

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

November 8, 2024

[REDACTED], OWNER
THE VINEYARD PERSONAL CARE HOME INC
3030 COLUMBIA AVENUE
LANCASTER, PA, 17603

RE: THE VINEYARD PERSONAL CARE
HOME
3030 COLUMBIA AVENUE
LANCASTER, PA, 17603
LICENSE/COC#: 32503

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/17/2024, 09/18/2024 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: THE VINEYARD PERSONAL CARE HOME License #: 32503 License Expiration: 09/22/2025
 Address: 3030 COLUMBIA AVENUE, LANCASTER, PA 17603
 County: LANCASTER Region: CENTRAL

Administrator

Name: [REDACTED]

Legal Entity

Name: THE VINEYARD PERSONAL CARE HOME INC
 Address: 3030 COLUMBIA AVENUE, LANCASTER, PA, 17603
 Phone: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 04/11/2003 Issued By: L & I

Staffing Hours

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

Inspection Information

Type: Full Notice: Unannounced BHA Docket #: 0
 Reason: Renewal, Incident Exit Conference Date: 09/18/2024

Inspection Dates and Department Representative

09/17/2024 - On-Site: [REDACTED]
 09/18/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 42 Residents Served: 42

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

Hospice
 Current Residents: 0

Number of Residents Who:
 Receive Supplemental Security Income: 34 Are 60 Years of Age or Older: 27
 Diagnosed with Mental Illness: 6 Diagnosed with Intellectual Disability: 6
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

09/17/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/05/2024

10/04/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 10/17/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/11/2024

Inspections / Reviews (*continued*)

10/16/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/17/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/22/2024

11/08/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/17/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. Requirements

2600.

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

Description of Violation

On [REDACTED] at approximately [REDACTED], Resident 1 punched Resident 2 several times in the face. As a result, Resident 2 sustained bruising to his/her face and a broken nose. Resident 2 was transported to the ER, and Resident 1 was taken into custody by law enforcement.

Repeated Violation - 2/16/24

Plan of Correction

Accept [REDACTED] - 10/15/2024)

On [REDACTED] resident 1 and 2 did get in to an unwitnessed altercation. Resident 2 came to the 1st floor where [REDACTED] found a staff member and asked them to get the owner. When the owner came down [REDACTED] seen that resident 2 needed medical attention,, resident 2 explained what happened, 911 was called at that point. Police were also called for resident 1. Resident 1 went with the police and resident 2 went to the hospital. PCHA was called and came to the facility. Both residents did return to the facility later in the evening. Staff put resident 1 in another room, and then the next day moved his belongings to the room. where he will be staying permanently. Both residents shook hands and have had no further issues. There was a court hearing, both residents went to, the judge dismissed it due to mental health. PCHA reported this incident to DHS and OOA on [REDACTED] PCHA spoke with both residents daily to make sure they were okay. Resident 1 stated every day that he was sorry and he just didn't know why he done what he done. Resident 2 accepted his apology and both residents do speak to each other when they see each other, but are still n separate rooms.. Resident 1 recently had a stay at [REDACTED] Psychiatric Center from [REDACTED] until [REDACTED] for a different reason. Medications were adjusted/ changed for resident 1 and he is doing much better with his anger. Resident 1 now has a psych that he follows monthly or as needed

Staff are educated annually on abuse, but will have an additional training on 10/08/2024 by the PCHA. This training will be complete on 10/08/2024,. PCHA will add this training to the annual abuse training.

Starting 10/4/2024 PCHA will do walk throughs of the building and randomly speak to different residents and make sure they are doing well and see if they have any issues that would like to talk about. PCHA will carry a note pad along for any documentation that may need to be addressed. Ongoing PCHA has always communicated to residents as they are getting their medications.

A monthly resident meeting is already in place and happens every month ,near the end of month., with the PCHA and med techs. During these meetings residents are very vocal with their concerns/ issues. There will be no end date for these conversations of PCHA to resident.

On 10/4/2024 PCHA spoke with all staff and went over things to look for when doing resident activities, serving meals, cleaning rooms etc. Making sure staff are aware when two or more residents are not getting along or bickering back and forth, that these things need to be reported. Even if the staff speaks to the resident and calms everything. These incidents still need reported. We will be have psych services starting 10/7/2024, she will visit the facility monthly or when needed and she can also help with any issues that we may have.

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

42b - Abuse (continued)

Implemented () - 11/08/2024

57b - 1 Hour/Day

2. Requirements

2600.

57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

Description of Violation

On (), there were 42 residents in the home, requiring a minimum of 42 hours of direct care service. On this day, only 40 hours of direct care staffing were provided.

