

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

January 14, 2025

[REDACTED]  
CSW ARBOUR SQUARE V HUNTINGDON VALLEY, L.P.  
[REDACTED]

RE: CRESCENT FIELDS AT  
HUNTINGDON VALLEY  
2507 PHILMONT AVE  
HUNTINGDON VALLEY, PA, 19006  
LICENSE/COC#: 15005

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/30/2024, 10/01/2024 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: CRESCENT FIELDS AT HUNTINGDON VALLEY License #: 15005 License Expiration: 06/28/2025
Address: 2507 PHILMONT AVE, HUNTINGDON VALLEY, PA 19006
County: MONTGOMERY Region: SOUTHEAST

Administrator

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

Legal Entity

Name: CSW ARBOUR SQUARE V HUNTINGDON VALLEY, L.P.
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: I-1 Date: 06/07/2023 Issued By: Lower Moreland Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 93 Waking Staff: 70

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 10/01/2024

Inspection Dates and Department Representative

09/30/2024 - On-Site: [Redacted]
10/01/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 149 Residents Served: 55
Secured Dementia Care Unit
In Home: Yes Area: Memory Care Capacity: 19 Residents Served: 15
Hospice
Current Residents: 5
Number of Residents Who:
Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 59
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 38 Have Physical Disability: 19

Inspections / Reviews

09/30/2024 Full
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 11/04/2024
11/13/2024 - POC Submission
Submitted By: [Redacted] Date Submitted: 01/07/2025
Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 11/23/2024

Inspections / Reviews *(continued)*

12/30/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/07/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/07/2025

01/14/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/07/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [redacted] at 9:55 a.m., during a med audit, staff members A and B walked away from the med room and left the med cart, the laptop, and the narcs book unlocked, unattended, and accessible.

According to information obtained during an interview with staff member C, [redacted] disclosed medication information to a resident while in the flu clinic in front of other residents. Additionally, staff member C acknowledged that during medicine passes, [redacted] left the resident's information on the computer while [redacted] was gone.

Plan of Correction

Accept [redacted] - 11/13/2024)

- Resident medical information on top of medication cart, medication cart and laptop immediately secured at time of survey on 10/1/2024 by staff member A.
- Staff member A was terminated on [redacted].
- Staff member B and C attended a 1:1 education on regulation 2600.17 by Residence Service Director on 10/28/24.
- By 10/28/24, medication passing staff shall be educated on regulation 2600.17 by Residence Director.
- Medication carts, medication room and common areas to be audited on a weekly basis for compliance with 2600.17 Confidentiality by Health Care Director or designee. Audit shall begin 11/11/25 and continue for 4 weeks.
- Beginning at the next QM meeting on 12/30/24, the committee shall review audits for continued compliance with regulation 2600.17

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented [redacted] - 12/30/2024)

28e - Death of a Resident

2. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident [redacted] passed away on [redacted]. Resident [redacted] personal belongings were removed on [redacted] from [redacted] room; however, the refund check was issued on [redacted].

Plan of Correction

Accept [redacted] - 11/13/2024)

- Resident [redacted] passed away and belongings were removed from room prior to Legend Senior Living transition. Previous management failed to refund charges within 30 days.

28e Death of a Resident (continued)

Audit of discharge charts from Legend transition to present completed by Business Office Manager on 10/30/24. By 10/28/24, Regional Director of Operations to educate Business office Manager, Residence Director, Assistant Residence Director and Health Care Director on regulation 2600.28e to ensure compliance going forward.

Beginning 11/11/24, Business Office Manager to audit all discharge files as a result of death for compliance. Audits will be weekly X 2 months and then ongoing.

Beginning at the next QM meeting on 12/30/24, the committee shall review audits for continued compliance with regulation 2600.28e.

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented [redacted] - 12/30/2024)

81a - Accomodation

3. Requirements

2600.

81.a. The home shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the home.

Description of Violation

Resident [redacted] has a bed enabler that is not secured to the bed; the bed enabler slides underneath the mattress. The bed enabler did not have a cover, and it measured 4 inches by 15 inches of open space.

Plan of Correction

Accept [redacted] - 11/13/2024)

Enabler removed on 10/1/24 by resident. Resident prefers not to have it as it was never used.

By 10/28/24, Residence Director, Assistant Residence Director and Health Care Director educated on 2600.81.a by Regional Director of Operations.

By 11/4/24, maintenance staff will be educated on proper installation of enablers by Residence Director.

Beginning 11/8/24, Maintenance will perform weekly audits of 5 random resident apartments to ensure compliance with regulation 2600.81a. Audits will continue for 4 weeks.

Beginning at the next QM meeting on 12/30/24, the committee shall review audits for continued compliance with regulation 2600.81a.

