [redacted] bed which were not secured and could slide approximately 4" in both directions and could be lifted completely away from the bedframe, posing an entrapment and fall hazard. Additionally, there are two openings on each enabler measuring 14" x 5½" that were uncovered, posing an entrapment hazard.

Plan of Correction

Directed [redacted] - 10/17/2024)

DIRECTED:

Within 24 hours of receipt of the plan of correction The administrator will ensure the bedside enablers for resident [redacted] are secured to the bed and the openings covered, or removed entirely. [redacted] 10/17/24

Within 24 hours of receipt of the plan of correction The administrator will review the Department's policy on bedside mobility devices to ensure the home is meeting the Department's compliance standards for their usage. [redacted] 10/17/24

Within 48 hours of receipt of the plan of correction The administrator will educate all direct care staff on safe bedside mobility devices usage. Staff will be instructed to monitor bedside mobility devices safety, including checking covers on openings and secure attachment, daily and on each shift as part of their regular daily duties. [redacted] 10/17/24

Within 24 hours of receipt of the plan of correction and weekly thereafter The administrator will monitor each resident with a bedside mobility device to ensure bedrails are used according to all of the Department's regulations

81b - Resident Personal Equipment (continued)

for bedrail safety, including having openings covered. - [REDACTED] 10/17/24

Directed Completion Date: 10/19/2024

Implemented [REDACTED] - 01/08/2025)

82a - Poisonous Materials**6. Requirements**

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

A 32-fl oz spray bottle of clear liquid in a The Home Store glass cleaner with a handwritten label indicating "Clorox Cleaner + Bleach" was on the kitchen counter next to the sink. Original product labeling at the home indicated "Call a poison control center or doctor for further treatment advice."

Plan of Correction

Directed [REDACTED] - 10/17/2024)

DIRECTED:

Within 24 hours of receipt of the plan of correction - The identified liquid will be disposed of safely. - [REDACTED] 10/17/24

Within 48 hours of receipt of the plan of correction - All staff persons will be educated to keep poisonous materials in their original containers and the risk of having unlabeled poisons in the home. Documentation will be kept. - [REDACTED] 10/17/24

Within 48 hours of receipt of the plan of correction - A designated staff person will monitor the home daily to ensure all poisonous materials are kept in their original labeled containers and locked and inaccessible to residents. - [REDACTED] 10/17/24

Within 48 hours of receipt of the plan of correction and weekly thereafter - The administrator will monitor the home to ensure all poisonous materials are kept in their original containers. - [REDACTED] 10/17/24

Directed Completion Date: 10/19/2024

Implemented [REDACTED] - 01/08/2025)

85a - Sanitary Conditions**7. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

There was a sticky, greasy film covering the outside of all of the kitchen cabinets and drawers.

Plan of Correction

Directed [REDACTED] - 10/17/2024)

DIRECTED:

Within 24 hours of receipt of the plan of correction - The administrator or designee will clean the kitchen cabinets

85a - Sanitary Conditions (continued)

and drawers. - [REDACTED] 10/17/24

Within 48 hours of receipt of the plan of correction - All staff persons will receive training on maintaining sanitary conditions, including cleaning of common areas, including the kitchen. Documentation will be kept. - [REDACTED] 10/17/24

Within 24 hours of receipt of the plan of correction - A designated staff person will check the home daily, and on each shift, to ensure sanitary conditions are maintained. - [REDACTED] 10/17/24

Within 24 hours of receipt of the plan of correction and weekly thereafter - The administrator will inspect the home to ensure sanitary conditions are maintained. - [REDACTED] 10/17/24

Directed Completion Date: 10/19/2024

Implemented ([REDACTED] 01/08/2025)

88a - Surfaces

8. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

Two ceiling tiles were missing, exposing duct work, electrical wiring and the exhaust fan in the 2nd floor small bathroom. Also, there was water damage to three of the tiles surrounding the exhaust fan, one of which was cracked and bowing downward.

A ceiling tile was missing in the hallway outside of the 2nd floor large bathroom, exposing the duct work.

Plan of Correction

Directed [REDACTED] - 10/17/2024)

DIRECTED:

Within 5 calendar days of receipt of the plan of correction - The identified ceiling tiles will be replaced. - [REDACTED] 10/17/24

Within 48 hours of receipt of the plan of correction and at least weekly thereafter - The administrator will complete a walk-through of the home to ensure ceilings, walls, and other surfaces are clean and in good repair. [REDACTED] 10/17/24

Directed Completion Date: 10/22/2024

Implemented [REDACTED] - 01/08/2025)

95 - Furniture and Equipment

9. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The outer edge of the kitchen countertop in front of the sink was detached and not secured to rest of counter.

