



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: NOVEMBER 21, 2024

[REDACTED], NHA
CPSR Associates LLC
[REDACTED]

RE: Mon Valley Care Center
License/COC #: 418162

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on July 25, 2024, and October 3, 2024, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), failure to submit an acceptable plan to correct noncompliance items and failure to comply with the acceptable plan to correct noncompliance items, the Department hereby issues you a SECOND PROVISIONAL license to operate the above facility. A SECOND PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa. Code § 20.71(a)(2); (3); (4) (relating to conditions for denial, nonrenewal or revocation). Your SECOND PROVISIONAL license is enclosed and is valid from November 21, 2024 to May 21, 2025.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED], Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing

[REDACTED]

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

[REDACTED]

Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [REDACTED], Office of General Counsel
[REDACTED], Bureau Director
[REDACTED], Director of Operations
[REDACTED], Regional Director

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

Facility Information

Name: *MON VALLEY CARE CENTER* License #: *41816* License Expiration: *10/23/2024*
Address: *200 STOOPS DRIVE, MONONGAHELA, PA 15063*
County: *WASHINGTON* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *CPSR ASSOCIATES LLC*
Address: [REDACTED]
Phone: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *11/04/2002* Issued By: *Department of Health*
Type: *Other* Date: *11/18/2002* Issued By: *Carroll Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *48* Waking Staff: *36*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Provisional* Exit Conference Date: *07/25/2024*

Inspection Dates and Department Representative

07/25/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *41* Residents Served: *35*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *35*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *13* Have Physical Disability: *0*

Inspections / Reviews

07/25/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/09/2024*

08/15/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 08/28/2024
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/22/2024

08/21/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 08/28/2024
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 08/28/2024

11/06/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: 08/28/2024
Reviewer: [REDACTED] Follow-Up Type: Exception

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

At approximately 10:25 a.m. there was no copy of the chapter 2600 regulations posted in a public and conspicuous place in the home.

Plan of Correction

Accept [redacted] - 08/21/2024)

The PCHA will be responsible for this plan of correction. The PCHA on 07/25/2024 placed a copy of the chapter 2600 regulations are posted in a public and conspicuous place in the home.

The PCHA created an audit tool on 7/25/24 where the PCHA will perform weekly checks through 9/30/2024 to maintain ongoing compliance with ensuring chapter 26003.c regulations are posted in a public and conspicuous place in the home. The PCHA will maintain documentations of audit and education to be in compliance of Regulation 2600.65i.

Re-education will be completed by the Director with the PCHA on the importance of chapter 2600 regulations are posted in a public and conspicuous place in the home by 9/1/24. The re-education will be documented on a supervisory conference form by the Director and will be completed by 9/1/24 and will have the PCHA and Directors signature as verification the discussion took place.

Licensee's Proposed Overall Completion Date: 08/20/2024

Licensee's Proposed Date for POC Implementation

Implemented [redacted] 11/06/2024)

17 - Record Confidentiality

2. 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

The posted inspection summary from 2/1/24 had the privacy coding document attached with black permanent marker lined over the names. However, resident names could still be identified through the permanent marker lines to include:

- Resident #1
- Resident #2, date-of-death #1
- Resident #3
- Resident #4

17 - Record Confidentiality (continued)

Plan of Correction

Accept (████) 08/21/2024)

The PCHA will be responsible for this plan of correction. The PCHA on 07/25/2024 removed the privacy coding document from the inspection summary from 2/1/24. The privacy coding document was removed from the 2/1/24 inspection summary.

The PCHA created an audit tool on 7/25/24 where the PCHA will perform weekly checks through 9/30/2024 to maintain ongoing compliance with ensuring posted inspection summaries do not have the privacy coding document attached to the inspection summaries that reveal a resident's name. The PCHA will maintain documentation of the audit.

Re-education will be completed by the Director with the PCHA on the importance that posted inspection summaries cannot have the privacy coding document attached that have been black marker lined out resident names due to being able to read those residents names violates confidentiality of the resident by 9/1/24. This re-education will be documented on a supervisory conference form by the Director and will be completed by 9/1/24 and will have the PCHA and Directors signature as verification the discussion took place. The documentation of education will be kept in accordance with Regulation 2600.65i

Licensee's Proposed Overall Completion Date: 08/20/2024

Licensee's Proposed Date for POC Implementation

Implemented (████) 11/06/2024)

25b - Contract Signatures

3. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #5 was admitted to the home on ██████████ however, the resident-home agreement, dated 2/16/24, was not signed or marked by resident #5.

Plan of Correction

Accept (████) 08/21/2024)

The PCHA will be responsible for this plan of correction. The PCHA took immediate action on 07/31/2024 by having resident #5 sign the resident home agreement.

PCHA created an audit tool on 7/26/24 where the PCHA will review all resident admission agreements to determine that all areas are signed by the resident. If the audit tool reveals that any resident home agreements were not signed by the resident, the PCHA will have the resident sign the home agreement. This will be completed by the PCHA by 9/15/24. The PCHA will maintain ongoing compliance with 2600.25b. by reviewing all new admissions to the home to ensure resident home agreements have resident's signature. The PCHA will maintain documentation of the audit.

25b - Contract Signatures (continued)

The Director will complete re-education with the PCHA by 9/1/24 on the importance of having the resident sign the resident home-agreement. This re-education will be documented on a supervisory conference form by 9/1/24 which will have the Director and PCHA signature as evidence that the re-education took place. The documentation of education will be kept in accordance with Regulation 2600.65i.

Licensee's Proposed Overall Completion Date: 08/20/2024

Licensee's Proposed Date for POC Implementation

Implemented (JK - 11/06/2024)

41e - Signed Statement

4. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

There was no signed statement in resident #5's resident record acknowledging the receipt of a copy of the resident's rights and complaint procedures.

Plan of Correction

Accept (█ - 08/21/2024)

The PCHA will be responsible for this plan of correction. The PCHA took immediate action on 07/31/2024 by getting with resident #5 and designated person and gave resident #5 and designated person a copy of the resident's rights and complaint procedures. The PCHA on 7/31/24 placed in resident #5 record acknowledging the receipt of a copy of the resident's rights and complaint procedures.

The PCHA created an audit tool on 7/26/24 where the PCHA will review all resident admission agreements to determine that all areas are signed by the resident and acknowledging the receipt of a copy of the resident's rights and complaint procedures by the resident and given to the resident and designated person. The PCHA will have this audit completed by 9/10/24. If the audit tool that the PCHA completes reveals that any resident home agreements were not signed by the resident, and do not have acknowledgement the receipt of a copy of the resident's rights and complaint procedures by the resident and given to the resident and designated person, the PCHA will have the resident sign the home agreement and receive the acknowledgement receipt of a copy of the resident's rights and complaint procedures by the resident and given to the resident and designated person and place a copy of the acknowledging the receipt in the residents record. This will be completed by the PCHA by 9/15/24. The PCHA will maintain the documentation of the audit.

The PCHA will maintain ongoing compliance with 2600.25b. by reviewing all new admissions to the home to ensure resident home agreements have resident's signature and acknowledging the receipt of a copy of the resident's rights and complaint procedures by the resident and given to the resident and designated person.

The PCHA will maintain the audit and education to be in compliance with Regulation 2600.65i.