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented [redacted] - 12/30/2024)

82c - Locking Poisonous Materials

4. 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

[redacted] and Febreze air freshener, with a manufacturer's label indicating "Keep out of reach of children and pets in case of accidental ingestion, get medical help, or contact poison control," were unlocked,

82c Locking Poisonous Materials (continued)

unattended, and accessible to resident [REDACTED]. Not all the residents of the home, including resident 3, have been assessed as capable of recognizing and using poisons safely.

Repeat Violation Renewal [REDACTED]

Plan of Correction

Accept [REDACTED] 11/13/2024)

Poisonous materials were immediately removed and locked in cabinet from resident [REDACTED] apartment on day of survey 10/1/2024 by Residence Director.

Audit of current resident assessments completed by Health Care Director Specialist on 10/3/24, updates to assessments made, if necessary.

Audit of current apartments of residents who are not assessed to use poisons safely performed on 10/2/24 by Residence Director no further findings.

By 10/29/24, Memory Care Staff and housekeeping staff shall be educated on regulation 2600.82c by Residence Director.

Residence Director or designee to audit 5 random apartments of residents who are not assessed to safely use poisons starting on 11/11/24 weekly X 4 weeks.

Beginning at the next QM meeting on 12/30/24, the committee shall review audits for continued compliance with regulation 2600.82c.

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented [REDACTED] - 12/30/2024)

96a - First Aid Kit

5. Requirements

2600.

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

Description of Violation

The first aid kit in the Memory Care Unit does not include a thermometer, scissors, or tweezers.

Repeat Violation Renewal [REDACTED]

Plan of Correction

Accept [REDACTED] - 11/13/2024)

Missing items placed in Memory Care first aid kit on 10/1/24 by Health Care Director.

Med Techs and Health Care Director shall be educated on regulation 2600.96a by Residence Director by 10/29/24.

Beginning 11/8/24, contents of first aid kits to be audited weekly X 4 weeks by Health Care Director or designee.

Beginning at the next QM meeting on 12/30/24, the committee shall review audits for continued compliance with regulation 2600.96a.

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented [REDACTED] - 12/30/2024)

101j3 - Bed/Linens/Pillows/Blankets

6. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

The bed for resident [redacted] did not have pillowcases that are clean and in good repair.

Plan of Correction

Accept [redacted] - 11/13/2024)

- Resident [redacted] bed immediately made with fresh, clean linens including a pillow case on day of survey 10/1/2024 by Housekeeping.
- By 10/29/24, Memory Care staff shall be educated on regulation 2600.101j3 by Residence Director.
- Beginning 11/8/24, 5 random apartment audits to be performed by Housekeeping or designee and will continue for 4 weeks and ongoing.
- Beginning at the next QM meeting on 12/30/24, the committee shall review audits for continued compliance with regulation 2600.101j3.

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented [redacted] - 12/30/2024)

101j7 - Lighting/Operable Lamp

7. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Residents [redacted] and [redacted] reside in room [redacted] there is no access to a source of light that can be turned on/off at the bedside.

Resident [redacted] does not have access to a source of light that can be turned on/off at the bedside.

Resident [redacted] does not have access to a source of light that can be turned on/off at the bedside. The bedside lamp did not have a light bulb.

Repeat Violation - Renewal - [redacted]

Plan of Correction

Accept [redacted] - 11/13/2024)

- Resident [redacted] and [redacted] immediately provided with a working light source within reach from the bed on day of survey 10/1/2024 by Maintenance.
- On 10/25/2024, touch lights ordered and received on 10/31/24. On 11/1/24, Touch lights replaced lamps next to resident's bed by maintenance staff for [redacted] and [redacted] rooms as their preference is not to have a lamp next to their bed.
- By 11/1/24, Housekeeping and Maintenance staff shall be educated on regulation 2600.101j7 by Residence Director.
- Beginning 11/8/24, maintenance staff to perform weekly audits of 5 random rooms to ensure compliance with regulation 2600.101j. Audits will continue for 4 weeks.
- Beginning at the next QM meeting on 12/30/24, the committee shall review audits for continued compliance with regulation 2600.101j7.

Licensee's Proposed Overall Completion Date: 12/30/2024

101j7 - Lighting/Operable Lamp (continued)

Implemented [REDACTED] - 12/30/2024)

107d - Procedure Emergency Management Agency Submission

8. 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 submitted to the local emergency management agency since [REDACTED]

Plan of Correction

Accept [REDACTED] - 11/13/2024)

-Previous management company failed to submit their annual emergency plan.

- On 9/9/24, 9/23/24 and 9/30/24, the home's emergency procedures were reviewed, updated and submitted to the local emergency management agency by Residence Director.

-By 10/28/24, Residence Director shall be educated on regulation 2600.107d by Regional Director of Operations.