95 - Furniture and Equipment (continued)

The cabinet drawer face was missing from the 3rd drawer and the drawer face was not attached to the top of the 4th drawer to right of the kitchen sink.

The doorknob was not completely attached, exposing the internal hardware between the knob and both sides of resident [REDACTED] bedroom door.

The seat covering of the chair was cracked and torn, exposing the foam, in an area measuring approximately 5" x 1" in the 2nd floor big bathroom.

The fabric was torn, exposing the foam on the edges of both arm rests and seat cushion of the chair in bedroom [REDACTED]

Plan of Correction

Directed [REDACTED] - 10/17/2024)

DIRECTED:

Within 5 calendar days of receipt of the plan of correction - The identified items that are in disrepair will be repaired or replaced. - [REDACTED] 10/17/24

Within 48 hours of receipt of the plan of correction and at least weekly thereafter - The administrator will complete a walk-through of the home to ensure all furniture and equipment is clean and in good repair. [REDACTED] 10/17/24

Directed Completion Date: 10/22/2024

Implemented [REDACTED] 01/08/2025)

100a - Exterior - Free of Hazards**10. 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

Numerous boards on the ramp leading to the front door and porch landing are bowed and loose and move up and down when stepped upon, posing a trip/fall hazard.

Plan of Correction

Directed (JD - 10/17/2024)

DIRECTED:

Within 5 calendar days of receipt of the plan of correction - The identified areas on the ramp and front porch will be repaired or replaced. - [REDACTED] 10/17/24

Within 48 hours of receipt of the plan of correction and at least weekly thereafter - The administrator will complete a walk around the exterior of the home to ensure all is in good repair and no hazards are present. - [REDACTED] 10/17/24

Directed Completion Date: 10/22/2024

Implemented [REDACTED] - 01/08/2025)

101j2 - Bedroom Chairs

11. Requirements

2600.

- 101.j. Each resident shall have the following in the bedroom:
 - 2. A chair for each resident that meets the resident's needs.

Description of Violation

Bedroom [redacted] has [redacted] residents but no chairs.

Plan of Correction

Directed [redacted] - 10/17/2024)

DIRECTED:

Within 24 hours of receipt of the plan of correction - The administrator will ensure there are 3 chairs in bedroom [redacted] that meet the residents' needs. - [redacted] 10/17/24

Within 48 hours of receipt of the plan of correction - All staff will be reeducated on this requirement. [redacted] 10/17/24

Within 48 hours of receipt of the plan of correction and at least weekly thereafter - The administrator will complete a walk-through of the home to ensure all bedrooms have all required items, including a chair for each resident that meets their needs. [redacted] 10/17/24

Directed Completion Date: 10/19/2024

Implemented [redacted] 01/08/2025)

101o - Walls, Floors, Ceilings

12. Requirements

2600.

- 101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

The plaster on the wall was damaged in an area measuring approximately 18 1/2" x 3", exposing the drywall at the bottom of bed [redacted] in bedroom [redacted]

Plan of Correction

Directed [redacted] - 10/17/2024)

DIRECTED:

Within 5 calendar days of receipt of the plan of correction - The administrator will ensure the plaster in bedroom [redacted] is repaired. - [redacted] 10/17/24

Within 48 hours of receipt of the plan of correction and at least weekly thereafter - The administrator will complete a walk-through of the home to ensure all bedroom surfaces are clean and in good repair. - [redacted] 10/17/24

Directed Completion Date: 10/22/2024

Implemented [redacted] - 01/08/2025)

103d - Storing Food Off Floor

13. Requirements

2600.
103.d. Food shall be stored off the floor.

Description of Violation

There were 5-gallon jugs of water stored on the floor in the following areas of the home:

- Behind the 1st floor shared bathroom
- Next to the urinal in the 2nd floor large shared bathroom.
- On the basement floor

Plan of Correction

Directed [redacted] - 10/17/2024)

DIRECTED:

Within 24 hours of receipt of the plan of correction - The administrator will ensure all food and water is stored off the floor. - [redacted] 10/17/24

Within 48 hours of receipt of the plan of correction - All staff will be reeducated on this requirement. - [redacted] 10/17/24

Within 48 hours of receipt of the plan of correction and at least weekly thereafter - The administrator will complete a walk-through of the home to ensure all food is stored off of the floor. - [redacted] 10/17/24

Directed Completion Date: 10/19/2024

Implemented [redacted] - 01/08/2025)

103e - Left Overs

14. Requirements

2600.
103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was no date on a large plastic container of pork and potatoes in the kitchen refrigerator.