On (), there were 42 residents in the home, requiring a minimum of 42 hours of direct care service. On this day, only 38 hours of direct care staffing were provided.

Repeated Violation - 8/9/23

Plan of Correction

Accept () - 10/15/2024

On 9/17/2024 PCHA hired a staff member PRN to help fill in on the days that we are short. This new hired staff member was employed at the facility previously, () just left on (), so () is familiar with the residents and facility. () is also current with () CPR, diabetic training and med tech.

We also have a staff member that is out on maternity leave she went out at the end of August and will return in October when her PCP releases her to work. With the new hire and () return we will be meeting the number of hours needed for personal care services. PCHA will make sure to schedule the staff to meet the needed hours, On 9/6/2024 this was a Friday, I would have had 39 residents in house. Monday, Weds and Friday I only have 39 residents in the home, 3 residents go to Tempo club House 3 days a week. Mon, Weds Fri. and on Tuesdays and Thursdays I have one resident out every week at her Job at Good Will. Attached is the upcoming schedule and what it should look like with no one calling off. On 10/1/2024 PCHA and the owner had a meeting with ADP, this is a payroll application. Once the PCHA enters the schedule into the system it will total the hours for each day. This will be a 4 week schedule that is created and posted. This will help PCHA know where to add the PRN that was hired, to make up any time that may be needed for the week.

PCHA will then go over the schedule to make sure the hours are met and initial the schedule before posting. If there is a call off house manager will find coverage or she will cover the shift to make up the lost hours. This will be ongoing with no end date.

Licensee's Proposed Overall Completion Date: 10/07/2024

Implemented () - 11/08/2024

57d - Waking Hours

3. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On 9/6/24, a total of 31.5 hours of direct care was required. However, only 30 of the required hours were provided during waking hours.

57d - Waking Hours (continued)

Repeated Violation - 8/9/23

Plan of Correction

Accept (█ - 10/15/2024)

On █ PCHA hired a staff member PRN to help fill in on the days that we are short. This new hired staff member was employed at the facility previously, █ just left on █, so █ is familiar with the residents and facility. █ is also current with █ CPR, diabetic training and med tech.

We also have a staff member that is out on maternity leave █ went out at the end of August and will return in October when █ PCP releases █ to work. With the new hire and █ return we will be meeting the number of hours needed for personal care services. PCHA will make sure to schedule the staff to meet the needed hours, Attached is the upcoming schedule with no one calling off

On 10/1/2024 PCHA and the owner had a meeting with ADP, this is a payroll application. Once the PCHA enters the schedule into the system it will total the hours for each day. This will be a 4 week schedule that is created and posted. This will help PCHA know where to add the PRN that was hired, to make up any time that may be needed for the week.

PCHA will then go over the schedule to make sure the hours are met and initial the schedule before posting . If there is a call off house manager will find coverage or she will cover the shift to make up the lost hours. This will be ongoing with no end date.

Licensee's Proposed Overall Completion Date: 10/07/2024

Implemented █ - 11/08/2024)

65g - Annual Training Content

4. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.

Description of Violation

Staff Person A did not receive the following annual training during the 2023 training year:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.

Plan of Correction

Directed █ - 10/16/2024)

On █ PCHA spoke with staff member A letting █ know that he will be signing off on all the training that █ is involved in. Fire Training, Fire Drills, emergency preparedness, resident rights, older adult protective services,

65g - Annual Training Content (continued)

falls and accident, or any other trainings that I involve him in. This will start immediately this month September 2024, with no end date. Going forward PCHA will have any new hire complete all trainings including monthly trainings required for direct care. On 10/4/2024 PCHA called the Blue Rock fire company to set up the annual fire training that is due in late October early November, left a message and waiting for a reply to set up a date for staff member A and the rest of the staff to attend this yearly training. On 10/7/2024 PCHA had a training on the following topics with staff member A Older Adult Protective Services Act, Emergency Preparedness procedures and recognition and response to crisis/ emergencies. Resident Rights and Falls and Accident Prevention. Going forward staff member A will complete these trainings with the other team members annually. Staff member will attend the fire training as soon as we get a date from Blue Rock Fire Company. Blue Rock Fire Company was called again on 10/09/2024 to try to get a training date for all staff including staff member A.

Proposed Overall Completion Date: 10/07/2024

[Directed]

- PCHA or designee will audit all current employee trainings for the 2024 training year to make sure all employee trainings are up-to-date. This will be completed no later than 11/15/24. Documentation of this audit will be kept and available for review by the Department.
- Beginning no later than 11/15/24, PCHA or designee will complete quarterly audits of all current employee records to ensure all employees are being trained on all required annual training throughout the training year. Documentation of these audits will be kept and available for review by the Department.

