



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

February 6, 2025

[REDACTED]
Administrator
Accolades Senior Care, LLC
[REDACTED]
[REDACTED]

RE: Accolades Senior Care
246 Melrose Avenue
East Lansdowne, Pennsylvania 19050
License #: 13571

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department) review on December 16, 2024 and February 5, 2025 of the above facility, we have determined that your submitted plan of correction for the October 9, 2024 inspection is not fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: ACCOLADES SENIOR CARE License #: 13571 License Expiration: 04/25/2025
Address: 246 MELROSE AVENUE, EAST LANSDOWNE, PA 19050
County: DELAWARE Region: SOUTHEAST

Administrator

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

Legal Entity

Name: ACCOLADES SENIOR CARE LLC
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 04/09/2001 Issued By: CWOPA L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 43 Waking Staff: 32

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint, Incident Exit Conference Date: 11/07/2024

Inspection Dates and Department Representative

10/09/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 45 Residents Served: 36

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 32
Diagnosed with Mental Illness: 36 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 7 Have Physical Disability: 1

Inspections / Reviews

10/09/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/22/2024

Inspections / Reviews (*continued*)

12/03/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/30/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 12/09/2024

12/16/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/30/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 12/30/2024

02/05/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/30/2024

Reviewer: [REDACTED]

Follow-Up Type: Exception

54a - Direct Care Staff

1. Requirements

2600.

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

- 1. Be 18 years of age or older, except as permitted in subsection (b).
- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
- 3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

Direct care staff person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Do Not Accept (█ - 12/03/2024)

1. Each employee file will be audited annually by the assistant administrator to check for educational requirements using the new hire checklist to include GED, High School diploma or nurse aid registry as well as completing the online direct care staff training. If document is missing from employee, file, staff is asked to submit the documentation.

Proposed Overall Completion Date: 11/22/2024

Licensee's Proposed Overall Completion Date: 11/22/2024

Update: 12/03/2024

More information is needed. Please provide both immediate corrective actions to correct the violation and long-term quality improvement actions has been or will be taken to prevent this violation from recurring. Please indicate any additional steps/actions that will be put into place to monitor or audit for ongoing compliance. This could be specific audits, reviews, spot checks, etc. Please include detailed information regarding start dates, frequencies, and titles of person responsible for each step.

Plan of Correction

Directed (█ - 12/16/2024)

1. Each employee file will be audited annually by the assistant administrator, █ to check for educational requirements using the new hire checklist to include GED, High School diploma or nurse aid registry as well as completing the online direct care staff training. In addition to checking the charts annually, the assistant administrator or administrator, █ will check the charts quarterly to check for expired documents. Staff will be notified of document that need s to be renewed. If document is missing from the employee, file, the staff will be asked to submit the documentation. Th

Proposed Overall Completion Date: 11/22/2024

Proposed Overall Completion Date: 12/09/2024

Directed

In addition to the above plan of correction: The administrator or designee will audit all current staff files to ensure all required documentation is present. Any staff files missing required documentation will be taken off the schedule until documentation is submitted. █

Directed Completion Date: 12/09/2024

Evidence of Completion

Not Implemented (█ - 02/05/2025)

See attached.

54a - Direct Care Staff (continued)

Update: 02/05/2025

Staff person A must be removed from providing direct care services. Foreign education requires a approved waiver.

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 10/9/2024, room 6 had a strong odor that could not be determined but was related to resident hygiene according to staff.

Plan of Correction

Accept () - 12/03/2024)

On 10/9/24, the Administrator , [redacted] and the Assistant Administrator , [redacted] met with both residents who reside in room 6. Residents were encouraged to shower every other day. Soiled clothing will be removed from residents room by the Direct care staffs daily and the housekeeping staff, [redacted] will clean the residents room every other day, trash will be removed from residents room twice a day. The administrator will check the residents room daily for odor and cleanliness and complete room check log . (see attached)

Proposed Overall Completion Date: 11/22/2024

Licensee's Proposed Overall Completion Date: 11/22/2024

Evidence of Completion

Not Implemented () - 02/05/2025)

See attached.

85b - Infestation

3. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On 10/9/2024, the Department representative observed a live mouse run across the room. The residents also complained that the home has a mouse infestation and come out during mealtimes in the dining area.

