

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

December 2, 2024

[REDACTED], CHIEF HEALTH SERVICES OFFICER
FOULKEWAYS AT GWYNEDD
1120 MEETING HOUSE ROAD
GWYNEDD, PA, 19436

RE: FOULKEWAYS AT GWYNEDD
1120 MEETING HOUSE ROAD
GWYNEDD, PA, 19436
LICENSE/COC#: 12774

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/01/2024, 10/02/2024 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: FOULKEWAYS AT GWYNEDD **License #:** 12774 **License Expiration:** 08/27/2024
Address: 1120 MEETING HOUSE ROAD, GWYNEDD, PA 19436
County: MONTGOMERY **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: FOULKEWAYS AT GWYNEDD
Address: 1120 MEETING HOUSE ROAD, GWYNEDD, PA, 19436
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 06/14/2004 **Issued By:** Commonwealth of Pennsylvania, L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 92 **Waking Staff:** 69

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 10/02/2024

Inspection Dates and Department Representative

10/01/2024 - On-Site: [REDACTED]
10/02/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 112		Residents Served: 79	
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 0			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 79	
Diagnosed with Mental Illness: 0		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 13		Have Physical Disability: 5	

Inspections / Reviews

10/01/2024 Full
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/10/2024

Inspections / Reviews (*continued*)

11/13/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/27/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 11/18/2024

11/19/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/27/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/29/2024

12/02/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/27/2024

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 10/01/24, at approximately 12:40 PM, resident records were unlocked, unattended, and accessible in the Abington House North care base.

Plan of Correction

Accept ([redacted] - 11/19/2024)

The Care Base was immediately locked by charge nurse on the floor at time of the survey.

Staff education will be provided by Personal Care Director or designee by 11/23/24 on proper procedures for securing resident records. This will include ensuring records are not left unattended in an unsecured area, keeping records confidential and only accessible to authorized personnel.

Personal Care Director or designee will conduct weekly audits for the next 30 days beginning on 11/25/24 to ensure compliance with confidentiality and security procedures regarding resident records. Monthly audits x 3 months will be completed thereafter by the Personal Care Director or designee to ensure that care bases are locked if resident records are accessible on an ongoing basis.

Proposed Overall Completion Date: 11/25/2024

Licensee's Proposed Overall Completion Date:

Implemented ([redacted] - 12/02/2024)

25c2 - Fee Schedule

2. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

- The resident-home contract, dated [redacted], for resident #1 does not include a fee schedule of actual amounts charged for available services.

- The resident-home contract, dated [redacted], for resident #2 does not include a fee schedule of actual amounts charged for available services.

Plan of Correction

Accept ([redacted] - 11/19/2024)

A copy of the current fee schedule was added to resident #1 & resident #2 contract on [redacted] by the Personal Care Director. Personal Care Director or designee will complete monthly audits x 3 months beginning 11/25/24 of all resident contracts thereafter to ensure that the fee schedule is attached.

A copy of the current fee schedule will be included with all new resident contracts by the CFO which will specify actual amounts of allowable services for each available service provided in Personal Care. Resident contracts will

25c2 - Fee Schedule (continued)

be audited quarterly by the Personal Care Director or designee to ensure that the current fee schedule is attached. The results will be brought to the Quality Assurance & Performance Improvement Committee on a quarterly basis.

Proposed Overall Completion Date: 11/30/24

Licensee's Proposed Overall Completion Date: 01/03/2025

Implemented () - 12/02/2024)

65b - Rights/Abuse 40 Hours

3. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 1. Resident rights.
- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
- 4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person B completed their 40th scheduled work hour by May 31st, 2024. However, this staff person did not complete training in the following topics: emergency medical plan.