Licensee's Proposed Overall Completion Date: 08/20/2024

Licensee's Proposed Date for POC Implementation

Implemented (█ - 11/06/2024)

54a - Direct Care Staff

5. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

54a - Direct Care Staff (continued)

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A was hired on [REDACTED] and began providing unsupervised direct care services during the month of May 2024. However, direct care staff person A did not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept [REDACTED] 08/21/2024)

The PCHA will be responsible for this plan of correction. The PCHA took immediate action on 07/31/2024 by contacting staff member A and asking staff member A to obtain a copy of the high school diploma or GED. Staff member A was able to locate document and the PCHA on 8/1/24 placed copy in Staff member A permanent record.

PCHA and HR department created an audit tool on 8/1/24 where they will review all current employee's paperwork as well as any newly hired employees to assess all that is needed to include the GED/High School diploma or active registry status on the Pennsylvania nurse aide registry is in place before providing direct care to the residents. This audit tool review will be completed by PCHA and HR Department by 9/1/24. If any staff member does not have their high school diploma or GED, or active registry status on the Pennsylvania nurse aide registry, the PCHA and HR department will immediately get with that staff member and have that staff member produce the document. Re-education will be completed by the PCHA with the HR department by 9-1-2024 on the importance that all new hires have a high school diploma-GED or active registry status on the Pennsylvania nurse aide registry before starting direct patient care.

As new staff are hired, the PCHA and HR department will ensure that all new hire paperwork includes a copy of the employee's high school diploma or GED or active registry status on the Pennsylvania nurse aide registry by reviewing the new hires record, so we are in compliance with 2600 54.a.

Documentation of education will be kept in accordance with Regulation 2600.65i.

Licensee's Proposed Overall Completion Date: 08/20/2024

Licensee's Proposed Date for POC Implementation

Implemented [REDACTED] 11/06/2024)

65f - Training Topics

6. Requirements

2600.

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

- 3. Care for residents with dementia and cognitive impairments.
- 6. Safe management techniques.

Description of Violation

Direct care staff person B did not receive annual training in required topics for the 2023 training year to include:

- (3) Care for residents with dementia and cognitive impairments.
- (6) Safe management techniques.

65f - Training Topics (continued)

Plan of Correction

Accept (████) 08/21/2024

The PCHA will be responsible for this plan of correction. The PCHA on 07/31/2024 met with staff person B and completed annual training on Care for residents with dementia and cognitive impairments. This training was documented on the State training form by the PCHA on 7/31/24. A supervisor conference was completed with staff member B on the importance of getting annual trainings by the PCHA on 7/31/24. The PCHA and staff person B signature is on the supervisory conference form which provides evidence the training did occur.

The PCHA will develop a monthly training calendar by 8/31/24 that will list all the annual trainings that staff members must receive. The PCHA will ensure these trainings occur monthly and the annual trainings are documented on the State training form where staff members must sign off that they received the trainings. The PCHA will also create an audit tool by 8/31/24 that will show how many trainings each employee currently has towards the mandatory annual training hours that are needed for staff members. The PCHA can use this audit tool as a way to see each staff members current standing with annual training hours and depending on what is revealed, can adjust each staff members training hours each month, so we are in compliance with 2600.65.f Documentation of the audits and education will be maintained by the PHCA to be in compliance with Regulation 2600.65i.

Licensee's Proposed Overall Completion Date: 08/20/2024

Licensee's Proposed Date for POC Implementation

Implemented (████) 11/06/2024

65g - Annual Training Content

7. Requirements

2600.

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

- 5. Falls and accident prevention.

Description of Violation

Direct care staff person B did not receive required annual training for the 2023 training year to include:

- (5) Falls and accident prevention.

Plan of Correction

Accept (████) 08/21/2024

The PCHA will be responsible for this plan of correction. The PCHA on 07/31/2024 met with staff person B and completed annual training on Care for residents with falls and accident prevention. This training was documented on the State training form by the PCHA on 7/31/24. A supervisor conference was completed with staff member B on the importance of getting annual trainings by the PCHA on 7/31/24. The PCHA and staff person B signature is on the supervisory conference form which provides evidence the training did occur.

The PCHA will develop a monthly training calendar by 8/31/24 that will list all the annual trainings that staff members must receive. The PCHA will ensure these trainings occur monthly and the annual trainings are documented on the State training form where staff members must sign off that they received the trainings. The PCHA will also create an audit tool by 8/31/24 that will show how many trainings each employee currently has towards the mandatory annual training hours that are needed for staff members. The PCHA can use this audit tool as a way to see each staff members current standing with annual training hours and depending on what is revealed, can adjust each staff members training hours each month, so we are in compliance with 2600.65g.

65g - Annual Training Content (continued)

Documentation of education and audit will be maintained to be in compliance with Regulation 2600.65i.

Licensee's Proposed Overall Completion Date: 08/20/2024

Licensee's Proposed Date for POC Implementation

Implemented [redacted] 1/06/2024)

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 drill held on 12/27/23 did not indicate the number of residents evacuated to a public thoroughfare or fire safe area designated in writing by a fire safety expert.

Plan of Correction

Accepted [redacted] - 08/21/2024)

The PCHA will be responsible for this plan of correction. The PCHA will meet with the Maintenance Department by 9/1/24, who oversees the fire drill process at the facility to complete education on the importance of indicating the number of residents evacuated to a public thoroughfare or fire safe area designated in writing by a fire safety expert. The meeting will be documented on a supervisory conference form by the PCHA by 9/1/24. Documentation of education will be kept in accordance with Regulation 2600.65i. All documentation of the audits will be maintained.

The PCHA will review the documentation for a fire drill each time a drill is completed (monthly) to ensure that the fire drill form indicates the number of residents evacuated to a public thoroughfare or fire safe area designated in writing by a fire safety expert. The PCHA will sign off on the fire drill form that the Maintenance department fills out after each fire drill for three months (September, October and November 2024) to ensure that we are meeting 2600 regulation 132.c.

If the PCHA finds there is an issue with the fire drill form not indicating the number of residents evacuated to a public thoroughfare or fire safe area designated in writing by a fire safety expert, the PCHA will immediately address the issue with the Maintenance Department and redo the fire drill, so we are in compliance with the regulation. The fire drill will be redone within a week's time frame.

The reviews of the monthly fire drill from September 2024-November 2024, will be discussed at the homes next quality management meeting to be held by 10/1/24. Thereafter, the fire drills will be included in each of the home's periodic quality management reviews.

The audits and education will be kept in accordance with Regulation 2600.65i

132c - Fire Drill Records (continued)

Licensee's Proposed Overall Completion Date: 08/19/2024
Licensee's Proposed Date for POC Implementation

Not Implemented (██████████ 11/6/24)

132d - Evacuation

9. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

On ██████████ at 11:33 a.m. the home conducted a fire drill with 34 residents in the home, however, the fire drill record indicated that only 9 residents were evacuated to a public thoroughfare or fire safe area designated in writing by a fire safety expert.

On ██████████ at 9:01 a.m. the home conducted a fire drill with 38 residents in the home, however, the fire drill record indicated the exit route used as "Beyond fire doors north/south wings/stairwells" and the fire safety inspection letter dated 10/10/23 from the home's fire safety expert did not indicate the north and south wings as fire safe areas.

On ██████████ at 6:16 p.m. the home conducted a fire drill with 37 residents in the home, however, the fire drill record indicated the exit route used as "Beyond fire doors /resident rooms/stairwell" and the fire safety inspection letter dated 10/10/23 from the home's fire safety expert did not indicate the resident rooms as fire safe areas.

On ██████████ at 10:42 p.m. the home conducted a fire drill with 38 residents in the home, however, the fire drill record indicated the exit route used as "Beyond fire doors & resident rooms" and the fire safety inspection letter dated 10/10/23 from the home's fire safety expert did not indicate the resident rooms as fire safe areas.