Plan of Correction

Accept () - 12/03/2024)

On 10/9/24, The Administrator contacted the exterminator who agreed that [redacted] will provide the home with additional glue traps for the rodents. The exterminator will continue to exterminate the home monthly. The home will get a cat. The home also purchased a high Impact Mice, Rat, Rodent Repeller which is placed in the dining room. The housekeeper, [redacted] will set and check the glue traps daily.

Proposed Overall Completion Date: 11/22/2024

Licensee's Proposed Overall Completion Date: 11/22/2024

Evidence of Completion

Not Implemented () - 02/05/2025)

See attached.

85e - Trash Outside Home

4. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 10/9/2024, the homes dumpster lid was open.

Plan of Correction

Do Not Accept ([redacted] - 12/03/2024)

The housekeeping staff, [redacted] will check the dumpster daily to make sure that the lid to the dumpster is closed after the trash is emptied three times daily. The housekeeping staff, [redacted] will sign the checklist daily. (see attached Dumpster Lid)

Proposed Overall Completion Date: 11/22/2024

Licensee's Proposed Overall Completion Date: 11/22/2024

Update: 12/03/2024

More information is needed. Please provide both immediate corrective actions to correct the violation and long-term quality improvement actions has been or will be taken to prevent this violation from recurring. Please indicate any additional steps/actions that will be put into place to monitor or audit for ongoing compliance. This could be specific audits, reviews, spot checks, etc. Please include detailed information regarding start dates, frequencies, and titles of person responsible for each step.

Plan of Correction

Accept ([redacted] - 12/16/2024)

The housekeeping staff, [redacted] or designated staff will check the dumpster every three hours daily within [redacted] scheduled shift and will complete the dumpster lid checks sheet. The evening staff who is on kitchen duty will check the dumpster lid every three hours until his shift ends at 10 pm. The designated staff, [redacted] will review the dumpster checklist weekly to ensure that the dumpster lid checks are getting done as scheduled. The designated staff will communicate findings to the administrator weekly. (see attached Dumpster Lid)

Proposed Overall Completion Date: 11/22/2024

Proposed Overall Completion Date: 12/09/2024

Licensee's Proposed Overall Completion Date: 12/09/2024

Evidence of Completion

Implemented ([redacted] - 02/05/2025)

See attached.

88a - Surfaces

5. Requirements

2600.

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

Description of Violation

Room 19 has a hole in the wall behind the door from the doorknob hitting the wall.

Plan of Correction

Do Not Accept ([redacted] - 12/03/2024)

The hole in the wall behind the door in room 19 has been repaired. The housekeeping staff, [redacted] will do weekly checks in the home using the housekeeping checklist and will give the checklist to the administrator who will review the checklist and contact the contractor if repair is needed (Attach housekeeping checklist)

Proposed Overall Completion Date: 11/22/2024

Licensee's Proposed Overall Completion Date: 11/22/2024

88a - Surfaces (continued)

Update: 12/03/2024

More information is needed. Please provide both immediate corrective actions to correct the violation and long-term quality improvement actions has been or will be taken to prevent this violation from recurring. Please indicate any additional steps/actions that will be put into place to monitor or audit for ongoing compliance. This could be specific audits, reviews, spot checks, etc. Please include detailed information regarding start dates, frequencies, and titles of person responsible for each step.

Plan of Correction

Accept () - 12/16/2024)

The hole in the wall behind the door in room 19 has been repaired. The housekeeping staff, [redacted] will do weekly checks in the home using the housekeeping checklist on the assigned days when the rooms are being cleaned on Mondays (Third Floor), Wednesdays (Second Floor) Fridays (First Floor) . The housekeeper will give the checklist to the administrator. The Administrator will review the checklist weekly and will contact the contractor weekly if repair is needed (Attach housekeeping checklist)

Proposed Overall Completion Date: 11/22/2024

Proposed Overall Completion Date: 12/09/2024

Licensee's Proposed Overall Completion Date: 12/09/2024

Evidence of Completion

Not Implemented () - 02/05/2025)

See attached.

92 - Windows

6. Requirements

2600.

- 92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On 10/9/2024, multiple windows of the home were missing screens to include windows near the elevator on the second floor, and resident room windows.

On 10/9/2024, room 4 and room 19 had a cracked window.