Plan of Correction

Accept () - 11/19/2024)

Upon further review of Staff Person B's first day of Orientation Training plan documentation, it was found that the emergency medical plan was reviewed with the employee prior to their initial scheduled work hour. However, the overall title of the orientation training plan was "Fire Safety". Although the orientation topic of emergency medical plan was included within the orientation document, the title of the document could cause confusion. The orientation document was modified by the Human Resources Director on 11/11/24 to more clearly define the topics that are covered on the first day of orientation which includes the emergency medical plan required training. The orientation will now more clearly identify the difference between emergency medical plan and emergency evacuation plan in the training. All hired staff will be oriented on the required topics under 2600 65.b by the Human Resources Director or designee and sign to indicate that this training has been completed. Human Resources Director or designee will audit each new employee record for the new staff orientation requirement starting 11/25/24 on quarterly basis using a new hire checklist. The results will be brought to the Quality Assurance & Performance Improvement Committee on a quarterly basis.

Proposed Overall Completion Date: 11/30/24

Licensee's Proposed Overall Completion Date: 01/03/2025

Implemented () - 12/02/2024)

65e - 12 Hours Annual Training

4. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

65e - 12 Hours Annual Training (continued)

Description of Violation

Direct care staff person A received only 11.83 hours of annual training in training year 2023.

Plan of Correction

Accept (████ - 11/19/2024)

Every direct care person's training plan will be reviewed by the Human Resources Director or designee by 11/23/24 to ensure that they receive the annual 12 hours of required annual training. This plan will be audited quarterly for compliance by the Director of Human Resources or designee starting 11/25/24. The results will be brought to the Quality Assurance & Performance Improvement Committee on a quarterly basis.

Proposed Overall Completion Date: 01/03/2025

Licensee's Proposed Overall Completion Date: 01/03/2025

Implemented (████ - 12/02/2024)

65f - Training Topics

5. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

- Direct care staff person A did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, personal care service needs of the resident, and safe management techniques during training year 2023.

- Direct care staff person C did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during training year 2023.

Plan of Correction

Accept (████ - 11/19/2024)

Direct care staff person A was provided training on ██████████ by the Personal Care Director on the following: medication self-administration, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, personal care service needs of the resident, and safe management techniques. Direct care staff person C will be provided training on ██████████ by the Personal Care Administrator or designee on the following: meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Personal Care Director or designee will ensure all direct care staff persons receive training per requirement 2600.65.f on annual training topics by ██████████

All staff training records will be audited quarterly for compliance by the Director of Human Resources or designee starting ██████████. The results will be brought to the Quality Assurance & Performance Improvement Committee

65f Training Topics (continued)

on a quarterly basis.

Proposed Overall Completion Date: 11/23/24

Licensee's Proposed Overall Completion Date: 01/03/2025

Implemented () - 12/02/2024)

123a - Exit Doors

6. Requirements

2600.

123.a. Exit doors must be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost.

Description of Violation

The exit door between resident apartments #65 and #66 requires a security card to open the door. Residents are not provided a security card.

Plan of Correction

Accept () - 11/19/2024)

Resident safety for residents who exhibit unsafe wandering/exit seeking behaviors is of high concern for our facility. After assessment, a resident with these behaviors may require an accutag bracelet to ensure that they do not exit the building without supervision. The facility has a meeting scheduled on 11/19/24 with the company Keystone Communication who oversees and maintains our accutag system to review options for changing the exit system of this door to permit easy egress in accordance with 2600.123a while maintaining the safety of all our residents, staff and visitors. In addition, the facility is reviewing alternative door egress options; a meeting was held on 11/15/24 to initiate the discussion of options. A phone conversation was held with surveyor () on 11/15/24 at 10am to discuss possible ideas to respond to this POC to work on resolution. All exit doors throughout Personal Care will be audited by the Director of Projects or designee on a weekly basis for two months beginning 11/25/24 to assess for egress functionality in accordance with the regulation. Any problem with immediate egress found with other doors during the audit will be reviewed with both Keystone Communication for remediation and the facility for possible alternative options that meet the standard of the regulation for easy egress. These audit results will be brought to the Quality Assurance & Performance Improvement Committee on a quarterly basis.