On ██████████ at 4:11 p.m. the home conducted a fire drill with 37 residents in the home, however, the fire drill record indicated the exit route used as "Beyond fire doors & R. rooms" and the fire safety inspection letter dated 10/10/23 from the home's fire safety expert did not indicate the resident rooms as fire safe areas.

On ██████████ at 10:56 p.m. the home conducted a fire drill with 37 residents in the home, however, the fire drill record indicated the exit route used as "Beyond fire doors & R. rooms" and the fire safety inspection letter dated 10/10/23 from the home's fire safety expert did not indicate the resident rooms as fire safe areas.

On ██████████ at 10:56 p.m. the home conducted a fire drill with 37 residents in the home, however, the fire drill record did not indicate that all residents were evacuated to a public thoroughfare or fire safe area designated in writing by a fire safety expert.

132d - Evacuation (continued)

Plan of Correction

Accept ([REDACTED] 08/21/2024)

The PCHA will be responsible for this plan of correction. The PCHA will meet with the Maintenance Department by 9/1/24, who oversees the fire drill process at the facility to complete education on the importance of all residents being evacuated to a public thoroughfare or fire safe area designated in writing by a fire safety expert. The PCHA will also review with the Maintenance Department during the same discussion, on the importance of ensuring that on the fire safety inspection letter is correct with listing fire safe areas in the facility. The meeting will be documented on a supervisory conference form by the PCHA by 9/1/24.

All staff members will be re-educated by the PCHA and Maintenance department on the home's policy and procedures in regards to Regulation 2600.132d.

The PCHA will maintain all documentation on the audits and education to be in accordance with Regulation 2600.65i.

The PCHA, Fire Chief of [REDACTED] Fire Department and the maintenance department will update and correct the fire safety inspection letter to list all fire safe areas in the facility. This will be completed by 9/16/24.

The PCHA will review the documentation for a fire drill each time a drill is completed (monthly) to ensure that the fire drill form indicates that all residents are evacuated to a public thoroughfare or fire safe area designated in writing by a fire safety expert and that the residents are being evacuated to fire safe area listed on the fire safety inspection letter. The PCHA will sign off on the fire drill form that the Maintenance department fills out after each fire drill for three months (September, October and November 2024) to ensure that we are meeting 2600 regulation 132.d.

If the PCHA finds there is an issue with the fire drill form not indicating that all residents evacuated to a public thoroughfare or fire safe area designated in writing by a fire safety expert and the residents are being evacuated to fire safe area listed on the fire safety inspection letter, the PCHA will immediately address the issue with the Maintenance Department and redo the fire drill, so we are in compliance with the regulation. The fire drill will be redone within a week's time frame.

The reviews of the monthly fire drill from September 2024-November 2024, will be discussed at the homes next quality management meeting to be held by 10/1/24. Thereafter, the fire drills will be included in each of the home's periodic quality management reviews.

All PCH staff and maintenance staff will be re-educated on Regulation 2600.132a and home's policy and procedures by the PCHA by 9-30-24 .

All audits and education will be kept in accordance with Regulation 2600.65i

132d - Evacuation (continued)

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Licensee's Proposed Overall Completion Date: 08/20/2024
Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] - 11/6/24)

132g - Fire Drills Days/Times

10. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home's most recent sleeping hours fire drills were held as follows:

- [REDACTED]
- [REDACTED]
- [REDACTED]

REPEAT VIOLATION 9/8/23

Plan of Correction

Accept [REDACTED] - 08/21/2024)

The PCHA will be responsible for this plan of correction. The PCHA will meet with the Maintenance Department by 9/1/24, who oversees the fire drill process at the facility to complete education on fire drills that need be held on different days of the week, at different times of the day and night, not routinely. The meeting will be documented on a supervisory conference form by the PCHA by 9/1/24.

The PCHA will re-educate the maintenance department who oversees the fire drills on the need to have the fire drills on different days and times of the drills to avoid becoming routine by 9-1-2024. The documentation of the re-education will be on supervisory conference form to be in accordance with Regulation 2600.65i. These audits will be maintained.

The PCHA will review the documentation for a fire drill each time a drill is completed (monthly) to ensure that the fire drill form shows that the fire drills are being held on different days of the week, at different times of the day and night, not routinely. The PCHA will sign off on the fire drill form that the Maintenance department fills out after each fire drill for three months (September, October and November 2024) to ensure that we are meeting 2600 regulation 132.g.

If the PCHA finds there is an issue with the fire drill form not indicating that the fire drills are being held on different days of the week, at different times of the day and night, not routinely, the PCHA will immediately address the issue with the Maintenance Department and redo the fire drill, so we are in compliance with the regulation. The fire drill will be redone within a week's time frame.

The reviews of the monthly fire drill from September 2024-November 2024, will be discussed at the homes next quality management meeting to be held by 10/1/24. Thereafter, the fire drills will be included in each of the home's periodic quality management reviews.

132g - Fire Drills Days/Times (continued)

Licensee's Proposed Overall Completion Date: 08/20/2024

Licensee's Proposed Date for POC Implementation

Implemented [redacted] 11/06/2024)

141a 1-10 Medical Evaluation Information

11. 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 #6's initial medical evaluation did not indicate the date of the evaluation or when the form was completed, and did not include the resident's height, weight, pulse rate, blood pressure, or temperature, those areas of the form were left blank.

Plan of Correction

Accept [redacted] 08/21/2024)

The PCHA will be responsible for this plan of correction. Resident #6's initial medical evaluation was updated by Resident #6's Physician on [redacted] to include the date of the evaluation and the resident's height, weight, pulse rate, blood pressure, and temperature.

The PCHA will create an audit tool by 9.1.23 that will show the PCHA reviewed all current resident's medical evaluations to ensure the medical evaluations are filled out correctly to include the date of the medical evaluation, the resident's height, weight, pulse rate, blood pressure, and temperature. If the PCHA finds any medical evaluation not filled out correctly for any resident by not meeting 2600 141.a regulations, the PCHA will within one week time

141a 1-10 Medical Evaluation Information (continued)

framework with the resident's physician, physician's assistant or certified registered nurse practitioner to get the medical evaluation completed. This audit tool will be used by the PCHA from 9/1/24-11/1/24. The Director will review the audit tool weekly and initial/date audit tool to also help ensure that all current residents to include new admissions as they come into the facility have completed and correct medical evaluations.

The Director will complete education with the PCHA by 9/1/24 on Medical Evaluations being done on time and done correctly by including the date of the evaluation and the resident's height, weight, pulse rate, blood pressure, and temperature. This education will be documented on a supervisory conference form completed by the Director by 9/1/24.

The documentation of education and the audit will be maintained and kept in accordance with Regulation 2600.65i.

Licensee's Proposed Overall Completion Date: 08/20/2024
Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] - 11/6/24)

141b1 - Annual Medical Evaluation

12. Requirements

2600.

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

Description of Violation

Resident #5's status change medical evaluation did not indicate the date of the evaluation or when the form was completed, and did not include the resident's height, weight, pulse rate, or blood pressure, those areas of the form were left blank.

Resident #7's most recent medical evaluation did not indicate the date the form was completed, and did not include the resident's height or weight, those areas of the form were left blank.

Plan of Correction

Accept [REDACTED] 08/21/2024)

The PCHA will be responsible for this plan of correction. Resident #5's status change medical evaluation was updated by Resident #5's Physician on [REDACTED] to include the date of the evaluation and the resident's height, weight, pulse rate, blood pressure, and temperature.