Plan of Correction

Do Not Accept () - 12/03/2024)

On 10/12/24, The windows and the screens have been replaced. The housekeeper, [redacted] will the windows for screens and cracks and complete the housekeeping checklist. The checklist will be given to the administrator for review. The administrator will contact the contractor monthly if repair is needed (Attach housekeeping checklist)

Proposed Overall Completion Date: 11/22/2024

Licensee's Proposed Overall Completion Date: 11/22/2024

Update: 12/03/2024

More information is needed. Please provide both immediate corrective actions to correct the violation and long-term quality improvement actions has been or will be taken to prevent this violation from recurring. Please indicate any additional steps/actions that will be put into place to monitor or audit for ongoing compliance. This could be specific audits, reviews, spot checks, etc. Please include detailed information regarding start dates, frequencies, and titles of person responsible for each step.

92 - Windows (continued)

Plan of Correction

Accept (█ - 12/16/2024)

On 10/12/24, The windows and the screens have been replaced. The housekeeper, █ will check the windows for screens and cracks weekly on cleaning days Mondays(Third Floor), Wednesdays(Second Floor), Fridays(First Floor)and complete the housekeeping checklist. The checklist will be given to the administrator for review. The administrator will review and contact the contractor weekly if repair is needed (Attach housekeeping checklist)

Proposed Overall Completion Date: 11/22/2024

Proposed Overall Completion Date: 12/09/2024

Licensee's Proposed Overall Completion Date: 12/09/2024

Evidence of Completion

Not Implemented (█ - 02/05/2025)

See attached.

100a - Exterior - Free of Hazards

7. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On 10/9/2024, multiple paver stones were unaligned causing a trip hazard for residents and visitors.

Plan of Correction

Do Not Accept (█ - 12/03/2024)

On 10/12/24, the pavers outside of the home were redone. The housekeeping staff will complete the weekly housekeeping checklist and will give it to the administrator, █ weekly who will then review it and contact the contractor monthly if any repair is needed. (See attached weekly housekeeping checklist)

Proposed Overall Completion Date: 11/22/2024

Licensee's Proposed Overall Completion Date: 11/22/2024

Update: 12/03/2024

More information is needed. Please provide both immediate corrective actions to correct the violation and long-term quality improvement actions has been or will be taken to prevent this violation from recurring. Please indicate any additional steps/actions that will be put into place to monitor or audit for ongoing compliance. This could be specific audits, reviews, spot checks, etc. Please include detailed information regarding start dates, frequencies, and titles of person responsible for each step.

Plan of Correction

Directed (█ - 12/16/2024)

On 10/12/24, the pavers outside of the home were redone. The housekeeping staff will complete the weekly housekeeping checklist and will give it to the administrator, █ weekly who will then review it and contact the contractor monthly if any repair is needed. In addition to the above, the designated staff, █ will check the outdoor weekly to see if pavers are intact. (See attached weekly housekeeping checklist)

Proposed Overall Completion Date: 11/22/2024

Proposed Overall Completion Date: 12/09/2024

Directed

100a - Exterior - Free of Hazards (continued)

In addition to the above plan of correction: Immediately All staff persons will be educated on identifying and reporting items on the exterior of the building and grounds that are in disrepair or present a hazard. Documentation of education will be kept. Any hazards will be corrected immediately.

Directed Completion Date: 12/09/2024

Evidence of Completion

Not Implemented () - 02/05/2025)

See attached.

109c - Pet's Health**8. Requirements**

2600.

109.c. Pets that are accessible to the residents shall be in good health and nonaggressive to the residents.

Description of Violation

On 10/9/2024, there were dead fish in the fish tank of the home in the resident common area. The fish tank also had an odor.

Plan of Correction

Accept () - 12/03/2024)

On 10/9/24, the inspector saw what () believed was a dead fish, the fish tank has since been cleaned and emptied out. To prevent this from happening, the home will no longer put any fish or water in the aquarium (attach picture of empty aquarium)

Licensee's Proposed Overall Completion Date: 11/22/2024

Evidence of Completion

Implemented () - 02/05/2025)

See attached.

141a - Medical Evaluation**9. 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.