Proposed Overall Completion Date: 11/30/24

Licensee's Proposed Overall Completion Date: 01/03/2025

Implemented () - 12/02/2024)

124 - Notice to Fire Department

7. Requirements

2600.

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

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

124 - Notice to Fire Department (continued)

Plan of Correction

Accept (████) - 11/19/2024)

The home sent a written notification to the local fire department on 10/22/24, providing the following required information: address of the home, location of the bedrooms and assistance needed to evacuate in an emergency. Director of Projects or designee will ensure that the written notification is delivered to the local fire department on an annual basis.

Proposed Overall Completion Date: 11/15/2024

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

Implemented (████) - 12/02/2024)

132c - Fire Drill Records

8. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drills conducted between May 2023 through September 2024 do not include the amount of time it took for evacuation. The home is recording the evacuation time in minutes only.

Plan of Correction

Accept (████) - 11/19/2024)

Staff education provided on 11/14/24 by the Director of Projects to those staff who conduct the drills on fire drill record procedures, which includes exact evacuation times including number of seconds. Audits to monitor compliance with this regulation will be completed monthly x 3 months by Director of Projects or designee to ensure compliance on an ongoing basis.

Proposed Overall Completion Date: 11/15/2024

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

Implemented (████) - 12/02/2024)

141b1 - Annual Medical Evaluation

9. Requirements

2600.

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

Description of Violation

Resident #3's most recent medical evaluation was completed on ██████████

Repeat Violation: 04/19/23.

Plan of Correction

Accept (████) - 11/19/2024)

A new medical evaluation for Resident #3 was completed by the resident's physician on ██████████.

141b1 - Annual Medical Evaluation (continued)

All staff involved in the coordination of medical evaluations will receive additional training by the Personal Care Director or designee on the requirements of regulation 2600.141.b.1. as it pertains to ensuring residents receive a medical evaluation annually by 11/23/24. Personal Care Director or designee will conduct monthly audits for the next 90 days beginning in 11/24 to ensure that all residents have their medical evaluations completed within the required timeframe.

Proposed Overall Completion Date:11/130/24

Licensee's Proposed Overall Completion Date: 01/03/2025

Implemented (redacted) - 12/02/2024)

181d -Storing Medication

10. 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.

Description of Violation

Resident #4 self-administers medications and stores medications in their apartment, the medications are not secured inside the apartment. On (redacted), a medication audit was performed along with an interview. The resident informed the licensing representative that the apartment is not locked when the resident leaves.

Plan of Correction

Accept (redacted) - 11/19/2024)

Resident #4's medications were moved to a locked and secure location within the apartment by the Personal Care Director on 10/2/24. This will ensure the medications are protected against contamination, spillage, and theft. Resident #4 was educated on the importance of securing their medications and locking their apartment when leaving. A follow-up discussion will be scheduled with the resident to ensure they understand and comply with 2600 181.d regulation moving forward. Staff and residents who self-medicate will be re-educated by the Personal Care Director or designee by 11/23/24 on ensuring that residents who self-administer properly secure medications in their rooms. Personal Care Director or designee will conduct random audits beginning on 11/25/24 of resident rooms who self-administer on a bi-weekly basis for the next 60 days to ensure compliance. These audit results will be brought to the Quality Assurance & Performance Improvement Committee on a quarterly basis.

Proposed Overall Completion Date: 11/30/24

Licensee's Proposed Overall Completion Date: 01/03/2025

Implemented (redacted) - 12/02/2024)

183d - Prescription Current

11. Requirements

2600.

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

Description of Violation

On [redacted] [redacted] prescribed for resident #5, was in the home's Abington West medication cart (med cart); however, this is not a current prescription.