- Annual submission noted as "to be done"/reminder entered Residence Director calendar for October 1, 2025.

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

Implemented ([REDACTED] 12/30/2024)

121a - Unobstructed Egress

9. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On [REDACTED] at 12:46 p.m., a chair was blocking the egress from the main dining area, which is used by residents from PC and AL, towards the patio.

Plan of Correction

Accept ([REDACTED] - 11/13/2024)

- The chair was immediately removed from the door in the Independent Living dining room at time of survey on 10/1/2024 by Residence Director.

-Audit of remaining egresses performed by Maintenance on 10/1/24 to ensure compliance with regulation 2600.121a.

-By 10/29/24, Dining staff shall be educated on regulation 2600.121a by Residence Director.

-Beginning 11/8/24, weekly audits of egresses to be performed by Chef or designee to ensure compliance. Audits will continue for 4 weeks.

- Beginning at the next QM meeting on 12/30/24, the committee shall review audits for continued compliance with regulation 2600.121a.

Licensee's Proposed Overall Completion Date: 12/30/2024

121a Unobstructed Egress (continued)

Implemented [redacted] - 12/30/2024)

141a 1 10 Medical Evaluation Information

10. Requirements

2600.

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 [redacted] medical evaluation, dated [redacted], did not include the medical diagnosis, including physical or mental disabilities of the resident, or if any medical information pertinent to diagnosis and treatment in case of an emergency.

Repeat Violation - Renewal - [redacted]

Plan of Correction

Accept [redacted] - 11/13/2024)

- Resident [redacted] physician contacted by Health Care Director; updates made to DME on 10/1/24 by Health Care Director.
- On 10/5/24, an audit of current resident DMEs performed by Health Care Director Specialist and Regional Director of Operations.
- By 10/29/24, Health Care Director and Health Care Coordinator shall be educated on regulation 2600.141a 1-10 by Health Care Director Specialist.
- Beginning 11/8/24, incoming DMEs to be audited by Health Care Director or designee for completion prior to filing. Audits will be performed weekly X 4 weeks and then ongoing.
- Beginning at the next QM meeting on 12/30/24, the committee shall review audits for continued compliance with regulation 2600.141a 1-10.

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented [redacted] - 12/30/2024)

181d Storing Medication

11. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident’s room for self administration. Medications stored in the resident’s room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

181d Storing Medication (continued)

Description of Violation

Residents [redacted] and [redacted] self administer medications and store medications in [redacted] room. On [redacted], there were several unlocked, unattended medications to include: [redacted], [redacted], [redacted], and [redacted] for resident [redacted]. There were also unlocked medications prescribed to resident [redacted] which included [redacted].

Plan of Correction

Accept [redacted] - 11/13/2024)

Resident [redacted] and [redacted] medications placed in secured drawer at time of survey on 10/1/2024 by Healthcare Director. On 10/2/24, resident [redacted] and [redacted] reminded to keep medications in a secure, safe location and keep apartment door locked by Health Care Director Specialist. By 11/1/24, Health Care Director shall be educated on regulation 2600.181d by Health Care Director Specialist. Beginning 11/11/24, 5 random resident apartments to be audited for medication storage weekly X 4 weeks by Health Care Director or Designee. Beginning at the next QM meeting on 12/30/24, the committee shall review audits for continued compliance with regulation 2600.181d.

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented [redacted] - 12/30/2024)

181f - Record of Medication

12. Requirements

2600. 181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

Resident [redacted] medical evaluation record dated [redacted] did not include a current list of medications.

Plan of Correction

Accept ([redacted] - 11/13/2024)

Resident [redacted] physician notified by Health Care Director on 10/1/24 to clarify resident's medications; copy of medications attached to medical evaluation record by Health Care Director on 10/1/24. By 11/1/2024, Health Care Director shall be educated on regulation 2600.181f by Residence Director. Beginning 11/4/24, an audit of incoming DMEs will be performed by Health Care Director or designee weekly X 4 weeks and then ongoing. Beginning at the next QM meeting on 12/30/24, the committee shall review audits for continued compliance with regulation 2600.181f.

Licensee's Proposed Overall Completion Date: 12/30/2024

181f - Record of Medication (continued)

Implemented [redacted] - 12/30/2024)

182c - Medication Administration

13. Requirements

2600.

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

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

Description of Violation

On [redacted], a cup with medications prescribed to resident [redacted] was found in the resident's bedroom, unattended. According to staff interviews that medications were placed in the resident's room on [redacted]. However, the medication administration record was completed as if the medication was administered on that date.