Description of Violation

Resident 1 admitted to the home on () Resident 1's medical evaluation was not complete within 60 days prior to admission or within 30 days after admission of the resident. The medical evaluation was completed on ()

Plan of Correction

Do Not Accept () - 12/03/2024)

The resident has a scheduled appointment for December 30, 2024. The assistant administrator will audit resident's file monthly and will assist resident with scheduling and keeping appointments to ensure that DME's are completed timely and accurately. (See attached Chart check list)

Proposed Overall Completion Date: 11/22/2024

Licensee's Proposed Overall Completion Date: 11/22/2024

Update: 12/03/2024

More information is needed. Please provide both immediate corrective actions to correct the violation and long-term quality improvement actions has been or will be taken to prevent this violation from recurring. Please indicate any additional steps/actions that will be put into place to monitor or audit for ongoing compliance. This

141a - Medical Evaluation (continued)

could be specific audits, reviews, spot checks, etc. Please include detailed information regarding start dates, frequencies, and titles of person responsible for each step.

Plan of Correction

Accept (█ - 12/16/2024)

The resident has a scheduled appointment for December 30, 2024. Upon Admission, The assistant administrator will check the admission documents for dates and completeness. The admission checklist will be completed for all new admission. The Assistant administrator will audit all residents charts monthly and will assist resident needing assistance with scheduling and keeping appointments to ensure that DME's are completed timely and accurately. see attached Chart check list)

Proposed Overall Completion Date: 11/22/2024

Proposed Overall Completion Date: 12/09/2024

Licensee's Proposed Overall Completion Date: 12/09/2024

Evidence of Completion

Implemented (█ - 02/05/2025)

See attached.

183e - Storing Medications**10. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 10/9/24, Polyethylene Glycol 3350 Powder prescribed for Resident 2, was in the home's medication cart; however, the medication expired on 9/30/2024.

Plan of Correction

Accept (█ - 12/03/2024)

. On 10/9/24, the expired medication was removed from resident's 2 medication bin in the medication cart and was replaced with a new one from the pharmacy. To prevent this from happening, the Administrator, █ or designated staff will conduct weekly cart audit on Wednesdays. If any medication is found to be expired, the medication will be removed from the cart and pharmacy will be contacted for replacement. Weekly cart audit log will be completed. (See attached cart audit form

Proposed Overall Completion Date: 11/22/2024

Licensee's Proposed Overall Completion Date: 11/22/2024

Evidence of Completion

Not Implemented (█ - 02/05/2025)

See attached.

184b - Labeling OTC/CAM**11. Requirements**

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 10/9/24, a package of Zyrtec belonging to resident 3 was in the medication cart and was not labeled with the

184b - Labeling OTC/CAM (continued)

resident's name.

Plan of Correction

Accept () - 12/03/2024

On 10/9/24, the Zyrtec belonging to resident 3 was labeled with residents' name and room number and placed in residents medication bin. The Administrator, () or designated staff will conduct weekly cart audit on Wednesdays. If any medication is found to be expired, not labeled, the medication will be removed from the cart and pharmacy will be contacted for replacement or label. (See attached cart audit form)

Licensee's Proposed Overall Completion Date: 11/22/2024

Evidence of Completion

Not Implemented () - 02/05/2025

See attached.

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 10/9/2024, there was a shower chair in the second-floor bathroom being used for multiple residents.

Plan of Correction

Accept () - 12/03/2024

On 10/9/24, the shower chairs were removed from the bathrooms. The housekeeping staff will check bathrooms daily for shower chairs left in the bathrooms by residents. If a bathroom has a shower chair, the housekeeping staff will remove it and put it in the resident's room that it belongs to. (Attached Bathroom Checks for Shower Chair)

Licensee's Proposed Overall Completion Date: 11/22/2024

Evidence of Completion

Not Implemented () - 02/05/2025

See attached.

185b - Medication Procedures**13. Requirements**

2600.

185.b. At a minimum, the procedures must include:

1. Documentation of the receipt of controlled substances and prescription medications.
2. A process to investigate and account for missing medications and medication errors.
3. Limited access to medication storage areas.
4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.

Description of Violation

On 10/5/2024, staff person B was trying to correct the Narcotic Administration Logs while the Department Representative was completing a medication audit at the home. Staff person B attempted to correct resident 2's narcotic record for Lorazepam in which the home had 13 pills but the record showed 14. Resident 5's narcotic record for Lorazepam also had 13 pills but the record showed 14 remaining. Staff person B had not signed off on these pills upon administration of the medication.

