

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

February 27, 2025

[REDACTED] OWNER
ABOVE ALL SENIOR LIVING CARE LLC
[REDACTED]
[REDACTED]

RE: ABOVE ALL SENIOR LIVING CARE
LLC
514 N. 22ND STREET
ALLENTOWN, PA, 18104
LICENSE/COC#: 23120

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/09/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: ABOVE ALL SENIOR LIVING CARE LLC License #: 23120 License Expiration: 10/31/2024
 Address: 514 N. 22ND STREET, ALLENTOWN, PA 18104
 County: LEHIGH Region: NORTHEAST

Administrator

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

Legal Entity

Name: ABOVE ALL SENIOR LIVING CARE LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 02/04/2001 Issued By: l&i

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 26 Waking Staff: 20

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 10/09/2024

Inspection Dates and Department Representative

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

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 36 Residents Served: 25

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: 25
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

10/09/2024 - Full

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

11/07/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 11/18/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/14/2024

Inspections / Reviews *(continued)*

11/15/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/18/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 11/19/2024

02/27/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/18/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident #1 has an order for potassium CL ER 10meq tablet once daily in the morning. From 10/1-10/3/24 the resident did not receive the medication because it was not available from the pharmacy. The home did not submit an incident report to the Department regarding the medication error.

Repeat Violation: 1/17/24

Plan of Correction

Accept (█ - 11/15/2024)

Medication safety is very important to us. Pharmacy failed to deliver medication as prescribed. The medication techs failed to inform administration of the missed doses. Incident report faxed on 10/10/2024. Back up pharmacy was put into place to assure that all medications are in stock. We are currently interviewing pharmacies to replace our current pharmacy due to their poor service. Medication techs were educated on the importance of reporting any medication that is not given or not stock. Educated on 10/10/2024 to contact back up pharmacy to deliver medications. LPN hired on █ will be responsible to oversee the medication administration, availability of medications and documentation.

10/10/2024 Incident report faxed to DHS

10/10/2024 Medication Techs educated to report any missed medications, any medications that was not delivered by the pharmacy. To contact the Backup pharmacy if medication not available or if our pharmacy does not have in stock.

10/10/2024 Back up Pharmacy put into place. █ Pharmacy.

10/09/2024 Physician made aware of Missed medication.

10/29/2024 LPN █

10/30/2024 LPN started weekly audits on all medications to assure that they are in stock and are documented on the MAR correctly. To check if MAR and doctors' orders match. If at any time the orders do not match the Physician will be notified for clarification. And pharmacy will be notified to fix the documentation. All Audits are on an ongoing basis.

10/12/2024 Administration currently interviewing other pharmacies to replace our current pharmacy. Decision to be made as of 01/15/2025 when contract ends.

11/8/2024 Staff educated verbally on reportable incidents and to report any incidents to administrator immediately. List of reportable incidents were posted on the medication techs bulletin board on 11/8/2024 for reference.

Administrator will monitor for compliance. Administrator will be responsible to complete all reportable incident reports 7 days a week. If Administrator is on vacation or unavailable the LPN will be responsible to submit reportable incidents to the DHS. LPN will oversee the medication program and residents' wellness. Any staff that fails to report missed medication or if a medication is unavailable will be disciplined and or terminated from employment. Administrator will monitor for compliance.

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented (█ - 11/26/2024)

26a - Quality Management Plan

2. Requirements

26a - Quality Management Plan (continued)

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home did not have a quality management review in 2024 or have any documentation as to when the last one was conducted.

Plan of Correction

Accept (█ - 11/15/2024)

Quality management is very important to us. Previous administrations/owners did not have quality management in place. It was an oversight on the current administration. Quality management will be conducted Quarterly and as needed. Please see attached document

10/22/2024 Quality management meeting with administrative Assistant.

11/11/2024 Quality Management meeting with Marketing.

10/22/2024 First quality management conducted. Meetings will be conducted Quarterly and as needed.

Administrator will monitor for compliance.

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

Implemented (█ - 11/26/2024)

42s - Privacy

3. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home is utilizing cameras in the dining room and sitting area near the Administrators office. These cameras are recording and can be viewed on the Administrators phone.

Plan of Correction

Accept (█ - 11/07/2024)

Resident privacy is very important to us. The owners when they installed them where supposed to have the cameras in the common areas on olive only. Cameras where blocked off on the day of inspection. The cameras where turned off remotely on 10/24/2024. The App was removed from the company cell phone. The app was not on the administrator's personal phone. The cameras where in the dining room and living. At no time was the residents viewed while bathing, dressing, medical procedures or changing. Administrator and or designee will monitor for compliance.