Plan of Correction

Accept [redacted] - 11/13/2024)

- Medications in resident [redacted] bedroom immediately removed at time of survey on [redacted] by Resident Director, medications destroyed via drug buster at that time and med tech corrected documentation on medication record.
- By 11/1/24, nurses and med techs shall be trained on regulation 2600.182c by Health Care Director Specialist.
- Beginning 11/11/24, 2 random medication administration observations will be performed by Health Care Director or designee weekly X 4 weeks and then ongoing.
- Beginning at the next QM meeting on 12/30/24, the committee shall review observations/audits for continued compliance with regulation 2600.182c.

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented [redacted] 12/30/2024)

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 [redacted], there was a bottle of [redacted], a cup with 5 pills, and a loose pill on top of resident [redacted] dresser. There were also two bottles of Systane eye drops on the resident's kitchen counter. According to the manufacturer's instructions, prescription medications, OTC medications, and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture, and light.

On [redacted] various residents' medication blister packs, including resident 11, [redacted], pill #20 has an

183e Storing Medications (continued)

opening on the back of the blister pack foil, and it was taped. According to the manufacturer's instructions, prescription medications, OTC medications, and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture, and light.

Repeat Violation Renewal [REDACTED]

Plan of Correction

Accept [REDACTED] - 11/13/2024)

Medications removed from resident [REDACTED] bedroom and placed in medication room at time of survey on 10/1/2024 by Residence Director.

On 10/31/24, audit of medication carts performed by Health Care Director to ensure proper storing of medications; medications destroyed if non compliant with regulation and reordered from pharmacy.

By 11/1/24, nurses and med techs shall be educated on regulation 2600.183e by Health Care Director or designee.

Beginning 11/11/24, medication carts will be audited weekly X 4 weeks for proper storage of medications

Beginning 11/11/24, 5 random resident apartments to be audited weekly X 4 weeks and ongoing by Health Care Director or Designee.

Beginning at the next QM meeting on 12/30/24, the committee shall review observations/audits for continued compliance with regulation 2600.183e.

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented [REDACTED] - 01/14/2025)

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

The following medication, [REDACTED], belonging to resident [REDACTED] was on the medication cart with an expiration date of [REDACTED]. This is not an approved method of destroying medications according to the Department of Environmental Protection and federal and state regulations.

Plan of Correction

Accept [REDACTED] 11/13/2024)

Resident [REDACTED] immediately removed from med cart at time of survey on 10/1/2024 by Health Care Director, medication discarded via drug buster at that time by Health Care Director.

On 10/31/24, medication cart audits performed by Health Care Director to ensure any discontinued medications were removed from cart.

By 11/1/24, Nurses and med techs shall be educated on regulation 2600.183f by Health Care Director.

Beginning 11/11/24, medication carts will be audited weekly X 4 weeks and then ongoing for proper disposal of discontinued medications.

Beginning at the next QM meeting on 12/30/24, the committee shall review audits for continued compliance with regulation 2600.183f.

Licensee's Proposed Overall Completion Date: 12/30/2024

183f - Discontinued Medications (continued)

Implemented [redacted] - 12/30/2024)

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:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

On [redacted], there was on the Memory Care Unit med cart a glucometer belonging to resident [redacted] that was not labeled.

Plan of Correction

Accept [redacted] - 11/13/2024)

- On [redacted], Resident [redacted] glucometer was labeled by Health Care Director.
- On 10/31/24, an audit of medication carts completed by Health Care Director to ensure proper labeling of meds/glucometers.
- By 11/1/24, nurses and med techs shall be educated on regulation 2600.184a by Health Care Director Specialist.
- Beginning 11/11/24, medication carts will be audited weekly X 4 weeks by the Health Care Director or designee for proper labeling of medications.
- Beginning at the next QM meeting on 12/30/24, the committee shall review audits for continued compliance with regulation 2600.184a.

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented [redacted] - 12/30/2024)

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 [redacted], there was a bottle of [redacted] and [redacted] and [redacted] belonging to resident [redacted] was in the med cart and was not labeled with the resident's name.

Plan of Correction

Accept [redacted] - 11/13/2024)

- Resident [redacted] OTC medications were labeled at time of survey on 10/1/2024 by Health Care Director.

184b - Labeling OTC/CAM (continued)

- On 10/31/24, an audit of medication carts completed by Health Care Director to ensure proper labeling of OTC/CAM.
- By 11/11/24, nurses and med techs shall be educated on regulation 2600.184b by Health Care Director Specialist.
- Beginning 11/11/24, medication carts will be audited weekly X 4 weeks and then ongoing for proper labeling of OTC/CAM by Health Care Director or designee.
- Beginning at the next QM meeting on 12/30/24, the committee shall review audits for continued compliance with regulation 2600.184b.

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented [redacted] - 12/30/2024)

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.