Resident #7's most recent medical evaluation was updated by Resident #7's Physician on [REDACTED] to include the date of the evaluation and the resident's height or weight.

The PCHA will create an audit tool by 9.1.23 that will show the PCHA reviewed all current resident's medical

141b1 - Annual Medical Evaluation (continued)

evaluations to ensure the medical evaluations are filled out correctly to include the date of the medical evaluation, the resident's height, weight, pulse rate, blood pressure, and temperature. If the PCHA finds any medical evaluation not filled out correctly for any resident by not meeting 2600 141.a regulations, the PCHA will within one week time frame work with the resident's physician, physician's assistant or certified registered nurse practitioner to get the medical evaluation completed. This audit tool will be used by the PCHA from 9/1/24-11/1/24. The Director will review the audit tool weekly and initial/date audit tool to also help ensure that all current residents to include new admissions as they come into the facility have completed correct medical evaluations.

The Director will complete education with the PCHA by 9/1/24 on Medical Evaluations being done on time and done correctly by including the date of the evaluation and the resident's height, weight, pulse rate, blood pressure, and temperature. This education will be documented on a supervisory conference form completed by the Director by 9/1/24.

The documentation of education and audit will be maintained to be in accordance with Regulation 2600.65i.

Licensee's Proposed Overall Completion Date: 08/20/2024

Licensee's Proposed Date for POC Implementation

Implemented (JK - 11/06/2024)

183b - Meds and Syringes Locked

13. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At approximately [redacted] there was a twelve fluid ounce bottle of [redacted] [redacted] that was approximately one-half full and sitting on the bedside table to the right of resident #8's bed in resident room [redacted]. However, resident #8 indicated the resident room cannot be locked and that all of the medications within are left unlocked and unattended whenever [redacted] leaves the room.

REPEAT VIOLATION 2/1/24 et. al.

Plan of Correction

Accepted [redacted] 08/21/2024

The PCHA will be responsible for this plan of correction. The PCHA met with resident #8 on 7/26/24 and explained that OTC medications cannot be left in room without specific orders from PCP. The medication was removed from resident #8's room with [redacted] permission. The PCHA informed resident #8 that all bedside stands do have a lock and key to which resident refused to use.

The PCHA developed an audit tool on 8-12-24 that will be utilized for 2 months from 8-17-24-10-17-24. This audit tool will check all resident's room for medications that are not ordered by the PCP to be left in the room. If medications are found a call will be placed to the PCP for further instructions, so that we are in compliance with 2600 regulation 183.b

The Director will meet with the PCHA by 8/17/24 to discuss the importance of always having OTC medications having specific orders from the residents PCP. This meeting will be documented on a supervisory conference form

183e - Storing Medications

15. 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

Resident #7's [redacted] did not have a date opened indicated and the manufacturer's directions for Artificial Tears recommend to discard 28 days after opening.

Plan of Correction

Accept ([redacted]) 08/21/2024

The PCHA will be responsible for this plan of correction. The PCHA immediately removed resident #7 eye drops from the medication cart on 7/25/24 and PCHA telephoned the pharmacy to send out a new bottle of eye drops on 7/25/24.

The PCHA developed an audit tool that the PCHA will use on 8-12-24 that will be used for 2 months from 8-12-24-10-12-24. This audit tool will be used to ensure that all medications are current, correct dosage and all opened bottles are dated when opened to be in compliance with 2600 regulation 183.e If any outdated medications are found by the PCHA while doing the audits, the PCHA will contact the provider and have new medications ordered within 24hrs.

The PCHA will re-train all med techs (staff members who are responsible for passing medications) on the need to date all open bottles of eye drops to be able to follow the manufacturer's directions of discarding after 28 days by 9/15/24. The training will be documented on the State training form by the PCHA by 9/15/24.

The education and audits will be kept to be in compliance with Regulation 2600.65i.

Licensee's Proposed Overall Completion Date: 08/20/2024

Licensee's Proposed Date for POC Implementation

Implemented ([redacted]) 11/06/2024

184a - Resident's Meds Labeled

16. Requirements

2600.

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

Description of Violation

The pharmacy label for resident #7's [redacted] of beverage of choice and take by mouth once daily as needed. However, resident #7 is prescribed [redacted]

The pharmacy label for resident #7's [redacted] did not include the instruction for administration, and the resident is prescribed Artificial Tears, instill 1 drop into each eye twice daily.

Plan of Correction

Accept ([redacted]) 08/21/2024

The PCHA will be responsible for this plan of correction. The PCHA immediately had new labels made for resident #7 medications to match the current orders and applied to the medications on 7/25/24.

184a - Resident's Meds Labeled (continued)

The PCHA developed an audit tool on 8-12-24 that will be used for 2 months by the PCHA from 8-12-24-10-12-24. This audit tool will be used to ensure that all medications are current, correct dosage, all labels have correct directions for medications and all opened bottles are dated when opened to be in compliance with 2600 regulation 184.a

The PCHA will re-train all med techs (staff members who are responsible for passing medications) on all medications are current, correct dosage, all labels have correct directions for medications and all opened bottles are dated when opened to be in compliance with 2600 regulation 184.a The training will be documented by the PCHA by 9/15/24 on the State training form.

All education and audits will be maintained to be in compliance with Regulation 2600.65i.

Licensee's Proposed Overall Completion Date: 08/20/2024

Licensee's Proposed Date for POC Implementation

Implemented [redacted] 11/06/2024)

185a - Implement Storage Procedures

17. 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] resident #7's glucometer indicated a date of [redacted]

On [redacted] at approximately [redacted] resident #7's glucometer indicated a blood glucose reading of [redacted]. However, resident #7 [redacted] medication administration record did not document a reading at that time.

On [redacted] at approximately [redacted] resident #7's [redacted] medication administration record documented a blood glucose reading of [redacted]. However, resident #7's glucometer indicated a blood glucose reading of [redacted] on [redacted]

On [redacted] at approximately [redacted] resident #7's glucometer indicated a blood glucose reading of [redacted]. However, resident #7's July 2024 medication administration record did not document a reading at that time.

On [redacted] at approximately [redacted] resident #7's glucometer indicated a blood glucose reading of [redacted]

185a - Implement Storage Procedures (continued)

However, resident #7's [redacted] medication administration record did not document a reading at that time.

Plan of Correction

Accept [redacted] 08/21/2024)

The PCHA is responsible for the plan of corrections. The PCHA immediately calibrated resident #7 glucometer to reflect the correct date and time on [redacted]. A call was placed by the PCHA on [redacted] to the PCP of resident #7 to obtain an order to obtain a blood sugar reading at night when giving [redacted].

The PCHA will conduct weekly glucometer checks to ensure that the glucometers are calibrated correctly, will monitor the MAR to make sure that the blood sugars are documented correctly using an audit form created on 8-12-24 by the PCHA. This audit tool will be utilized for two months from 8-12-24-10-12-24 by the PCHA.

The PCHA re-educate all med techs on 7/26/24 (staff members responsible for administering medications and obtaining blood sugar readings) the importance of documenting the correct reading in the MAR and making sure that the date and time are correct on the glucometer before readings are obtained. The PCHA documented the training on the State training form on 7/26/24.

The education and audit will be kept in accordance with Regulation 2600.65i.

Licensee's Proposed Overall Completion Date: 08/20/2024
Licensee's Proposed Date for POC Implementation

Not Implemented ([redacted] - 11/6/24)

187a - Medication Record

18. Requirements

2600.