Licensee's Proposed Overall Completion Date: 11/05/2024

Implemented (█ - 11/26/2024)

81b - Resident Personal Equipment

4. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #2 utilizes a grab assist bar on the residents bed. The grab assist bar is not securely attached to the bed frame of the bed, posing a possible limb or head entrapment.

81b - Resident Personal Equipment (continued)

Plan of Correction

Accept () - 11/15/2024)

Residents' safety is very important to us. Resident #2 voiced concerns that [redacted] has used the device even at home and did not want the device to be strapped to [redacted] bed. Resident educated that this is a regulation for [redacted] safety, and [redacted] has to have the strap attached to [redacted] bed.

10/10/2024 Straps applied to the bedframe and secured. Device checked by administrator to assure it was secure and in place

10/10/2024 Resident verbally educated to report if the grab bar becomes loose or if the straps become loose to report it to staff immediately.

10/10/2024 Administrator will check the grab bar weekly to assure that it is place and secure, If the grab bar is loose or uncovered the administrator will fix it immediately.

10/10/2024 Staff verbally educated to check the grab bar when they assist [redacted] with care. To keep the grab bar covered and to report if the grab bar is loose. If the grab bar becomes loose, it will be fixed immediately.

10/29/2024 LPN [redacted] 10/30/2024 Administrator updated resident's RASP

10/30/2024 LPN started auditing resident's charts for compliance and will continue to audit charts on a weekly basis. LPN will update RASPS immediately if there is a change of status. Administrator will audit all charts monthly starting 10/30/2024 and will update any changes immediately. Audits are on an on-going basis.

Administrator will check the grab bar weekly and if the grab bar becomes loose fix, it immediately. Administrator and or Wellness nurse will assure that the RASP is updated as per the resident's needs. Any resident who is admitted to the facility after 11/10/2024 and a grab bar is needed the resident will be discharged to another facility or Skilled facility. Administrator will monitor for compliance.

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented () - 01/28/2025)

82b - Poisonous Material Storage

5. Requirements

2600.

82.b. Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

Description of Violation

3 bags of rock salt were located on the floor of the closet located next to Room #15. Food items were found in this closet as well as on the floor of the closet.

Plan of Correction

Accept () - 11/15/2024)

Resident Safety is very important to us. The rock salt was discarded on the day of inspection. On further inspection the cook admitted that [redacted] put the rock salt in the closet because [redacted] felt it could be stored there. Cook was instructed on the importance of food safety. Cook was terminated from her employment on [redacted]

10/09/2024 Rock Salt discarded by administrator.

10/10/2024 Cook educated on the importance of not storing chemicals, rock salt etc. with food.

10/10/2024 All staff educated on proper storage of food and chemicals. Instructed to keep all cleaning supplies in the cleaning closet.

10/11/2024 Administrator walked around the building to assure that all cleaning supplies were stored properly. No rock salt in the building. Rock salt will not be in the building moving forward. Administrator orders all supplies.

10/11/2024 Administrator and or designee will do daily rounds to assure that all cleaning supplies and chemicals are stored properly. If any chemical is found with food the chemical and food will be discarded immediately.

82b - Poisonous Material Storage (continued)

██████████ Cook terminated from employment due to noncompliance.
 Administrator will monitor for compliance. If any staff is found to store any chemicals with the food the staff will be disciplined and or terminated from employment. Rock salt will not be ordered no will it be stored in the facility.

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented (██████████) - 11/26/2024)

85a - Sanitary Conditions

6. Requirements

2600.
 85.a. Sanitary conditions shall be maintained.

Description of Violation

The freezer section of the split refrigerator/freezer located in the closet near Room #15 had chocolate ice cream caked to the bottom of the freezer.

Plan of Correction

Accept (██████████) - 11/15/2024)

Food safety is very important to us. The ice-cream caked in the freezer was the size of a tip of a pen. The freezer was cleaned on 10/09/2024 The cook was educated on 10/10/2024 the importance of cleanliness and food safety. Cook was terminated from ██████████ employment on ██████████

10/09/2024 Freezer cleaned

10/10/2024 Cook educated on the importance of keeping the refrigerators/freezer clean. Instructed to check appliance daily and to clean up any spills etc. immediately.

10/10/2024 All staff educated verbally to check appliances daily and to assist in cleaning any spills or dried food etc. immediately.