Description of Violation

On [redacted] at 11:35 a.m., resident [redacted] on the [redacted] reads [redacted] and, on the EMAR, reads [redacted]

On [redacted] at 1:07 p.m., resident [redacted] on the [redacted] reads [redacted] and, on the EMAR, reads [redacted]

On [redacted] at 4:44 p.m., resident [redacted] on the [redacted] reads [redacted] and, on the EMAR, reads [redacted]

And on [redacted] at 4:47 p.m., resident [redacted] on the [redacted] reads [redacted] and, on the EMAR, reads [redacted].

Repeat Violation - Renewal - [redacted]

Plan of Correction

Accept [redacted] 11/13/2024)

- Resident [redacted] MAR corrected to reflect correct glucometer readings by Health Care Director on 10/1/24.
- On 10/22/24, an audit of current resident's glucometers and Medication Administration Record performed by Health Care Director Specialist.
- On 10/31/24, an audit of current resident medication administration records and medications in med cart performed by Health Care Director.
- By 11/1/24, Health Care Director and med techs shall be educated on regulation 2600.185a by Health Care Director Specialist
- Beginning 11/11/24, glucometer and MARs will be audited weekly X 4 weeks and then ongoing to ensure compliance by Health Care Director or designee.
- Beginning 11/11/24, 5 random resident MARs and medications in med cart will be audited weekly X 4 weeks and then ongoing to ensure compliance by Health Care Director or designee.
- Beginning at the next QM meeting on 12/30/24, the committee shall review audits for continued compliance with regulation 2600.185a.

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented [redacted] 12/30/2024)

185a - Implement Storage Procedures (continued)

19. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident [redacted] is prescribed [redacted] as needed. On [redacted], the medication was not available in the home.

Resident [redacted] is prescribed [redacted] as needed. On [redacted], the medication was not available in the home.

Plan of Correction

Accepted [redacted] - 11/13/2024)

- Resident [redacted] reordered from pharmacy at time of survey on 10/1/2024 by Health Care Director, medication received and placed in cart by Med Tech on 10/2/24.
- Resident [redacted] s [redacted] reordered from pharmacy at time of survey on 10/1/2024 by Health care Director, medication received and placed in cart by Med Tech on 10/2/24.
- On 10/31/24, an audit of current resident medication administration records and medications in med cart performed by Health Care Director.
- By 11/1/24, Health Care Director and med techs shall be educated on regulation 2600.185a by Health Care Director Specialist
- Beginning 11/11/24, 5 random resident MARs and medications in med cart will be audited weekly X 4 weeks and then ongoing to ensure compliance by Health Care Director or designee.
- Beginning at the next QM meeting on 12/30/24, the committee shall review audits for continued compliance with regulation 2600.185a.

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented [redacted] 12/30/2024)

187a - Medication Record

20. Requirements

2600.

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

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

187a - Medication Record (continued)

14. Name and initials of the staff person administering the medication.

Description of Violation

Resident [redacted] is prescribed; [redacted] 3 times daily, [redacted] subcutaneously with meals; hold is blood glucose < 100. However, there is no medication administration record that indicates the glucometer readings.

Plan of Correction

Accept [redacted] - 11/13/2024)

- On 10/1/24, Health Care Director contacted Resident [redacted] physician to clarify [redacted] orders.
- On 10/1/24, Health Care Director contacted pharmacy to add glucometer readings to MAR.
- By 11/1/24, nurses and med techs shall be educated on regulation 2600.187d by Health Care Director.
- Beginning 11/4/24, Medication administration audits to be conducted weekly X 4 weeks and then ongoing to ensure compliance by Health Care Director or designee.
- Beginning at the next QM meeting on 12/30/24, the committee shall review audits for continued compliance with regulation 2600.187a

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented [redacted] 12/30/2024)

187c - Refusal of Medication

21. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On [redacted], and [redacted] to [redacted], resident [redacted] refused to take a scheduled dose of [redacted] [redacted], and [redacted]. The home did not have records, progress notes, or documentation that there was any communication with the MD or family members about the medication refused.

Plan of Correction

Accept [redacted] - 11/13/2024)

- [redacted], resident [redacted] physician and family notified of refusals by Health Care Director.
- By 11/1/24, nurses and med techs shall be educated on regulation 2600.187c by Health Care Director Specialist.
- Beginning 11/11/24, medication administration records will be audited by Health Care Director or designee weekly X 4 weeks and then ongoing to identify refusals.
- Beginning at the next QM meeting on 12/30/24, the committee shall review audits for continued compliance with regulation 2600.187c.

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented [redacted] - 12/30/2024)

187d - Follow Prescriber's Orders

22. Requirements

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

Description of Violation

Residents [redacted] and [redacted] are prescribed to have their blood sugar checked three times per day. However, on [redacted] it was checked once, and on [redacted] were checked twice for each resident.