185b - Medication Procedures (continued)

Plan of Correction**Do Not Accept** () - 12/03/2024

On 10/10/24, The Administrator met within the medication Techs to discuss the five rights of medication Administration, the right patient, the right drug, the right time, the right dose, and the right route—all of which are generally regarded as a standard for safe medication practices. The staff was informed that the medication must be signed out when removed or being pulled. The administrator, () or designated staff will check the narcotic count sheet daily and initial the log. (see attached daily narcotic count log)

Proposed Overall Completion Date: 11/22/2024

Licensee's Proposed Overall Completion Date: 11/22/2024

Update: 12/03/2024

More information is needed. Please provide both immediate corrective actions to correct the violation and long-term quality improvement actions has been or will be taken to prevent this violation from recurring. Please indicate any additional steps/actions that will be put into place to monitor or audit for ongoing compliance. This could be specific audits, reviews, spot checks, etc. Please include detailed information regarding start dates, frequencies, and titles of person responsible for each step.

Plan of Correction**Accept** () - 12/16/2024

On 10/10/24, The Administrator met within the medication Techs to discuss the five rights of medication Administration, the right patient, the right drug, the right time, the right dose, and the right route—all of which are generally regarded as a standard for safe medication practices. The staff was informed that the medication must be signed out when removed or being pulled. The administrator, () and the designated staff, () will count the narcotics daily and will check to make sure that all narcotics are signed out and the count is correct. (see attached daily narcotic count log) 11/22/2024

Proposed Overall Completion Date: 12/09/2024

Licensee's Proposed Overall Completion Date: 12/09/2024

Evidence of Completion**Not Implemented** () - 02/05/2025

See attached.

187a - Medication Record

14. 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.

187a - Medication Record (*continued*)

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 3 is prescribed Zyrtec 10 mg. However, resident 3's medication administration record does not indicate this medication.

Resident 4 is prescribed Atorvastatin 10 mg tablet. However, resident 4 was not administered Atorvastatin 10 mg tablet on 10/8/2024 at 8:00 am. The resident was out of the home with family and the medications were given to the family to administer. The family brought back the medications to the home.

Resident 4 is prescribed Benztropine Mes 1 mg tablet, However, resident 4 was not administered Benztropine Mes 1 mg tablet on 10/8/2024 at 8:00 am or 8:00 pm but the home documented that it was administered on the medication administration record. The resident was out of the home with family and the medications were given to the family to administer. The family brought back the medications to the home.

Resident 4 is prescribed Divalproex Sod Er 500 mg, However, resident 4 was not administered Divalproex Sod Er 500 mg on 10/8/2024 at 8:00 pm but the home documented that it was administered on the medication administration record. The resident was out of the home with family and the medications were given to the family to administer. The family brought back the medications to the home.

Resident 4 is prescribed Haloperidol 2mg tablet, However, resident 4 was not administered Haloperidol 2mg tablet on 10/8/2024 at 8:00 am and 8:00 pm but the home documented that it was administered on the medication administration record. The resident was out of the home with family and the medications were given to the family to administer. The family brought back the medications to the home.

Resident 4 is prescribed Melatonin 5 mg tablet, However, resident 4 was not administered Melatonin 5 mg tablet on 10/8/2024 at 8:00 pm but the home documented that it was administered on the medication administration record. The resident was out of the home with family and the medications were given to the family to administer. The family brought back the medications to the home.

Plan of Correction**Do Not Accept ([REDACTED] - 12/03/2024)**

Resident was out of the home with [REDACTED] on vacation and [REDACTED] was given [REDACTED] medications when the resident left the home. [REDACTED] brought the medications back and the staff put them back in the residents medication bin without checking the date. The administrator, [REDACTED] or designated staff person will audit the cart weekly on Wednesdays and remove medications that were not given , Check the MAR to make sure it is document on it. (attach weekly cart checks)

Licensee's Proposed Overall Completion Date: 11/22/2024

187a - Medication Record (continued)

Update: 12/03/2024

More information is needed. Please provide both immediate corrective actions to correct the violation and long-term quality improvement actions has been or will be taken to prevent this violation from recurring. Please indicate any additional steps/actions that will be put into place to monitor or audit for ongoing compliance. This could be specific audits, reviews, spot checks, etc. Please include detailed information regarding start dates, frequencies, and titles of person responsible for each step.