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

Description of Violation

Resident #7 is prescribed [redacted] instill 1 drop into each eye twice daily. However, resident #7's [redacted] medication administration record did not indicate the strength of the medication.

Resident #7 is prescribed [redacted] NH UD, inhale 1 mini neb via nebulizer orally every 6 hours as needed. However, resident #7's [redacted] medication administration record did not indicate the strength of the medication.

Resident #7 is prescribed [redacted] tablet, take one tablet sublingually every four hours as needed. However, there is no area to document the administration of [redacted] tablet on resident #7's [redacted] medication administration record.

Resident #7 is prescribed [redacted] apply topically to affected area 3 times daily. However, there is no area to document the administration of [redacted] on resident #7's [redacted] medication administration record.

187a - Medication Record (continued)

REPEAT VIOLATION 9/8/23

Plan of Correction

Accept [REDACTED] 08/21/2024)

The PCHA is responsible for the plan of corrections. The PCHA immediately called the pharmacy on 7/25/24 to have resident #7 MAR updated with the correct strength of the Artificial Tears and Albuterol nebulizer solution. To add Hyoscyamine and Triamcinolone cream to the MAR for documentation.

The PCHA developed an audit tool on 8-12-24 that will be used for 2 months from 8-12-24-10-12-24. This audit tool will be used to ensure that all medications are current, correct dosage, all labels have correct directions for medications and all ordered medications are on the MAR correctly to be in compliance with 2600 regulation 187.a

The PCHA re-educated all med techs on 7/26/24 (staff members responsible for administering medications) on the importance of all resident medications are current, correct dosage, all labels have correct directions for medications and all ordered medications are on the MAR listed correctly so we can be in compliance with 2600 regulation 187.a The PCHA documented the training on the State training form on 7/26/24. The education and audits will be maintained to be in accordance with Regulation 2600.65i.

Licensee's Proposed Overall Completion Date: 08/20/2024

Not Implemented [REDACTED] - 11/6/24)

Licensee's Proposed Date for POC Implementation

187b - Date/Time of Medication Admin.

19. 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 #8 is prescribed the following medications:

- [REDACTED]
- [REDACTED]
- [REDACTED]

However, at approximately [REDACTED] there were four pills in a one-ounce cup resting inside of a plastic bin on a chair to the left of resident #8 in resident room [REDACTED] to include [REDACTED] and the [REDACTED] and all of the medications were documented as administered by direct care staff person C on the [REDACTED] medication administration record.

Resident #7 is prescribed [REDACTED] take 3 capsules orally three time daily. However, at approximately [REDACTED] resident #7 had a medicine cup with 3 capsules of [REDACTED] sitting on the adjustable hospital table in front of [REDACTED] recliner and the medication was documented as administered by direct care staff person C on the July 2024 medication administration record.

REPEAT VIOLATION 2/1/24 et. al.

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

Plan of Correction

Accept [REDACTED] 08/21/2024)

The PCHA will be responsible for this plan of correction. Staff person C who was responsible for administering resident #7 and resident #8 medications was met with the by the PCHA on [REDACTED] During that same meeting the PCHA had with staff member C on 7/31/24, the PCHA retrained staff member C on medication administration, specifically making sure that all medications given to residents are taken while staff person is in the room. It was also reviewed with staff person C by the PCHA on 7/31/24, that no medications are to be left on bedside table to be taken at a later time. The PCHA reinforced with staff member C, that they are to watch the resident take their medications and not document the medication as administered on the MAR until the medication is actually administered. The meeting that the PCHA had with staff member C was documented on a supervisory conference form on 8/1/24. The PCHA and staff member C signed off on the supervisory conference form as verification that the discussion took place.

The PCHA will observe staff member C administer resident medications from 8/12/24-8/19/24. The PCHA will document on an audit form that was created on 8/12/24 that the observations with comments took place.

The PCHA developed an audit tool on 8/12/24 that will be utilized for two months from 8/15/24-10/15/24. This audit tool will look at the residents MAR and the resident's medications to ensure that the medications are being administered and recorded correctly on the MAR. This audit tool check will be completed by the PCHA on a daily basis.

A training on proper medication administration will be completed by the PCHA with all med techs (staff members responsible for administering medications to the residents) by 9/20/24. The training the PCHA is completing will then be recorded on the State training form as verification that the training took place by 9/20/24. The education and audits will be kept to be in accordance with Regulation 2600.65i.

Licensee's Proposed Overall Completion Date: 08/20/2024
Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] - 11/6/24)

187d - Follow Prescriber's Orders

20. Requirements

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

Description of Violation

Resident #7 is prescribed [REDACTED] apply topically to affected area twice daily. However, for the entire month of July 2024 the [REDACTED] was not available to administer to resident #7 and was not administered.

187d - Follow Prescriber's Orders (continued)

REPEAT VIOLATION 2/1/24 et. al.

Plan of Correction

Accepted [REDACTED] - 08/21/2024)

The PCHA will be responsible for this plan of correction. The PCHA contacted Resident #7 provider regarding prescribed medication [REDACTED] on 7/31/24. The home will follow the direction of the provider of the medication error. The provider discontinued Resident #7 [REDACTED]. The PCHA updated the MAR to reflect the medication was discontinued by the provider on [REDACTED].

A medication cart audit tool will be created by the PCHA by 9/10/24. This audit tool that the PCHA will create, will list all the medication a resident should be currently taking. The PCHA will compare the audit tool that list the current medications to the actual medication kept in the medication cart of all residents. This audit tool will be done twice weekly by the PCHA to ensure that there are no missing or discontinued medications in the med cart. This audit tool will be used by the PCHA from 9/10/24-11/10/24.

The PCHA will complete training with the med techs (staff members who administer medication to the residents) by 9/15/24 on the importance of making sure that all residents medications are in the med cart and that the residents MAR list the correct medications based on all providers orders. This training the PCHA is completing with the med techs will be documented on the State training form as evidence that the training took place by 9/15/24.

Resident #7 and designated person were notified on 7-26-24 by the PCHA of the medication error.

An incident report for the medication error was filed by the PCHA on 7-26-24 and made part of Resident #7 permanent record.

Documentation of training and the audit will be kept in accordance with Regulation 2600.65i.

Licensee's Proposed Overall Completion Date: 08/20/2024

Licensee's Proposed Date for POC Implementation

Implemented [REDACTED] 11/06/2024)

191 - Resident Right to Refuse

21. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

There was no documentation that resident #5 had been educated on the right to question or refuse a medication if the resident believes there may be a medication error.

191 - Resident Right to Refuse (continued)

Plan of Correction

Accept [redacted] - 08/21/2024)

The PCHA will be responsible for this plan of correction. The PCHA took immediate action on 07/31/2024 by educating resident #5 on the right to question or refuse medication if [redacted] believes there is an error.

PCHA created an audit tool on 7/26/24 where the PCHA will review all resident admission agreements to determine that all areas are signed by the resident. If the audit tool reveals that any resident home agreements were not signed by the resident, the PCHA will have the resident sign the home agreement. This will be completed by the PCHA by 9/15/24.

The PCHA will maintain ongoing compliance with 2600.191. by reviewing all new admissions to the home to ensure resident home agreements have resident's signature beginning on 7-26-2024.

The Director will complete re-education with the PCHA by 9/1/24 on the importance of having the resident sign the resident home-agreement. This re-education will be documented on a supervisory conference form by 9/1/24 which will have the Director and PCHA signature as evidence that the re-education took place.