Plan of Correction

Accept [redacted] - 11/13/2024)

- On [redacted], missed [redacted] for residents [redacted] and [redacted] from [redacted] were reported to the physician by Health Care Director.
- On 10/1/24, resident [redacted] and [redacted] physicians were notified of missed medications from 10/1/2024 by Health Care Director.
- By 11/1/24, Nurses and med techs shall be educated on regulation 2600.187d by Health Care Director Specialist.
- Beginning 11/11/24, medication administration records will be audited weekly by Health Care Director or designee X 4 weeks and then ongoing.
- Beginning at the next QM meeting on 12/30/24, the committee shall review audits for continued compliance with regulation 2600.187d.

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented [redacted] - 12/30/2024)

23. Requirements

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

Description of Violation

Resident [redacted] is prescribed [redacted]. However, this medication was not administered to resident [redacted] on [redacted] because the medication was not available in the home.

Resident [redacted] is prescribed [redacted] However, this medication was not administered to resident 10 on [redacted] because the medication was not available in the home.

Plan of Correction

Accept [redacted] 11/13/2024)

- On [redacted] resident [redacted] and [redacted] s physicians were notified of missed medications from [redacted] by Health Care Director.
- On [redacted], Resident [redacted] was reordered from the pharmacy by Health Care Director, medication received on [redacted] and placed in cart by Med Tech.
- On [redacted] Resident [redacted] was reordered from the pharmacy by Health Care Director, medication received on [redacted] and placed in cart by Med Tech.
- By 11/1/24, Nurses and med techs shall be educated on regulation 2600.187d by Health Care Director Specialist.
- Beginning 11/11/24, medication administration records will be audited weekly by Health Care Director or designee X 4 weeks and then ongoing.
- Beginning at the next QM meeting on 12/30/24, the committee shall review audits for continued compliance with

187d Follow Prescriber's Orders (continued)

regulation 2600.187d.

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented ( [redacted] - 12/30/2024)

188b - Medication Error Reporting

24. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted], sliding scale held under [redacted]. On [redacted] at 4:47 p.m., the glucometer reads [redacted] and the medication record reads [redacted]. However, resident [redacted] was administered [redacted] of [redacted] on [redacted] at 4:47 p.m. The medication error was not reported to the resident, the resident's designated person, or the prescriber.

Plan of Correction

Accept [redacted] 11/13/2024)

On [redacted] medication error for resident [redacted] from [redacted] reported to the resident, resident's designated person and the prescriber by Health Care Director.

By 11/1/24, nurses and med techs shall be educated on regulation 2600.188b by Health Care Director Specialist.

Beginning 11/11/24, glucometer/ MAR documentation audits to be performed by Health Care Director or designee weekly X 4 weeks.

Beginning at the next QM meeting on 12/30/24, the committee shall review audits for continued compliance with regulation 2600.188b.

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented ( [redacted] - 12/30/2024)

188c - Medication Error Documentation

25. Requirements

2600.

188.c. Documentation of medication errors and the prescriber's response shall be kept in the resident's record.

Description of Violation

Resident [redacted] is prescribed [redacted], sliding scale, over [redacted] call MD. On [redacted] at 12:00 p.m., the medication administration record reads [redacted] and there were [redacted] administered. On [redacted] at 8:00 a.m., the medication administration record reads [redacted] and [redacted] were administered. There is no documentation that a call was made to the MD.

188c Medication Error Documentation (continued)

Plan of Correction

Accepted ( [redacted] - 11/13/2024)

On [redacted] resident [redacted] physician notified of increased blood sugar readings from [redacted] and [redacted] by Health Care Director. No new orders received.

By 11/1/24, Nurses and med techs shall be educated on regulation 2600.188c by Health Care Director Specialist. Beginning 11/11/24, medication administration records to include blood glucose readings shall be audited by Health Care Director or designee weekly X 4 weeks and then ongoing to identify medication errors and ensure proper documentation has been completed.

Beginning at the next QM meeting on 12/30/24, the committee shall review audits for continued compliance with regulation 2600.188c.

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented [redacted] - 12/30/2024)

190a - Completion Medication Course

26. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person D, who has not successfully completed the Department approved medications administration course, administered medications to resident [redacted] to include the following:

- On [redacted] at 8:00 a.m., [redacted]
- On [redacted] at 8:00 a.m., [redacted]
- On [redacted] at 8:00 a.m., [redacted]
- On [redacted] at 8:00 a.m., [redacted]
- On [redacted] at 8:00 a.m., [redacted]

Repeat Violation Partial [redacted]

Plan of Correction

Accepted ( [redacted] - 11/13/2024)

Staff person D immediately removed from the schedule as a med tech on day of survey [redacted] by Health Care Director.