Plan of Correction

Accept [redacted] - 11/19/2024)

The [redacted] medication was immediately removed from the medication cart and securely disposed of in accordance with facility protocols and regulations for safe disposal of unused or expired medications. A review of all medications stored in the medication cart was conducted on 10/2/24 by the Personal Care Director to ensure that only current prescriptions are present.

All staff involved in the administration and storage of medications will receive education on 2600.183.d regarding keeping only current prescriptions, OTC, sample and CAM in the facility by the Personal Care Director or designee by 11/23/24. The Personal Care Director or designee will conduct an audit on a weekly basis x 4 weeks of all resident's medications beginning on 11/25/24 to verify that only medications with current prescriptions are in the facility's medication storage areas, including the medication cart and resident rooms. Any medications found to be expired or not part of a current prescription will be removed and disposed of following regulatory guidelines. Ongoing monthly audits by the Pharmacy Consultant beginning 11/24 will ensure that only current medications are kept. The results of the audits will be brought to the Quality Assurance & Performance Improvement Committee on a quarterly basis.

Proposed Overall Completion Date: 11/30/24

Licensee's Proposed Overall Completion Date: 01/03/2025

Implemented [redacted] - 12/02/2024)

185a Implement Storage Procedures

12. 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 [redacted], resident #5's glucometer read the time as [redacted]

- Resident #6 is prescribed [redacted] as needed. On [redacted] this medication was not available in the home.

Plan of Correction

Accept [redacted] - 11/19/2024)

The glucometer for Resident #5 was recalibrated on [redacted] by the Personal Care Director to ensure it displays accurate time and functionality. An inspection of all glucometers used by residents was conducted on [redacted] by the Personal Care Director to ensure they are properly calibrated and in good working condition. All licensed staff will receive re-education on the proper use and calibration of glucometers, including a review of the importance of displaying the current time by the Personal Care Director or designee by 11/23/24.

The prescribed [redacted] was obtained immediately and made available to Resident #6 on [redacted] by the Personal Care Director from community house stock. A review of the Resident #6's medication was completed on [redacted] by the Personal Care Director to ensure that all required medications were available for administration as prescribed.

185a - Implement Storage Procedures (continued)

Personal Care Director or designee will conduct a weekly audit beginning on 11/25/24 for two months of the medication inventories which will include: facility's procedures for the safe storage, access, security, distribution and use of medications.

Personal Care Director or designee will conduct a weekly audit beginning on 11/25/24 for two months of to ensure that all glucometers are functional and display the proper time on the device.

The results of all audits will be brought to the Quality Assurance & Performance Improvement Committee on a quarterly basis.

Proposed Overall Completion Date: 11/30/24

Licensee's Proposed Overall Completion Date: 01/03/2025

Implemented [redacted] - 12/02/2024)

187a - Medication Record

13. 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.
14. Name and initials of the staff person administering the medication.

Description of Violation

- Resident #4 is prescribed [redacted] - 1 cap by mouth daily. However, resident's #4's [redacted] 2024 medication administration record (MAR) does not indicate the diagnosis or purpose for the medication, including pro re nata (PRN).

- Resident #5 is prescribed [redacted] - Inject as per sliding scale before breakfast if [redacted]. However, resident's #5's [redacted] 2024 MAR does not provide space to document the reading or the administered dose.

Plan of Correction

Accept [redacted] - 11/19/2024)

Resident #4: The medication administration record (MAR) was updated for resident #4 on [redacted] by the Personal Care Director to include the diagnosis or purpose for the [redacted] medication.

Resident #5: The MAR was updated for resident #5 on [redacted] by the Personal Care Director to include space for documenting the blood sugar reading and the administered dose for the [redacted] as per the

187a - Medication Record (continued)

sliding scale.