All education and audits will be kept in accordance with Regulation 2600.65i

Licensee's Proposed Overall Completion Date: 08/20/2024

Licensee's Proposed Date for POC Implementation

Implemented [redacted] 11/06/2024)

224a - Preadmission Screen Form

22. Requirements

2600.

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

Description of Violation

Resident #5 was admitted to the home on [redacted] however, the preadmission screening form indicated the date the screening was completed was [redacted] and did not indicate whether the resident could safely use or avoid poisonous materials.

Plan of Correction

Accept [redacted] - 08/21/2024)

The PCHA will be responsible for this plan of correction. The PCHA took immediate action on 07/31/2024 by correcting the date of the preadmission screening and updated that resident #5 can safely use and avoid poisonous materials on the preadmission screening form.

PCHA created an audit tool on 7/26/24 where the PCHA will review all resident preadmission agreements by 8/17/24 to determine that dates are correct, and all blanks are filled out correctly. If the audit tool reveals that any preadmission screenings were not dated correctly or filled out completely, the PCHA will correct all errors with 24hrs. This review of all resident's preadmission agreements will be completed by the PCHA by 8/17/24. The PCHA will maintain ongoing compliance with 2600.224.a. by reviewing all new admissions preadmissions screenings are completed correctly.

224a - Preadmission Screen Form (continued)

The Director completed re-education with the PCHA on 7/26/24 on the importance of having the preadmission screenings dated correctly and filled out completely. This re-education was documented on a supervisory conference form which has the Director and PCHA signature as evidence that the re-education took place on 7/26/2424. The education and audit tool will be maintained and kept to be in accordance with Regulation 2600.65i

Licensee's Proposed Overall Completion Date: 08/20/2024
Licensee's Proposed Date for POC Implementation

Implemented [redacted] - 11/06/2024)

225c - Additional Assessment

23. Requirements

2600.

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

- 1. Annually.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #5's most recent assessment, dated [redacted] did not indicate a special dietary need for the resident, that portion of the assessment was left blank. However, resident #5 was prescribed a mechanical soft textured diet on [redacted]

Resident #7's most recent assessment, dated [redacted] indicated the resident was prescribed a pureed diet was not updated to include the resident's prescribed mechanical soft texture diet that was ordered on [redacted]

Resident #9's annual assessment was dated 4 [redacted] however, the previous assessment was dated [redacted]

Plan of Correction

Accept [redacted] 08/21/2024)

The PCHA will be responsible for this plan of correction. The PCHA corrected on 7/31/25, Resident #5's assessment to now include the prescribed [redacted] The PCHA corrected on [redacted] Resident #7's assessment to now include the prescribed [redacted]

The PCHA will create an audit tool by 9/15/24 that list each resident's name and when their assessment is due. The PCHA when reviewing the resident's assessments, will ensure that all prescribed orders are on those assessments. The PCHA will use this audit tool from 9/15/24-11/15/24 that will identify those residents that need updated assessments and to ensure that each resident has a current assessment, and prescribed orders are on those assessment. If any resident is found not to have an updated assessment (if needed) or an annual assessment or are missing prescribed orders, The PCHA will complete the assessment within 24hrs.

The Director will meet with the PCHA by 9/15/24 to review the importance why every resident has an annual assessment and that every resident prescribed orders are on the assessments as well as any updates. This meeting will be documented on a supervisory conference and signed by the Director and PCHA as evidence that the discussion took place by 9/15/24.

The audit and education will be kept and maintained to be in accordance with Regulation 2600.65i

225c - Additional Assessment (continued)

Licensee's Proposed Overall Completion Date: 08/20/2024
 Licensee's Proposed Date for POC Implementation

Not Implemented [REDACTED] - 11/6/24)

227d - Support Plan Medical/Dental

24. 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 #5's most recent support plan, dated [REDACTED] did not indicate the care and services provided by [REDACTED] hospice or the frequency of those services; however, the assessment indicated the resident requires assistance with transfers, toileting, personal hygiene, and other activities of daily living, but indicated direct care staff as the only responsible party.

Resident #7's most recent support plan, dated [REDACTED] did not indicate the care and services provided by OPSTA hospice or the frequency of those services and the resident is otherwise assessed as needing total assistance with most activities of daily living.

Plan of Correction

Accept ([REDACTED] - 08/21/2024)

The PCHA will be responsible for this plan of correction. The PCHA on [REDACTED] updated Resident #5's support plan to indicate the care and services provided by Amedisys hospice and the frequency of those services. The PCHA on [REDACTED] updated Resident #7's support plan to indicate the care and services provided by OPSTA hospice and the frequency of those services.

The PCHA will create an audit tool by 9/15/24 that will list each resident's name and when the residents support plan needs updated. This will include any ADL changes with the residents and any resident on hospice to include frequency of services. The PCHA will use this audit tool from 9/15/24-11/15/24. If the PCHA while using the audit tool finds a support plan that needs updated or completed, the support plan will be done by the PCHA within 24hrs.

The Director will meet with the PCHA by 9/15/24 to discuss the importance of ensuring each resident has a support plan and those residents that are on hospice have hospice listed on their support plans to include frequency of services, so we are in compliance with regulation 2600 227.d. The director will document this meeting on a supervisory conference form on 9/15/24. This form will be signed by the Director and PCHA as evidence that this meeting took place by 9/15/24.

The education and audit will be kept and maintained to be in accordance with Regulation 2600.65i.

227d - Support Plan Medical/Dental *(continued)*

Licensee's Proposed Overall Completion Date: 08/20/2024

Licensee's Proposed Date for POC Implementation

Implemented [REDACTED] 11/06/2024)

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

Facility Information

Name: *MON VALLEY CARE CENTER* License #: *41816* License Expiration: *10/23/2024*
Address: *200 STOOPS DRIVE, MONONGAHELA, PA 15063*
County: *WASHINGTON* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *CPSR ASSOCIATES LLC*
Address: *200 STOOPS DRIVE, MONONGAHELA, PA, 15063*
Phone: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *11/04/2002* Issued By: *Department of Health*
Type: *Other* Date: *11/18/2002* Issued By: *Carroll Township*

Staffing Hours

Resident Support Staff: Total Daily Staff: *47* Waking Staff: *35*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Monitoring* Exit Conference Date: *10/03/2024*

Inspection Dates and Department Representative

10/03/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *41* Residents Served: *36*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *11*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *36*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *11* Have Physical Disability: *1*

Inspections / Reviews

10/03/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/15/2024*

10/15/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/01/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 10/21/2024

10/21/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/01/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/01/2024

11/06/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/01/2024

Reviewer: [REDACTED]

Follow-Up Type: Exception

130e - Hearing Impairment

1. Requirements

2600.

130.e. If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, a signaling device approved by a fire safety expert shall be used and tested so that each resident and staff person with a hearing impairment will be alerted in the event of a fire.

Description of Violation

Resident #1 has a [redacted] impairment and is unable to hear the fire alarm system when activated. However, there is no signaling device approved by a fire safety expert and tested to ensure that resident #1 is alerted in the event of a fire.

Plan of Correction

Directed [redacted] 10/21/2024)

The PCHA will be responsible for this POC. The PCHA will meet with the maintenance director who is responsible for the fire drills by 10-4-2024. The PCHA will instruct maintenance director to search the web site for the deaf to obtain a bed/chair alarm for resident's #1 bed and chair. The device will be obtained by 10-10-24. [redacted] will then be contact with the [redacted] fire chief for approval of the device . The fire chief will submit a letter of approval.

Once approval is obtain the device will be placed on resident's #1 bed/chair. The alarm will be checked with each fire drill (which occurs monthly) and recorded on each fire drill form. by 10-31-2024.