Staff person D corrected missing signature and dates and were clarified by trainer.

On 10/1/24, training records of med techs reviewed by Health Care Director. No other findings of Med Tech Records.

By 11/1/24, Health Care Director shall be educated on regulation 2600.190a by Health Care Director Specialist. Beginning 11/11/24, schedule will be audited weekly X 4 weeks and ongoing for med tech assignments by Health Care Director or designee.

Beginning at the next QM meeting on 12/30/24, the committee shall review audits for continued compliance with regulation 2600.190a.

Licensee's Proposed Overall Completion Date: 12/30/2024

190a - Completion Medication Course (continued)

Implemented [redacted] - 12/30/2024)

202 - Prohibitions

27. Requirements

2600.

202. The following procedures are prohibited:

1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).
2. Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
3. Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.
5. Mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device.
6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

Resident [redacted] is prescribed [redacted] for [redacted]. According to the medication administration record, Lorazepam 0.5 was administered to resident [redacted] to control behaviors, on [redacted] at 5:00 p.m. and on [redacted] and [redacted] at 9:00 a.m.

Plan of Correction

Accept [redacted] - 11/13/2024)

- On 11/1/24 a new Order was obtained by Health Care Director Specialist through Physician.
- On 11/1/24 Health Care Director and Med Techs were educated on 2600.202 and behavior's-de-escalation techniques by Health Care Director Specialist.
- Beginning 11/11/24, Audits of new orders will be completed by Health Care Director or designee weekly X 4 weeks.
- Beginning at the next QM meeting on 12/30/24, the committee shall review audits for continued compliance with regulation 2600.202.

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented [redacted] - 12/30/2024)

225a - Assessment 15 Days

28. 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.

225a - Assessment 15 Days (continued)

Description of Violation

An assessment was not completed for resident [REDACTED] who was admitted to the home on [REDACTED].

Repeat Violation - Renewal - [REDACTED]

Plan of Correction

Accept [REDACTED] - 11/13/2024)

- On [REDACTED], an assessment was completed for resident [REDACTED] by Health Care Director Specialist.
- By 10/30/24, with Legend Senior Living transition, the plan is for current residents to have an updated assessment completed by Residence Director or designee.
- By 11/1/24, Health Care Director shall be educated on regulation 2600.225a by Health Care Director Specialist.
- Beginning 11/11/24, new resident move in files to be audited by Health Care Director or designee weekly X4 weeks and then ongoing, to ensure compliance with regulation.
- Beginning at the next QM meeting on 12/30/24, the committee shall review audits for continued compliance with regulation 2600.225a.

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented [REDACTED] 12/30/2024)

225c - Additional Assessment

29. Requirements

- 2600.
- 225.c. The resident shall have additional assessments as follows:
1. Annually.
  2. If the condition of the resident significantly changes prior to the annual assessment.
  3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [REDACTED] most recent assessment was completed on [REDACTED].

Plan of Correction

Accept [REDACTED] - 11/13/2024)

- On [REDACTED], resident [REDACTED] annual assessment and support plan was completed by Health Care Director Specialist.
- On 10/5/24, an audit of current resident files/support plans completed by Health Care Director Specialist. Findings were corrected as needed.
- By 11/1/24, Health Care Director shall be educated on regulation 2600.225c by Health Care Director Specialist.
- Beginning 11/1/24, the tracker in Vitals will be used by Health Care Director or designee to capture when residents are due for annual assessments.
- Beginning at the next QM meeting on 12/30/24, the committee shall review the process for tracking assessments.

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented [REDACTED] 12/30/2024)

227a - Support Plan 30 Days

30. Requirements

2600.

227a - Support Plan 30 Days (continued)

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident [REDACTED] RASP's dated [REDACTED] and [REDACTED], does not include the resident's initial support plan completion dates.

Plan of Correction

Accept [REDACTED] - 11/13/2024)

- On [REDACTED], Resident [REDACTED] support plan updated by Residence Director to reflect initial support plan dates.
- By 10/30/24, with Legend Senior Living transition, the plan is for current residents to have an updated support plan completed by Residence Director or designee.
- By 11/1/24, Health Care Director shall be educated on regulation 2600.227a by Health Care Director Specialist.
- Beginning 11/11/24, the Health Care Director or designee will review/audit support plans completed prior to filing weekly X 4 weeks and then ongoing with each support plan created.
- Beginning at the next QM meeting 12/30/24, the committee shall review the process for continued compliance.

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented ([REDACTED] - 12/30/2024)

227b - Support Plan Content

31. Requirements

2600.

227.b. A home may use its own support plan form if it includes the same information as the Department's support plan form.