Plan of Correction

Directed [redacted] 10/17/2024)

DIRECTED:

Within 24 hours of receipt of the plan of correction - The administrator will ensure there identified food was thrown out. - [redacted] 10/17/24

Within 48 hours of receipt of the plan of correction - All staff will be reeducated on this requirement. - [redacted] 10/17/24

Within 48 hours of receipt of the plan of correction and at least weekly thereafter - The administrator will complete a walk-through of the home, including the kitchen and all food storage areas to ensure all food is labeled and dated. - [redacted] 10/17/24

Directed Completion Date: 10/19/2024

Implemented [redacted] - 01/08/2025)

103f - Refrigerator/Freezer Temps

15. 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.

Description of Violation

There were no thermometers in the following basement freezers:

- Small chest freezer containing meat
- Chest freezer containing boxed food

Plan of Correction

Directed [redacted] - 10/17/2024)

Within 24 hours of receipt of the plan of correction - The administrator will ensure an operable thermometer is in place in every refrigerator and freezer in the home. - [redacted] 10/17/24

Within 48 hours of receipt of the plan of correction - All staff will be reeducated on this requirement. - [redacted] 10/17/24

Within 48 hours of receipt of the plan of correction - The administrator or designee will monitor each refrigerator and freezer daily, to ensure a thermometer is in place and that the temperatures are safe. Documentation will be kept, including temperature logs. - [redacted] 10/17/24

Within 48 hours of receipt of the plan of correction - All staff will be reeducated on this requirement. - [redacted] 10/17/24

Directed Completion Date: 10/19/2024

Implemented [redacted] - 01/08/2025)

132b - Safety Inspection/Fire Drill

16. Requirements

2600.

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

Description of Violation

The most recent fire safety inspection was completed on [redacted]

Repeat violation: [redacted]

Plan of Correction

Directed [redacted] - 10/17/2024)

DIRECTED:

Within 24 hours of receipt of the plan of correction - The administrator will contact a fire safety expert and schedule a fire safety inspection and fire drill. Documentation will be kept. - [redacted] 10/17/24

Within 30 days of receipt of the plan of correction - The administrator will have a fire safety expert complete a fire safety inspection and fire drill. Documentation will be kept. - [redacted] 10/17/24

An administrator will schedule the annual fire inspection and drill with a fire-safety expert to ensure the annual fire

132b Safety Inspection/Fire Drill (continued)

inspection and drill are conducted within the annual (365 day) timeframe. ■ 10/17/24

Directed Completion Date: 11/16/2024

Implemented ■ - 01/08/2025)

183b - Meds and Syringes Locked**17. 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

There was a tube of ■, unlocked and accessible to residents on top of a bin in resident ■ bedroom.

Repeat violation: ■

Correction

Directed ■ - 10/17/2024)

Within 24 hours of receipt of the plan of correction The identified ointment will be placed in a locked area or container. ■ 10/17/24

Within 48 hours of receipt of the plan of correction All staff persons will be educated on the requirement that medications shall be kept in an area or container that is locked. Documentation of the training will be kept. ■ 10/17/24

Within 48 hours of receipt of the plan of correction A designated staff person will check the home daily on each shift to ensure all medications are kept in an area or container that is locked. ■ 10/17/24

Within 48 hours of receipt of the plan of correction and at least weekly thereafter The administrator will check the home at least weekly to ensure all medications are stored in locked area or container. ■ 10/17/24

Directed Completion Date: 10/19/2024

Implemented ■ - 01/08/2025)

187b - Date/Time of Medication Admin.**18. Requirements**

2600.

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

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

Description of Violation

Staff person B indicated that [REDACTED] does not initial the medication administration record (MAR) until after all of the resident's medications have been passed.