Licensed clinical staff who prescribe medication will be educated by the Chief Health Services Officer by 11/23/24 to ensure that every medication ordered includes a diagnosis or purpose for the medication. An audit of all current MARs will be completed by the Personal Care Director or designee in the next 60 days beginning on 11/25/24 to verify that all required fields in accordance with 2600.187.a are accurately completed for each resident. The Pharmacy Consultant will perform monthly audits of resident MAR beginning in 12/24 to ensure that the medication record shall be kept in accordance with 2600 187.a. The results of all audits will be brought to the Quality Assurance & Performance Improvement Committee on a quarterly basis.

Proposed Overall Completion Date: 11/23/2024

Licensee's Proposed Overall Completion Date: 01/03/2025

Implemented ([REDACTED]) - 12/02/2024)

187b - Date/Time of Medication Admin.**14. Requirements**

2600.

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

Description of Violation

- Resident #4 is prescribed [REDACTED] - Give 1 tab three times daily at [REDACTED] Resident #4's [REDACTED] MAR does not include the initials of the staff person who administered this medication on [REDACTED]. Resident #4 is also prescribed this medication as a PRN - 1 tab by mouth every day as needed for pain; however, the resident's [REDACTED] MAR does not include the initials of the staff person who administered this medication on [REDACTED].

- Resident #6 is prescribed [REDACTED] - 1 tab PO twice daily as needed for pain. Resident #6's [REDACTED] 2024 MAR does not include the initials of the staff person who administered this medication on [REDACTED].

Plan of Correction

Accept [REDACTED] - 11/19/2024)

All staff who administered medications to Resident #4 on [REDACTED] at [REDACTED] and [REDACTED] at [REDACTED], as well as for Resident #6 on [REDACTED], and did not initial to indicate the medication received education by the Personal Care Director by [REDACTED] on regulation 2600 187.b.as it applies to documentation of medications in the MAR at time of administration. The MAR could not be updated for residents #4 & #6 as it was beyond the time period of being able to enter a late entry into the electronic system.

A medication administration record (MAR) Verification Check procedure will be implemented by Personal Care Director or designee by 11/23/24 to ensure that staff responsible for administering medications double-check MARs for completeness (including initials) before leaving the administration area.

Personal Care Director or designee will conduct a weekly audit of MARs for the next two months beginning 11/25/24 to identify and resolve any incomplete documentation. The results of all audits will be brought to the Quality Assurance & Performance Improvement Committee on a quarterly basis.

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

Proposed Overall Completion Date: 11/23/2024

Licensee's Proposed Overall Completion Date: 01/03/2025

Implemented () - 12/02/2024)

187d - Follow Prescriber's Orders

15. Requirements

2600.

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

Description of Violation

Resident #6 is prescribed [redacted] 1 tab by mouth at bedtime. However, this medication was not administered on [redacted].

Resident #6 is also prescribed [redacted] by mouth at bedtime for [redacted]. This medication was not administered on 08/24/24.

There is no documentation indicating why these medications were skipped on these dates.

Plan of Correction

Accept () - 11/19/2024)

Prescriber was contacted on 11/15/24 for resident #6 to inform of missed medication. All medication administration staff will be educated by Personal Care Director or designee by 11/23/24 on 2600.187.7 regarding following the prescriber's directions. Included in the training will be how to properly document a resident's refusal of a medication in the MAR. Personal Care Director or designee will conduct a weekly audit of medication administration record (MAR) for the next 60 days beginning on 11/25/24 to ensure compliance with following prescriber instructions. The results of all audits will be brought to the Quality Assurance & Performance Improvement Committee on a quarterly basis.

Proposed Overall Completion Date: 11/29/24

Licensee's Proposed Overall Completion Date: 01/03/2025

Implemented () - 12/02/2024)

225c - Additional Assessment

16. 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 #3's most recent assessment was completed on [redacted]

Resident #7's most recent assessment was completed on [redacted]

225c - Additional Assessment (continued)

Plan of Correction

Accept ([redacted] - 11/19/2024)

A comprehensive assessment was completed for Resident #3 by Personal Care Director on 10/11/24. The assessment included a review of the resident's current condition, care needs, and any changes in health or behavior since the last assessment.