Plan of Correction

Directed (█ - 12/16/2024)

Resident was out of the home with █ on vacation and █ was given █ medications when the resident left the home. █ brought the medications back and the staff put them back in the residents medication bin without checking the date. The administrator, █ or designated staff person, █ will audit the medication cart weekly on Wednesdays and remove medications that were not given or expired. The MAR will also be checked to make sure that it is documented if the resident refused any of █ medication. (attach weekly cart checks)

Proposed Overall Completion Date: 12/09/2024

Directed

Immediately: A staff person qualified to administer medications will conduct an initial and monthly review of all current resident MARs and prescriber's orders to ensure all prescribed medications are documented on the resident's MAR's in accordance with regulation 2600.187(a). By 12/30/24: All staff persons qualified to administer medications will be re-educated, by a department-approved medication administration Train-the-Trainer, on the required documentation of MARs in accordance with regulation 2600.187(a) including the proper documentation of medication administration, medication refusals, medications not available for administration and a purpose or diagnosis for each medication. Documentation of education shall be kept in the staff records. █

Directed Completion Date: 12/30/2024

Evidence of Completion

Not Implemented (█ - 02/05/2025)

See attached.

187d - Follow Prescriber's Orders

15. Requirements

2600.

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

Description of Violation

Resident 4 is prescribed Atorvastatin 10 mg tablet . However, resident 4 was not administered Atorvastatin 10 mg tablet on 10/8/2024 at 8:00 am.

Resident 4 is prescribed Benztropine Mes 1 mg tablet, However, resident 4 was not administered Benztropine Mes 1 mg tablet on 10/8/2024 at 8:00 am or 8:00 pm.

Resident 4 is prescribed Divalproex Sod Er 500 mg, However, resident 4 was not administered Divalproex Sod Er 500 mg on 10/8/2024 at 8:00 pm.

Resident 4 is prescribed Haloperidol 2mg tablet, However, resident 4 was not administered Haloperidol 2mg tablet on

187d - Follow Prescriber's Orders (continued)

10/8/2024 at 8:00 am and 8:00 pm.

Resident 4 is prescribed Melatonin 5 mg tablet, However, resident 4 was not administered Melatonin 5 mg tablet on 10/8/2024 at 8:00 pm.

Plan of Correction**Do Not Accept (█ - 12/03/2024)**

Resident was out of the home with █ on vacation and █ was given █ medications when the resident left the home. █ brought the medications back and the staff put them back in the residents medication bin without checking the date. The administrator, █ or designated staff person will audit the cart weekly on Wednesdays and remove medications that were not given , Check the MAR to make sure it is document on it. (Attach weekly cart checks)

Licensee's Proposed Overall Completion Date: 11/22/2024

Update: 12/03/2024

More information is needed. Please provide both immediate corrective actions to correct the violation and long-term quality improvement actions has been or will be taken to prevent this violation from recurring. Please indicate any additional steps/actions that will be put into place to monitor or audit for ongoing compliance. This could be specific audits, reviews, spot checks, etc. Please include detailed information regarding start dates, frequencies, and titles of person responsible for each step.

Plan of Correction**Accept (█ - 12/16/2024)**

Resident was out of the home with █ on vacation and █ was given █ medications when the resident left the home. █ brought the medications back and the staff put them back in the residents medication bin without checking the date. The administrator, █ or designated staff person, █ will audit the cart weekly on Wednesdays and remove medications that were not given . The MAR will be checked weekly to make sure that medications are signed out and R is documented if a resident refused █ medication. (Attach weekly cart checks)

Proposed Overall Completion Date: 12/09/2024

Licensee's Proposed Overall Completion Date: 12/09/2024

Evidence of Completion**Not Implemented (█ - 02/05/2025)**

See attached.

190a - Completion Medication Course**16. Requirements**

2600.

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

Description of Violation

Staff person C, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:

190a - Completion Medication Course (continued)

On 9/29/2024, at 8:00 pm, Staff Person C administered Atorvastatin 10 mg tablet to Resident 6.

On 9/29/2024, at 8:00 pm, Staff Person C administered Trihexyphenidyl 2 mg tablet to Resident 6.