Directed Completion Date: 11/15/2024

Implemented [REDACTED] - 11/08/2024)

82c - Locking Poisonous Materials**5. Requirements**

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 9/17/24, a tube of Petroleum jelly and a bottle of Antiseptic mouthwash, with a manufacture's label indicating "contact poison control if swallowed", was unlocked, unattended, and accessible in a shared bedroom where Resident 5 resides. Resident 5 has been assessed incapable of recognizing and using poisons safely.

Plan of Correction

Accept [REDACTED] - 10/16/2024)

Immediately on 9/17/2024 PCHA spoke with the roommate of resident 5 and explained to [REDACTED] of residents 5 incapability of recognizing poisons, and that if [REDACTED] was going to continue using the Petroleum jelly and mouthwash that [REDACTED] would have to have them in a locked container. [REDACTED] did understand and does have them properly stored away. Starting 9/18/24 Staff will check the room daily when emptying trash to assure these things are not laying out, this check will continue for 4 weeks. PCHA did ask this resident on 9/26/2024, how it was going with putting these things away, and she stated "oh yeah that's not a problem I make sure they are away after each time I use them. "

82c - Locking Poisonous Materials (continued)

Proposed Overall Completion Date: 10/10/2024

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented (█) - 11/08/2024)

85a - Sanitary Conditions**6. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 9/17/24, a pungent odor of urine was detected in shared bathroom between bedrooms 10 and 12. A puddle of what appeared to be urine was observed on the floor in front of the toilet.

Plan of Correction

Accept (█) - 10/16/2024)

On 09/17/2024 all bathrooms were cleaned in the morning. Later in the day when the urine was noticed by DHS, staff immediately went in and cleaned the restroom again. This wing is all men and staff will clean urine up off the restroom floors several times a day. Restroom cleaning is on a schedule Monday ladies wing right side is cleaned, then all other bathrooms are checked and trash is emptied. Tuesdays is the left side of the ladies hall, Weds right side of men's hall, Thursday left side of men's, Friday upstairs. Those are the day of deep cleaning but the bathrooms are checked daily with the trash being emptied daily, and cleaned if needed. The deep cleanings are daily, on day shift. The trash and bathroom checks are on first and 2nd shifts, these checks are daily. with no end date.

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

Implemented (█) - 11/08/2024)

93a - Handrails**7. Requirements**

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

The exterior steps of exit 9 has a loose handrail.

Plan of Correction

Accept (█) - 10/16/2024)

On 9/17/2024, when the loose hand rail was found, maintenance was notified and █ completed a temporary fix by adding a shim. On 09/18/2024 maintenance got the supplies needed to fix the loose rail. He anchored it in to the concrete. check railings is on his monthly checklist, that he hands in at the beginning of each month. The maintenance checklist for the maintenance check started in August of 2023.. PCHA spoke with maintenance and explained that he will need to make sure he is checking every railing around the facility, if they are loose to fix immediately.

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

Implemented (█) - 11/08/2024)

95 - Furniture and Equipment

8. Requirements

2600.

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

Description of Violation

On 9/17/24, the support rails of the bedframe in bedroom 12 were not properly attached and secured.

Plan of Correction

Accept (redacted) - 10/16/2024)

Immediately on 9/17/24 when it was brought to our attention, maintenance was notified and the bed was repaired. On the bed frame when the two side pieces come together, they slipped apart, maintenance secured both sides to prevent them from separating again. resident 1 was aware of this but he stated that he did not want to bother the staff with it, PCHA explained to him that it is never a bother to us that we need to know when something needs repaired that he is aware of. On 9/26/2024 beds were added to the maintenance monthly check list., he will check for any repairs or replacements needed, these checks are monthly. On 09/26/2024 PCHA went over the checklist with maintenance and told him that the beds were added to the checklist , he will check these monthly for any broken parts.

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

Implemented (redacted) - 11/08/2024)

103f - Refrigerator/Freezer Temps

9. 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

On 9/17/24 at approximately 10 am, the temperature in the dining room refrigerator was 45 degrees Fahrenheit, and at 2:44 pm the refrigerator was 51 degrees Fahrenheit.

On 9/17/24 at 2:45 pm, the temperature in the kitchen refrigerator was 51 degrees Fahrenheit.