10/10/2024 Administrator started daily round to check all appliances and kitchen for cleanliness. If appliances are found in need of cleaning, they will be cleaned immediately.

██████████ Cook terminated from ██████████ employed due to noncompliance.

Administrator will monitor staff for compliance. Any staff who is noncompliant will be disciplined and or terminated from employment.

Administrator and or admirative assistant will check all appliances on a daily basis for cleanliness. If appliances are in need of cleaning the will be cleaned immediately by administrator or designee.

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented (██████████) - 11/26/2024)

85b - Infestation

7. Requirements

2600.
 85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

Multiple flies were noted flying around in Room #7.

85b - Infestation (continued)

Plan of Correction

Accept (█ - 11/15/2024)

Cleanliness is very important to us. On inspection on the day of the inspection Room # 7 only 2 fruit flies not multiple were observed. Resident in bed A had an open bottle of soda under █ bedside table. The resident discarded the soda on 10/09/2024 Resident was educated verbally on 10/09/24 not to keep unopened drinks in █ room. Administrator or assistant will physically check every room daily starting 10/10/2024 to assure that the rooms are clean, and any open containers will be removed. Terminix pest control comes to the facility on a monthly basis. 10/09/2024 Resident educated to not keep open containers in █ room. 10/09/2024 Resident discarded open soda. 10/10/2024 Staff verbally educated to check rooms on a daily basis and to assure that there are no opened containers of food or drinks. If found to ask the resident to discard the food with the resident's permission. Administrator will also check room starting 10/10/24 for cleanliness and compliance. If a resident continues and or refuses to keep food or beverages stored properly. Or continues to have flies in their room due to noncompliance will be issued a 30-day notice. Administrator and or designee will monitor on a daily basis. And if any food item is found unopened the food item will be discarded.

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented (█ - 11/26/2024)

85e - Trash Outside Home

8. 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

The dumpster and blue garbage can located on the side of the home were open and overflowing with garbage.

Plan of Correction

Accept (█ - 11/15/2024)

Proper trash disposal is important to us. On further investigation it was discovered that the trash company did not pick up the trash as per scheduled. This violation should be removed due to this is out of our control. We cannot control other agencies mistakes. The garbage company was called, and they came and emptied the garbage the day of the inspection. The garbage company will be delivering a larger dumpster. Staff educated verbally on the day after the inspection that at no time is the dumpster to overflow and to contact the administrator to schedule and emergency pickup. 10/09/2024 Garbage company called. They reported that the failed to pick up the garbage as scheduled. The garbage company came and emptied the dumpster late on 10/09/2024. 10/09/2024 Late in the evening Dumpster Emptied by the garbage company 10/10/2024 All staff instructed verbally that the dumpster lids must be closed. If the dumpster becomes over full to contact the administrator and administrator will contact the garbage company to conduct an emergency pickup. 10/15/2025 New larger dumpster ordered arrived on 11/07/2024. Pick up days are Mondays, Wednesdays and Fridays and needed. 10/10/2024 Administrator signed up for text alerts from the garbage company. Administrator will be alerted on every pickup, if a pickup will be late or if the company changes days or times. 10/10/2024 Administrator started checking the dumpster daily to assure we are in compliance. Administrator and or designee will monitor daily for compliance. The garbage company will be called for an

85e - Trash Outside Home (continued)

emergency pick up if overflowing.

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented () - 11/26/2024)

103d - Storing Food Off Floor

10. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

A box of potato chips, cherrios, shredded wheat and 2 honey buns were stored on the floor of the closet next to Room #15.

Plan of Correction

Accept () - 11/15/2024)

Food safety is very important to us. All food items that were on the floor were discarded on the day of the inspection. The cook was instructed on the importance of food safety.

10/09/2024 Food that was on the floor was discarded by administrator.

10/10/2024 Cook educated concerning the proper storage of food.

10/10/2024 All staff educated verbally on the proper storage of food. And to discard any food items that are found on the floor.

10/10/2024 Administrator started daily rounds to assure that all food is stored properly.

() Cook terminated from employment for noncompliance

Administrator and or designee will monitor for compliance. If any staff fails to store food properly, they will be disciplined and or terminated from employment.

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented () - 11/26/2024)

103e - Left Overs

11. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 10-9-24, 1 bag of frozen hotdogs and (1) bag of frozen sausages was found in upright Whirlpool freezer stored out of their original packages, in a plastic zip lock bag without required labels.