Repeat violation: [REDACTED]

Plan of Correction

Directed [REDACTED] - 10/17/2024)

Within 7 calendar days of receipt of the plan of correction All staff persons who administer medication will be reeducated on proper documentation procedures. This retraining shall include the requirement of recording the administration of medication at the time the medication is administered by the staff person who administers the medication. Documentation will be kept. [REDACTED] 10/17/24

Within 7 calendar days of receipt of the plan of correction A designated staff person will monitor the medication administration record (MAR) daily to ensure all medication administration documentation is complete, and accurate. Documentation will be kept. [REDACTED] 10/17/24

Within 15 calendar days of receipt of the plan of correction The administrator or designee, who has current medication training, will monitor the MAR at least weekly and observe a medication pass by each staff person who administers medication at least two times, then monthly thereafter, to ensure all medication administration documentation is complete, current and accurate. Documentation will be kept. [REDACTED] 10/17/24

Directed Completion Date: 11/01/2024

Implemented [REDACTED] - 01/08/2025)

224a - Preadmission Screen Form

19. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

The preadmission screening form, dated [REDACTED] for resident [REDACTED] does not indicate that the resident's needs can be met in the home.

224a - Preadmission Screen Form (continued)

Resident [REDACTED] was admitted [REDACTED]; however, the preadmission screening was completed on [REDACTED].

Plan of Correction

Directed [REDACTED] - 10/17/2024)

Within 5 days of receipt of the plan of correction - The administrator or designated staff person will create and implement a document tracking system for new residents to ensure all residents have a preadmission screening completed within 30 days prior to admission, documented on the required form, to determine that the needs of the resident can be met by the services provided by the home. - [REDACTED] 10/17/24

Within 5 days of receipt of the plan of correction - All staff persons involved with resident admissions will be educated regarding the documentation system and the contents and timeframe for completion of the preadmission screening form. - [REDACTED] 10/17/24

Directed Completion Date: 10/22/2024

Implemented [REDACTED] 01/08/2025)

225a - Assessment 15 Days

20. 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

The assessment, dated [REDACTED] for resident [REDACTED] does not include the diagnoses of chronic psychosis and major depression that are indicated on the medical evaluation, dated [REDACTED].

Plan of Correction

Directed [REDACTED] - 10/17/2024)

Within 24 hours of receipt of the plan of correction - The administrator will update the assessment of resident [REDACTED] as indicated. - [REDACTED] 10/17/24

Within 7 calendar days of receipt of the plan of correction - The administrator will review the assessments of all residents to ensure they are complete and accurate, to include all diagnoses. - [REDACTED] 10/17/24

Directed Completion Date: 10/24/2024

Implemented [REDACTED] - 01/08/2025)

227d - Support Plan Medical/Dental

21. Requirements

2600.

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

Description of Violation

The support plan, dated [REDACTED], for resident [REDACTED] does not address how the home will meet the resident's needs regarding the use of the two bedside enablers attached to resident [REDACTED]'s bed.

Plan of Correction

Directed [REDACTED] - 10/17/2024)

Within 24 hours of receipt of the plan of correction - The administrator will update the support plan for resident [REDACTED] regarding the use of the bedside mobility devices., to include daily monitoring on each shift by staff persons and weekly monitoring by the administrator. - [REDACTED] 10/17/24

Within 7 calendar days of receipt of the plan of correction - The administrator will review the support plans of all residents to ensure they are complete and accurate. - [REDACTED] 10/17/24

Directed Completion Date: 10/24/2024

Implemented [REDACTED] 01/08/2025)

227h - Support Plan Refuse Sign

22. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

The support plan for resident [REDACTED], dated [REDACTED], is not signed by the resident. The support plan does not indicate if the resident participated in the development of the plan, was unable to participate, or if the resident refused to sign the support plan.

Plan of Correction

Directed [REDACTED] - 10/17/2024)

DIRECTED:

Within 24 hours of receipt of the plan of correction - The administrator will ensure a new annual support plan has been completed for resident [REDACTED] and indicate if the resident participated in the development of the plan, was unable to participate, or if the resident refused to sign the support plan. - [REDACTED] 10/17/24

Within 7 calendar days of receipt of the plan of correction - The administrator will reeducate all staff involved in preparing support plans of this requirement. - [REDACTED] 10/17/2024

Within 7 calendar days of receipt of the plan of correction - The administrator will review the support plans of each resident to ensure they are complete and accurate, and indicate if the resident participated in the development of the plan, was unable to participate, and if the resident refused to sign the support plan, if the resident did not sign the

227h Support Plan Refuse Sign (continued)

plan. [REDACTED] 10/17/24

Directed Completion Date: 10/24/2024

Implemented ([REDACTED] - 01/08/2025)