Description of Violation

The home does not use the Department's support plan form. The home's support plan does not include: Date of Admission, Date of Birth, Date of last assessment, Date of last assessment plan, reason for assessment, reason for support plan, date assessment finalized, date support plan finalized, toileting, bladder management, bowel management, managing health care, securing health care, turning and positioning on bed/chair, shopping, managing finances, using the telephone, making and keeping appointments, writing correspondence, assessment supervision, assessment mobility, assessment medications, assessment mental health, assessment behavioral or cognitive needs, and social and recreational needs.

Repeat Violation - Renewal - [REDACTED]

Plan of Correction

Accept [REDACTED] - 11/13/2024)

- With Legend Senior Living transition, the plan is for current residents to have a support plan on the Department's support plan form by 10/30/24.
- By 11/1/24, Health Care Director shall be educated on regulation 2600.227b by Health Care Director Specialist.
- Beginning 11/11/24, the Health Care Director or designee will review/audit all support plans completed prior to filing weekly X 4 weeks, then this process will be ongoing.

227b - Support Plan Content (continued)

-Beginning at the next QM meeting 12/30/24, the committee shall review audits for continued compliance of regulation 2600.227b.

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented [redacted] - 12/30/2024)

227d - Support Plan Medical/Dental

32. 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 resident's need for a bed enabler was not mentioned in the evaluation or the care plan for resident [redacted].

Plan of Correction

Accept [redacted] - 11/13/2024)

- On [redacted] Resident [redacted] evaluation and support plan were not updated as enabler was removed from bed.
- By 10/30/24, current resident support plans were audited to ensure resident needs are reflected was completed by Residence Director.
- By 11/1/24, Health Care Director shall be educated on regulation 2600.227d by Health Care Director Specialist.
- Beginning 11/11/24, the Health Care Director or designee will review/audit support plans completed prior to filing weekly X 4 weeks, then ongoing.
- Beginning at the next QM meeting on 12/30/24, the committee shall review audits for continued compliance on regulation 2600.227d.

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented [redacted] - 12/30/2024)

227h - Support Plan Refuse Sign

33. 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

Resident [redacted] participated in the development of [redacted] support plan on [redacted]. Resident [redacted] did not sign the support plan. The home did not make a notation regarding the resident's inability to sign.

Plan of Correction

Accept [redacted] - 11/13/2024)

- On [redacted], Health Care Director reviewed resident [redacted] support plan with resident, resident refused to sign, support plan noted of refusal.

227h - Support Plan Refuse Sign (continued)

- By 10/30/24, audit of current resident support plans for signatures was completed by Health Care Director or designee. No findings.
- By 11/1/24, the Health Care Director shall be educated on regulation 2600.227h by Health Care Director Specialist.
- Beginning 11/4/24, the Health Care Director or designee will review/audit all support plans completed prior to filing weekly X 4 weeks, then ongoing.
- Beginning at the next QM meeting 12/30/24, the committee shall review audits for continued compliance on regulation 2600.227h.

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented [redacted] - 12/30/2024)

231c - Preadmission Screening

34. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident [redacted] was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, the resident's written cognitive preadmission screening does not include the date when the cognitive evaluation was completed.

Plan of Correction

Accept [redacted] - 11/13/2024)

- On [redacted] Resident [redacted] cognitive preadmission screen reviewed by Health Care Director; information remains accurate, cognitive preadmission screen signed on [redacted] by Health Care Director.
- On 10/5/24, current SDCU residents' cognitive screenings have be audited for compliance by Regional Director of Operations. All findings were corrected.
- By 11/1/2024, Health Care Director shall be educated on regulation 2600.231c by Residence Director.
- Beginning 11/4/24, cognitive screenings of new residents will be audited for compliance weekly X4 weeks and then ongoing by Health Care Director or designee.
- Beginning at the next QM meeting on 12/30/24, the committee shall review the audits for continued compliance on regulation 2600.231c.

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented [redacted] - 12/30/2024)

252 - Record Content

35. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

252 - Record Content (continued)

3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident’s physician or source of health care.
7. The current and previous 2 years’ physician’s examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident’s medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident’s personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident’s property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

**Description of Violation**

Residents [redacted] and [redacted] record does not include the most current version of the annual assessment.

**Plan of Correction**

Accept [redacted] - 11/13/2024)

- On or before [redacted] resident [redacted] and [redacted] records were updated with current version of the annual assessment.
- By 10/5/24, audit of current resident files were completed by Health Care Director Specialist. All findings were corrected.
- By 11/1/24, the Health Care Director shall be educated on regulation 2600.252 by Residence Director.
- Beginning 11/11/24, the Health Care Director or designee will audit new move in records for compliance weekly X 4 weeks and then ongoing.
- Beginning at the next QM meeting on 12/30/24, the committee shall review the audits for continued compliance on regulation 2600.252.

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [redacted] - 12/30/2024)