A comprehensive assessment was completed for Resident #7 by Personal Care Director on 10/14/24. The assessment included a review of the resident's current condition, care needs, and any changes in health or behavior since the last assessment.

All staff involved with assessments and updates will be provided with training on 2600.225.c which includes: need for annual assessment, which includes a review of the resident's current condition, care needs, and any changes in health or behavior since the last assessment. Also included is making appropriate updates to their support plans to reflect the new needs and requirements. This will be completed by the Personal Care Director or designee by 11/23/24.

Personal Care Director or designee will conduct an audit of each resident's condition and care plan beginning on 11/25/24 to ensure that any significant changes in health, behavior, or functional abilities are addressed in the updated assessments. If any changes are identified in their conditions since their last assessment, appropriate updates will be made to their care plans to reflect the new needs and requirements.

A tracking log will be developed and initiated by the Personal Care Director or designee on 11/25/24 to ensure the due dates for resident assessments are scheduled and completed on time in accordance with 2600 225.c. Personal Care Director or designee will conduct monthly audits beginning 12/24 to ensure that all resident assessments are up to date and that any changes in condition are promptly documented. The results of all audits will be brought to the Quality Assurance & Performance Improvement Committee on a quarterly basis.

Proposed Overall Completion Date: 11/29/24

Licensee's Proposed Overall Completion Date: 01/03/2025

Implemented ([redacted] - 12/02/2024)

227d - Support Plan Medical/Dental

17. 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

- Resident #8's RASP, dated [redacted], assesses the resident as able to self administer medications without assistance.

227d - Support Plan Medical/Dental (continued)

However, resident #8's most recent medical evaluation, dated [REDACTED] indicates the resident cannot self administer medications. There are no updates or addendums to the resident's RASP

- The assessment for resident #4, dated [REDACTED], indicates the resident is "Independent" for Personal Care Needs Transferring in/out of bed/chair" and "Turning and positioning in bed/chair". However, the resident uses a bedside mobility device which is not addressed in the resident's support plan.
- The assessment for resident #9, dated [REDACTED] indicates the resident is "Independent" for Personal Care Needs Transferring in/out of bed/chair" and "Turning and positioning in bed/chair". However, the resident uses a bedside mobility device which is not addressed in the resident's support plan.

When such devices are in use, the resident's support plan must reflect:

- The specific need for the device,
- The intended use,
- Any risks associated with the device,
- The resident's ability to use the device safely for the intended purpose,
- Identification of the specific device to be used,
- If a cover is required to meet FDA guidelines.

Plan of Correction

Accept [REDACTED] - 11/19/2024)

The medical evaluation for Resident #8 will be updated by her Nurse Practitioner on [REDACTED] to reflect the ability to self-administer medications, as indicated in the most recent support plan.

The support plans for resident #4 was updated on [REDACTED] & the support plan for resident #9 was updated on [REDACTED], both by the Personal Care Director to include all required steps to take care of the resident which includes a bedside mobility device.

Licensed nurses will be educated by Personal Care Director or designee by [REDACTED] on updating resident support plans when changes occur in the resident's medical or functional status. Documentation of the use of bedside mobility devices will also be updated in the support plan training.

Personal Care Director or designee will conduct monthly audits of each resident's support plan for two months beginning on 11/25/24 to ensure that all updates to the DME and support plans are accurate and timely. Personal Care Director will conduct ongoing audits thereafter quarterly of DME's and support plans to ensure continued compliance. The results of all audits will be brought to the Quality Assurance & Performance Improvement Committee on a quarterly basis.

Proposed Overall Completion Date: 11/30/24

Licensee's Proposed Overall Completion Date: 01/03/2025

Implemented ([REDACTED] 12/02/2024)