Plan of Correction

Accept () - 11/15/2024)

Food safety is very important to us. The bag of hotdogs and sausages were discarded on the day of the inspection. Cook was educated on the importance of proper storage of food. Staff instructed to make sure all food is properly stored and dated.

10/09/2024 Hotdogs and sausage discarded by administrative assistant

10/10/2024 Cook educated on proper food storage and labeling.

10/10/2024 All staff educated verbally on the proper storage of food.

10/10/2024 Administrator started daily rounds to assure that the food is stored properly.

103e - Left Overs (continued)

██████████ Cook was terminated from employment for noncompliance
 Administrator will monitor for compliance. All food items not properly stored will be discarded by administrator and or designee. Any staff that does not store food properly will be disciplined and or terminated from employment.

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented (██████████) - 11/26/2024)

103f - Refrigerator/Freezer Temps

12. Requirements

2600.
 103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 10-9-24, the thermometer in the upright Whirlpool freezer located in the basement measured 20 degrees.

The Vissani split refrigerator/freezer located in the closet next to Room #15 did not contain a thermometer in the refrigerator or freezer.

Plan of Correction

Accept (██████████) - 11/15/2024)

Food safety is important to us. The thermostat was turned up on the day of the inspections. Thermostats were ordered. Temp logs added to the freezers on 11/04/2024. Staff instructed to check temperatures daily. Cook terminated from employment on ██████████
 10/09/2024 Freezer thermostat turned down.
 10/10/2024 Thermometers ordered
 10/11/2024 Thermometers placed in all freezers.
 11/04/2024 Daily temperature logs added to the freezer.
 11/04/2024 Staff educated verbally to check the thermometers daily and to report if the freezer temp if it goes above 0 degrees. Administrator will have appliance serviced as needed
 Administrator and or designee will monitor for compliance.

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented (██████████) - 11/26/2024)

103g - Storing Food

13. Requirements

2600.
 103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A box of fettuccine and a bag of mini penne were located under the island in the kitchen. The food items were open and not sealed.

Repeat Violation: 12/28/23

103g - Storing Food (continued)

Plan of Correction

Accept () - 11/15/2024

Food safety is very important to us. The fettucine and mini penne were discarded on the day of the inspection. Cook was instructed on the proper storage of food items.

10/09/2024 Penne and fettucine discarded by administrative assistant.

10/10/2024 Cook educated on the proper storage and dating of food items.

10/10/2024 All staff educated on proper storage of food and proper dating of food items.

10/10/2024 Administrator started daily rounds to assure that all food items are stored properly and dated.

Administrator will discard any food that is not dated.

() Cook terminated from employment due to noncompliance

Administrator will monitor for compliance. If any staff fails to properly store or date food as per regulations. Staff will be disciplined and or terminated from employment.

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented () - 11/26/2024

103i - Outdated Food

14. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

A container of Greek non fat yogurt with a use by date of 6/30/24 was located in the refrigerator in the closet near Room #15.

Repeat Violation: 12/28/23

Plan of Correction

Accept () - 11/15/2024

Food safety is very important to us. The outdated food was discarded on the day of inspection. The cook and staff were instructed on proper food storage and safety.

10/09/2024 Yogart discarded by administrative assistant

10/10/2024 Cook educated on the proper storage of food and to check all sell by dates on all food items,

10/10/2024 All staff verbally educated on the proper storage of food and to check all food for sell by dates and to discard any outdated food.

10/10/2024 Administrator started daily rounds to check all food items for dates and expirations dates. Any food not dated or expired will be discarded immediately

() Cook was terminated from employment for noncompliance.

Administrator will monitor for compliance. If any staff fails to properly store or discard of expired food, Staff will be disciplined and or terminated from employment.

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented () - 11/26/2024

105d - Change Bed Linens/Towels

15. Requirements

2600.

105d - Change Bed Linens/Towels (continued)

105.d. Bed linens and towels shall be changed at least once every week and more often as needed to maintain sanitary conditions.

Description of Violation

A towel with dried blood on it was noted in the shared Room #7.

Plan of Correction

Accept ([redacted] - 11/15/2024)

Infection control is very important to us. On further investigation the resident in room #7 stated that [redacted] cut [redacted] shaving that morning and wiped [redacted] face with the towel. The resident was instructed to either call staff to launder the towel or to put the towel in [redacted] hamper to be laundered. Towel was laundered on the day of the inspection. A new towel was given to the resident on the day of inspection.

10/09/2024 Resident educated to please inform staff if [redacted] gets blood on a towel.