Plan of Correction

Accept (redacted) - 10/16/2024)

On 9/17/2024 at 730 am a resident reported to the PCHA that the refrigerator in the dining room was turned off. PCHA did check this refrigerator but was unaware of how to turn it back on, when maintenance came in at 7:55, PCHA immediately reported to him of the refrigerator being turned off. (redacted) immediately went to the dining room to check it and turned it back on it took a while for it to get cold.. Late in the afternoon the temp was still reading high, maintenance put a new thermomotor in it and and checked it again in an hour and it was starting to get colder. Until we could get the correct temperature All food that was in the refrigerator was moved to the kitchen refrigerator, by the med tech on duty. The refrigerator is checked daily and temps are documented, if these temps drop again, staff will check immediately to see if the refrigerator is on., and report to the PCHA. Temps are checked daily with no end date. If this issue continues with low temps the refrigerator will be replaced. Today 10/02/2024 the temperatures are all reading correctly.

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

Implemented (redacted) - 11/08/2024)

141a 1-10 Medical Evaluation Information

10. Requirements

2600.

141a 1 10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident 4's current initial medical evaluation, dated [REDACTED], does not include the temperature of the resident.

Plan of Correction

Accept ([REDACTED] - 10/16/2024)

Starting immediately, when a resident goes out to get a DME and Med eval the PCHA will look over it to make sure all information is complete, PCHA will also have the lead med tech look over it to make sure all information is listed on the forms. If there is something missing PCP will be notified immediately, the form will be faxed to the PCP office for the PCP to add the missing information. This will be ongoing with no end date.

10/7/2024 PCHA went over the med evals and DMEs with the lead med tech., explaining that the form must be filled out entirely before it can be filed away. If anything is missing the form will be sent to the PCP for completion. An audit of all Med Eval and DMEs will be completed by the PCHA by 10/25/2024. Attached is the first med eval/ dme completed since the inspection.

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

Implemented ([REDACTED] - 11/08/2024)

141b1 - Annual Medical Evaluation

11. Requirements

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

Description of Violation

Resident 1's current annual medical evaluation, dated [REDACTED], does not include the height of the resident.

Resident 6 's current annual medical evaluation, dated [REDACTED], does not include the height, weight, pulse rate, blood pressure and immunization history of the resident.

Plan of Correction

Accept ([REDACTED] - 10/16/2024)

Starting immediately, when a resident goes out to get a DME and Med eval the PCHA will look over it to make sure all information is complete, PCHA will also have the lead med tech look over it to make sure all information is listed on the forms. If there is something missing PCP will be notified immediately, the form will be faxed to the office for the PCP to add the missing information. This will be ongoing with no end date.

An audit of all resident charts will be complete by the PCHA by 10/10/2024. When DME/ Med Eval are complete they will be reviewed by the PCHA and the lead med tech within 24 hours of completion. PCHA will record the date

141b1 - Annual Medical Evaluation (continued)

on the front of the chart form after the review. attached is the first DME / Med Eval that was complete since the inspection. Review of these forms will continue with no end date ..

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

Implemented [REDACTED] - 11/08/2024)

181c - Self-administration Assessment**12. Requirements**

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident 4 self-administers medications to include Albuterol inhaler; however, Resident 4 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer this medication.

Plan of Correction

Accept [REDACTED] - 10/16/2024)

On [REDACTED] the [REDACTED] was taken from the residents room by the PCHA. PCHA then called and faxed the PCP to get a self administration order for resident 4 to carry the [REDACTED] on [REDACTED] and to use as [REDACTED] feels [REDACTED] needs it.

As of [REDACTED] there is still no news from the PCP, Med tech will fax the PCP again on 9/30/2024. to try to get a self admin order. The resident does not have the inhaler on her or in her room and wont until we get the self admin order.

[REDACTED] Still no word from the PCP there will be another call out today, Resident does not have the inhaler , it is in the med cart.

On [REDACTED] we received an order for resident 4 to self admin [REDACTED]. On 10/08/2024 PCHA went through with resident 4 the proper way to use the inhaler, when [REDACTED] needs to bring it to a med tech for a reorder, The attached self administer assessment is the form used when a resident is a self administer , this will be checked monthly, until the ordered is discontinued.

In July of 2024 all staff were shown this self administers form and explained how to use it. On 10/8/2024 staff members were shown again by the PCHA how to explain the paper to the resident why we are filling the paper out and how we fill the paper out.. We have 3 self administer residents and all three will be audited monthly by the med techs. These forms will continued until the medication is discontinued.

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

Implemented [REDACTED] 11/08/2024)

182b - Prescription Medication**13. Requirements**

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

182b Prescription Medication (continued)

4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Person B administers ██████████ to Resident 7. However, Staff Person B has not received the required training to provide subcutaneous administration of ██████████ medications.