PCHA will review the documentations for the fire drills for compliance . The PCHA will sign off on all fire drill reports that we are in compliance with regulation 2600.130e for 3 months. (October, November, December)

If the PCHA finds there is an issue with the fire drill forms , she will immediately address the issue with the maintenance director and redo the fire drill, so we are in compliance with the regulation.

The review of the monthly fire drills that include the bed/chair alarm will be discussed at the homes next quality management meeting by 12/1/24. The document audits and letter of approval will be kept to measure compliance with Regulation 2600 13.e.

The reports will be kept in the fire drill book in accordance with regulation 2600.65i

Proposed Overall Completion Date: 10/21/2024

Directed

Within one Calander day of receipt of the accepted plan of correction: The administrator shall ensure the documentation of all education is maintained in accordance with Regulation 2600.65(i) 10/21/24 JK

Directed Completion Date: 10/22/2024

Licensee's Proposed Date for POC Implementation

Not Implemented [redacted] - 11/6/24)

132c - Fire Drill Records

2. 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 home conducted a fire drill on 8/15/24 at 9:00 a.m.. The home's fire drill record does not indicate number of residents evacuated for this fire drill.

The home conducted a fire drill on 9/14/24 at 12:47 a.m. The home's fire drill record does not indicate the number of

132c - Fire Drill Records (continued)

residents evacuated or the time amount of time to evacuate.

Plan of Correction

Directed (█ - 10/21/2024)

In response to the violation on 10/03/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 10/04/2024 by the Administrator to The PCHA will meet with the Director of Maintenance who is in charge of monthly fire drills process at the facility to complete education on the importance that the number of residents and the amount of time the drill lasted needs to be documented on the fire drill records. This will occur by 10-7-2024.

The PCHA will review the documentation of each fire drill (completed monthly) to ensure that the fire drill form indicates the date, time, the number of residents evacuated and the amount of time to evacuate. It will also include the exit route used, the number of residents in the home at the time of the drill, the number of staff members participating, any problems encountered and whether the fire alarm or smoke detector were operative. This will occur for 3 months (October, November, December) and on going. This will be completed by 10-30-24 to be in compliance with Regulation 26000 132. If the PCHA finds there is an issue with the fire drill form not indicating the number of residents evacuated and the time to evacuate the PCHA will immediately address the issue with Head of Maintenance and redo the fire drill so we are in compliance with the regulation. The fire drill will be done within a week's time frame. The reviews of the monthly fire drills from October 2024-November 2024-December2024 will be discussed at the next quality meeting to be held on 10-31-2024. The document audits will be kept to measure compliance with Regulation 2066 132c.

.A record of the fire drills will be kept in compliance with Regulation 2600.65i, with a completion date of 10/14/2024.

Proposed Overall Completion Date: 10/21/2024

Directed

Within one Calander day of receipt of the accepted plan of correction: The administrator shall ensure the documentation of all education is maintained in accordance with Regulation 2600.65(i) 10/21/24 JK

Directed Completion Date: 10/22/2024

Not Implemented (█ - 11/6/24)

Licensee's Proposed Date for POC Implementation

132d - Evacuation

3. Requirements

2600.

- 132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home conducted fire drills on █ however, resident #1 and resident #2 both stayed in their rooms during the fire drill and did not evacuate for either fire drill. Interviews indicated that during these fire drills most residents evacuated to the hallways, which was not a designated fire safe area in writing specified by a fire safety expert.

132d - Evacuation (continued)

Plan of Correction

Directed (█ 10/21/2024)

The PCHA will be responsible for this plan of corrections. The PCHA will meet with the Director of Maintenance who is responsible for the monthly fire drills for the facility and all staff members to complete education on the importance of all residents being evacuated to a public thoroughfare or fire safe area that is designated in writing by a fire safety expert. This education will be completed by 10-10-2024 and the documentation of education shall be kept in accordance with Regulation 2600 132c

The PCHA will review all monthly fire drill reports to make certain that the number of residents evacuated during a fire drill coincides with the facilities census. The residents will be transferred to a fire safe area designed by a fire safety expert.

The PCHA shall complete the following steps to reduce the safe evacuation time if the home is unable to meet the safe evacuation time specified in writing by a fire safety expert within the past year:

1. Provide resident and staff education on the evacuation policies and procedures. Documentation will be kept.
2. Conduct additional fire drills.
3. Relocate residents who require special assistance with evacuation closer to exits and fire safe areas.
4. Add additional staff (at all times) to meet the safe evacuation time specified by the fire safety expert within the past year.

If the PCHA finds any discrepancies in the report, the PCHA will immediately contact the Director of Maintenance to have the fire drill repeated which will occur within a week's time frame.

The recorded reports and education will be kept and maintained to be in compliance with Regulation 20600 65i.

Proposed Overall Completion Date: 10/21/2024

Directed

Within one Calander day of receipt of the accepted plan of correction: The administrator shall ensure the documentation of all education is maintained in accordance with Regulation 2600.65(i) 10/21/24 █

Directed Completion Date: 10/22/2024

Not Implemented █ - 11/6/24)

Licensee's Proposed Date for POC Implementation

141a 1-10 Medical Evaluation Information

4. 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 #3's initial medical evaluation, dated 8/9/24, did not indicate the residents height or weight, the section of

141a 1-10 Medical Evaluation Information (continued)

the form for height was left blank and the section of the form for weight indicated "unable."

Plan of Correction

Directed (redacted) 10/21/2024)

The PCHA will be responsible for this Plan of Correction. The PCHA took immediate action on 10-4-24 by obtaining the height and weight of Resident #3 and contacting the physician of Resident's #3 to obtain permission to add height and weight to the medical evaluation.

The Director re-educated the PCHA 10-7-2024 on the importance of maintaining compliance with Regulation 2600 141b2. The home's policies and procedures were reviewed on 10-7-2024. The documentation will be kept in accordance with Regulation 2600.65i

The PCHA will create a tool on 10-10-24 where the PCHA will review all residents medical evaluation by 10-31-24 to determine that all blanks are filled out properly. If it is found that there are blanks the PCHA will immediately obtain the contact the physician to obtain approval to include all missing information to the medical evaluation. The PCHA will maintain ongoing compliance with 2600.141a. by reviewing all new admissions medical evaluation are completed correctly prior to obtaining the physician signature.

The audit tools will be maintained and kept in accordance with Regulation 2600.65i.

Proposed Overall Completion Date: 10/21/2024

DIRECTED

Within five days of receipt of the accepted plan of correction: The administrator shall educate all staff responsible for maintaining compliance with Regulation 2600.141(a) and the home's policy and procedures to maintain compliance with the regulation including who (by title) will provide the education, who is being trained (by title), and the date the training was completed. Please include documentation of education will be kept in accordance with Regulation 2600.65(i).

Directed Completion Date: 10/26/2024

Not Implemented (redacted) - 11/6/24)

Licensee's Proposed Date for POC Implementation

141b2 - Medical Evaluation Changes

5. Requirements

2600.

141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

Description of Violation

Resident #4's status change medical evaluation, (redacted) did not indicate the resident's height or weight, those sections of the form indicated a " \ " instead.

Plan of Correction

Accept (redacted) 10/21/2024)

The PCHA will be responsible for this Plan of Correction. The PCHA took immediate action on 10-4-24 by obtaining the height and weight of Resident #4 and contacting the physician of Resident's #3 to obtain permission to add height and weight to the medical evaluation.