On 9/29/2024, at 8:00 pm, Staff Person C administered Clonazepam 1 mg tablet to Resident 6.

On 9/29/2024, at 8:00 pm, Staff Person C administered Propranolol 40 mg tablet to Resident 6.

Plan of Correction**Do Not Accept (█ - 12/03/2024)**

The medication techs charts will be audited annually by the administrator, █ or the designated person to make sure that medication tech certifications are current and documentation is completed by the trainer. The medication Tech trainer was contacted and copies of staff C medication tech documents were emailed by the instructor. (See attached Audit sheet, medication tech documents)

Licensee's Proposed Overall Completion Date: 11/22/2024

Update: 12/03/2024

More information is needed. Please provide both immediate corrective actions to correct the violation and long-term quality improvement actions has been or will be taken to prevent this violation from recurring. Please indicate any additional steps/actions that will be put into place to monitor or audit for ongoing compliance. This could be specific audits, reviews, spot checks, etc. Please include detailed information regarding start dates, frequencies, and titles of person responsible for each step.

Plan of Correction**Directed (█ - 12/16/2024)**

The medication techs charts will be audited annually by the administrator, █ or the designated person, █ to make sure that medication tech certifications are current and documentation is completed by the trainer. The medication Tech trainer will be contacted three months prior to due dates of renewal so that recertification will be done timely. The recertification documents will be checked for completion by the assistant administrator, █

Proposed Overall Completion Date: 12/09/2024

Directed

In addition to the above plan of correction: Immediately – Staff person C will not administer medications until the completion of a medication administration course conducted by a Department-approved medication Train – the – Trainer. Documentation of training shall be kept in the staff record. Immediately - The administrator shall review all staff person training records to ensure all staff persons administering medications are qualified to administer medications in accordance with regulation 2600.190(a) and the documentation is present in the staff person's record.

Directed Completion Date: 12/09/2024

Evidence of Completion**Not Implemented (█ - 02/05/2025)**

See attached.

227d - Support Plan Medical/Dental**17. Requirements**

2600.

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

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

Description of Violation

The assessment for resident 1, dated [REDACTED], does not include information for Managing Healthcare or Transferring in and out of bed/chair.

The assessment for resident 6, dated [REDACTED], does not include information for Orientation to time, place and person.

The assessment for resident 7, dated [REDACTED], does not include information for engaging in social and leisure activities and Judgement.

Plan of Correction**Do Not Accept** ([REDACTED] - 12/03/2024)

. On 10/9/24, the assistant administrator met with resident to complete RASP. The residents charts were reviewed and completed. Residents charts will be audited monthly. The assistant administrator, [REDACTED] and the administrator, [REDACTED] will audit residents charts and will check the RASP to make sure that it is completed.

Proposed Overall Completion Date: 11/22/2024

Licensee's Proposed Overall Completion Date: 11/22/2024

Update: 12/03/2024

More information is needed. Please provide both immediate corrective actions to correct the violation and long-term quality improvement actions has been or will be taken to prevent this violation from recurring. Please indicate any additional steps/actions that will be put into place to monitor or audit for ongoing compliance. This could be specific audits, reviews, spot checks, etc. Please include detailed information regarding start dates, frequencies, and titles of person responsible for each step.

Plan of Correction**Directed** ([REDACTED] - 12/16/2024)

. On 10/9/24, the assistant administrator met with resident to complete RASP. The residents charts were reviewed and completed. Residents charts will be audited monthly. The assistant administrator, [REDACTED] and the administrator, [REDACTED] will audit residents charts monthly and will check the RASP to make sure that it is completed thoroughly.

Proposed Overall Completion Date: 11/22/2024

Proposed Overall Completion Date: 12/09/2024

Directed

227d - Support Plan Medical/Dental (continued)

Immediately: The administrator or designee will complete an initial review all current resident support plans for accuracy and completion including the care and services the home and any other agency will provide then start monthly audits thereafter. By 12/30/24: All staff persons completing or reviewing support plans will be educated regarding the completion and accuracy of support plans including the care and services the home will provide. Documentation of education shall be kept. [REDACTED]

Directed Completion Date: 12/30/2024

Evidence of Completion

Implemented ([REDACTED] - 02/05/2025)

See attached.