Plan of Correction

Accept ██████████ - 10/16/2024)

On 9/17/2024 DHS stated that there should have been a waiver sent in for the GLP 1 agonist injections. PCHA miss read the memo that was sent out., not aware that a waiver was needed.

On 9/17/2024 PCHA completed a waiver and sent it to DHS.

On 09/13/2024 Med techs and PCHA attended a training session with a certified diabetes care and education specialist instructor on the GLP 1 agonist medications

Attached is the training that my self and med techs have completed.

On 10/8/2024 PCHA spoke with the house PCP when he came in about his residents that have orders for the GLP 1 , he suggest to make a nurse appointment at his office when their injections are due, his nurse will administer and there would be no charge for this service. Med techs will make these appointments 1 day in advance to be sure they can be seen. Any other resident that have orders for these injections will also be sent out to their PCP office for the injection. This will continue until the wavier is accepted.

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

Implemented (██████████ - 11/08/2024)

187d - Follow Prescriber's Orders

14. Requirements

2600.

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

Description of Violation

Resident 2 is prescribed ██████████ twice daily. However, Resident 2 did not receive this medication on ██████████ and ██████████ at ██████████.

Resident 4 is prescribed ██████████ twice daily. However, Resident 4 did not receive this medication on ██████████ ██████████.

Resident 6 is prescribed ██████████ daily and ██████████ times daily. However, Resident 6 did not receive these medications on ██████████ at ██████████.

Repeated Violation 8/9/23

Plan of Correction

Accept ██████████ - 10/04/2024)

Starting immediately, PCHA will check the MAR after the morning and afternoon med pass to make sure all medications were given. This will be checked for 4 weeks, then monthly as a med audit by the PCHA. If for some reason there was a missed medication, the med tech on the cart will give the medication immediately if time still allows. If not the med tech will give an explanation in the system as to why the medication was not given, On 09/30/2024 PCHA educated the med techs on the importance of making sure residents get their medication's, and

187d Follow Prescriber's Orders (continued)

that it is documented daily.

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

Implemented (█) - 11/08/2024)

224a - Preadmission Screen Form**15. 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

Resident 3 was admitted to the home on █; however, the resident's preadmission screening form was completed on █

Plan of Correction

Accept (█) - 10/16/2024)

Going forward PCHA will make sure to check the prescreen date prior to any admission in the future. PCHA is aware that the prescreens need to be complete 30 days prior to admission. PCHA does already have a form in place to document when things are complete. PCHA will continue with this form and be more observant in the future. Starting 10/08/2024 All charts will continued to be audited monthly by the PCHA. Dates of these audits will be documented on the form that was created by the PCHA and placed in the front of each chart. On 10/08/2024 PCHA completed the initial audit on the prescreens and move in dates. All new admissions will have a prescreen complete in a timely manner of their move in date. These dates will be placed on the front of the chart form and audited monthly. PCHA will date and initial these forms after audit is complete. This will be ongoing monthly with no end date.

Licensee's Proposed Overall Completion Date: 10/08/2024

Implemented (█) - 11/08/2024)

225c - Additional Assessment**16. Requirements**

2600.

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

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident 3's most current assessment, dated █, states the resident has no problem with agitation, irritability, or aggression. However, Resident 3 was given a 30 day notice in █ 2023 due to behavioral issues and was sent to the hospital for a psychological evaluation on █, following an incident where Resident 3 pushed his/her roommate. Resident 3 also kicked Resident 4 on █.

Plan of Correction

Accept (█) - 10/16/2024)

Going forward PCHA will make sure that all assessments are updated with any significant changes as they are needed. PCHA is aware of this and neglected to make these updates on resident 3's assessment. Resident 3 never showed agitations █ would just do things and never show that █ was upset, mad or angry. Going forward

225c Additional Assessment (continued)

documentation will be on assessments for behavior changes immediately by the PCHA.

On November 28 of 2023 resident 3 was given a 30 day notice by the PCHA for these unwanted behaviors, Placement was found by residents guardian and resident moved out on 6/17/2024.

PCHA will completed an initial audit on all resident charts and have it complete on 10/10/2024 making sure all assessments are up to date . Going forward all charts will continue to be audited monthly by the PCHA with dates and initials of when the audit was complete by the PCHA. PCHA will complete monthly audits for 6 months and then quarterly, with no end date. PCHA will document that these forms are complete and checked on the front of the chart that's placed in each resident chart. This step will be ongoing with no end date.

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

Implemented [REDACTED] - 11/08/2024)