The Director re-educated the PCHA on the importance of maintaining compliance with Regulation 2600 141b2. The home's policies and procedures were reviewed on 10-7-2024. The documentation will be kept in accordance with Regulation 2600.65i

141b2 - Medical Evaluation Changes (continued)

The PCHA will create a tool on 10-10-24 where the PCHA will review all residents medical evaluation by 10-31-24 to determine that all blanks are filled out properly. If it is found that there are blanks the PCHA will immediately notify the physician for approval to fill in all blanks with the correct information. All new admissions will be reviewed by the PCHA to insure that all blanks are fully filled in prior to having physician sign the medical evaluation. The PCHA will maintain ongoing compliance with 2600.141.b by reviewing all new admissions medical evaluation are completed correctly.

The audit tools and education will be maintained and kept in accordance with Regulation 2600.65i.

Licensee's Proposed Overall Completion Date: 10/21/2024

Licensee's Proposed Date for POC Implementation

Implemented (████) 11/06/2024)

185a - Implement Storage Procedures

6. 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 ██████ at approximately ██████ resident #2's ██████ medication administration record did not document a blood glucose reading. However, resident #2's glucometer indicated a blood glucose reading of ██████ on ██████

On ██████ at approximately ██████, resident #2's ██████ medication administration record documented a blood glucose reading of ██████. However, resident #2's glucometer indicated a blood glucose reading of ██████ mg/dL on ██████

Plan of Correction

Directed (████) 10/21/2024)

The PCHA is responsible for the plan of care. The PCHA met with all med techs (employees responsible for passing medications) on 10-4-24. The med techs were re-educated on the importance of documenting all blood sugar readings and making sure that the readings are documented correctly according to the glucometer readings.

The PCHA developed an audit tool on 10-4-24 that will be used for 2 months from 10-4-24--12-4-24. This audit tool will be used to ensure that all medications on the MAR on documented properly in the administration record. The administration record will be reviewed weekly to make sure that all medications are documented correctly. Resident #2 glucometer readings will be checked against the administration record to make sure the documentation is correct so that we will be in compliance with regulation 2600 185.a. If any errors are found the med tech responsible will be re-educated on the importance of correct documentation and the PCHA will observe the med tech for 2 weeks to make sure that documentation is correct. The document audits will be kept to measure compliance with Regulation 2600 185a.

The audit tool and all documentation will be kept and maintained to be in compliance with Regulation 2600.65i

185a - Implement Storage Procedures (continued)

Proposed Overall Completion Date: 10/21/2024

Directed

Within one Calander day of receipt of the accepted plan of correction: The administrator shall ensure the documentation of all education is maintained in accordance with Regulation 2600.65(i) 10/21/24 [REDACTED]

Directed Completion Date: 10/22/2024
Licensee's Proposed Date for POC Implementation

Not Implemented ([REDACTED] - 11/6/24)

187a - Medication Record

7. Requirements

2600.

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

6. Dose.

11. Special precautions, if applicable.

Description of Violation

Resident #2 is prescribed [REDACTED] if blood sugar: [REDACTED] However, resident #2's [REDACTED] did not include the sliding scale directions for the resident's Insulin Aspart Flexpen.

REPEAT VIOLATION 9/8/23

Plan of Correction

Directed [REDACTED] 10/21/2024)

The PCHA is responsible for the plan of correction. The PCHA immediately called the pharmacy on 10-4-24 to have resident #2 [REDACTED] order deleted and re-entered with the correct sliding scale of [REDACTED] units as ordered by resident #2 physician.

The PCHA developed an audit tool on 10-7-24 that will be used 2x week for 2 months from 10-7-24-12-7-24. This audit tool will be used to ensure that all medications listed on the MAR are entered correctly as ordered by physician to be in compliance with regulation 2600.187.a.

The PCHA re-educated all med techs (staff members responsible for administering medications) on 10-7-24 the importance of all residents medications listed on the MAR are correct as ordered so will we be in compliance with regulation 2600.187.a. The document audits will be kept to measure compliance with Regulation 2600 187a.

The education and audit tools will be maintained and kept to be in accordance with Regulation 2600.65i

Proposed Overall Completion Date: 10/21/2024

Directed

Within one Calander day of receipt of the accepted plan of correction: The administrator shall ensure the documentation of all education is maintained in accordance with Regulation 2600.65(i) 10/21/24 [REDACTED]

Directed Completion Date: 10/22/2024
Licensee's Proposed Date for POC Implementation

Not Implemented ([REDACTED] - 11/6/24)

187b - Date/Time of Medication Admin.

8. 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 #5 is prescribed [redacted] apply topically to left shin daily. However, on [redacted] the [redacted] [redacted] was administered to resident #5 at approximately [redacted] was not documented on the [redacted] medication administration record and there was no exception documented.

REPEAT VIOLATION 2/1/24 et. al.

Plan of Correction

Directed [redacted] 10/21/2024)

The PCHA is responsible for the plan of care. The PCHA met with all med techs (employees responsible for passing medications) on [redacted] The med techs were re-educated on the importance of documenting all medications that are ordered are documented, if resident refuses the medication it needs to show the refusal and a progress note needs to be written on reason medication was refused.

The PCHA developed an audit tool on 10-4-24 that will be used for 2 months from 10-4-24--12-4-24. This audit tool will be used to ensure that all medications on the MAR on documented properly in the administration record. The administration record will be reviewed weekly to make sure all medication are documented correctly to be in compliance with Reregulation 2600 185.a. If any errors are found the med tech responsible will be re-educated on the importance of correct documentation and the PCHA will observe the med tech for 2 weeks to make sure that documentation is correct. The document audits will be kept to measure compliance with Regulation 2600 187b

The audit tool and all documentation will be kept and maintained to be in compliance with Regulation 2600.65i

Proposed Overall Completion Date: 10/21/2024

Directed

Within one Calander day of receipt of the accepted plan of correction: The administrator shall ensure the documentation of all education is maintained in accordance with Regulation 2600.65(i) 10/21/24. [redacted]

Directed Completion Date: 10/22/2024

Not Implemented ([redacted] - 11/6/24)

Licensee's Proposed Date for POC Implementation

225c - Additional Assessment

9. Requirements

2600.

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

- 1. Annually.

Description of Violation

Resident #6's assessment, dated [redacted] did not include the medical diagnosis for [redacted] (GERD) that was described on the annual medical evaluation dated [redacted]

225c - Additional Assessment (continued)

Plan of Correction

Directed [redacted] 10/21/2024)

The PCHA is responsible for this plan of care. The PCHA immediately added the diagnosis of GERD to resident's #6 assessment with a plan to meet medical need on 10-4-24.

The PCHA developed an audit tool that will be used for 2 months on 10-7-24. This audit tool will be used to ensure that all medical diagnosis described on the annual and initial medical evaluation will be added to the assessments to be in compliance with regulation 2066 225c.

If the audit tool reveals that any diagnosis are missing the PCHA will immediately correct all errors. The PCHA will maintain ongoing audits with initial and annual assessments making sure all medical diagnosis are addressed. The document audits will be kept to measure compliance with Regulation 2600 225.c

The audits tools and education will be kept and maintained to be in compliance with Regulation 2600.65i

Proposed Overall Completion Date: 10/21/2024

Directed

Within one Calander day of receipt of the accepted plan of correction: The administrator shall ensure the documentation of all education is maintained in accordance with Regulation 2600.65(i) 10/21/24 [redacted]

Directed Completion Date: 10/22/2024

Licensee's Proposed Date for POC Implementation

Not Implemented ([redacted] - 11/6/24)