10/09/2024 Towel removed from [redacted] room and a new towel given

10/10/2024 Staff verbally educated to check each room daily and if any towels or bedding is soiled to launder immediately

10/10/2024 Administrator started daily rounds to assure that all linens and towels are clean. If found soiled the linen or towel will be removed immediately to be laundered.

Administrator will monitor for compliance. If staff fails to check residents' rooms and soiled linens and towels are found. Staff will be disciplined and or terminated from employment.

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented ([redacted] - 11/26/2024)

105g - Lint Removal and Duct Cleaning

16. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

The back of the two dryers to the right of the green door in the basement were covered in lint. A large accumulation of lint was also noted on the floor behind these dryers. The lint poses a possible fire hazard.

Repeat Violation: 12/28/23

Plan of Correction

Accept ([redacted] - 11/15/2024)

Fire safety is very important to us. A Shop vac was ordered on the day of the inspection it arrived on 10/09/2024, Staff cleaned behind the dryers on the day after the inspection and will clean behind the dryers weekly. The drier vents were cleaned out at the end of September.

10/09/2024 Shop Vac ordered.

10/10/2024 Staff verbally educated to check behind the driers weekly and to clean behind the drier weekly.

10/10/2024 Lint removed from behind the driers. And will be cleaned weekly and as needed.

10/10/2024 Administrator will check behind the driers weekly and if lint is found clean it up.

10/15/2024 Shop Vac arrived. Staff will use the shop Vac to clean behind the driers weekly.

Administrator will monitor for compliance. Administrator will monitor if staff is cleaning behind the drier. If staff

105g - Lint Removal and Duct Cleaning (continued)

person fails to clean behind the drier. Staff will be disciplined and or terminated from employment.

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented (█) - 02/27/2025)

132e - Fire Drill Sleeping Hours**17. Requirements**

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home conducted a sleeping hours fire drill on 8/3/24 at 6:01am, the previous one was conducted on 1/18/24 at 5:16am.

Plan of Correction

Accept (█) - 11/15/2024)

Proper documentation is very important to us. The administrator miscalculated the dates, and an overnight drill was conducted in August instead of July. Starting November 11th, 2024, all fire drills will be conducted by an outside agency.

10/10/2024 Fire Safety was called, and they will be starting to conduct all fire drills.

10/10/2024 Administrator audited all fire records. And will audit monthly for compliance.

11/11/2024 Fire Safety will start conducting all fire drills for the building

Administrator will monitor all fire records for compliance. Will assure that fire drills are conducted as per state regulations. Administrator will work with Fire Safety to assure the drills are complaint with DHS regulations.

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented (█) - 11/26/2024)

144c1 - Smoking Area Guidelines**19. Requirements**

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

On 10-9-24, two cigarette butts were observed lying in the mulch off the designated smoking area porch, causing a possible fire risk.

A grey chair with cigarette ashes on it was located outside the exit door of Room #█. An interview with Resident #1 indicated that the resident has smoked outside this door in the past.

144c1 - Smoking Area Guidelines (continued)

Repeat Violation: 12/28/23

Plan of Correction

Accept (█ - 11/15/2024)

Fire safety is very important to us. On further inspection there was only one cigarette butt observed it was very old. The cigarette but was removed on the day of the inspection and the mulch was raked on the day of inspection to assure that there were no more cigarette butts. Residents verbally educated on the day of inspection not to throw any cigarette butts in the grass or mulch. All residents denied throwing the cigarette butt. Stated that they always dispose of their used cigarette in the ash trays. Administrator and or designee will walk around the building weekly and if a cigarette butt is found it will be discarded.

Resident # 1 on inspection the chair outside █ room had three small ashes on it. The resident denies smoking in █ room. There was no evidence of used cigarettes in █ room nor cigarette butts outside █ room. Resident instructed that if █ smoke in █ room a 30-day notice will be given.

10/09/2024 All chairs removed from the smoking area.

10/09/2024 Metal chairs ordered

10/10/2024 All residents who smoke were verbally educated not to throw their cigarette butts in the mulch or in the yard. Educated to use the ashtrays when smoking and not to smoke outside the smoking area, they were also educated that they cannot bring any cushions outside for compliance

10/10/2024 Resident # 1 given a written notice that if █ smokes in █ room a 30-day notice will be issued.

10/09/2024 Cigarette butt removed from the mulch and mulch raked.

10/10/2024 Administrator started weekly round on the outside of the building. If any cigarette butts are found, they will be discarded immediately.

10/11/2024 Chairs arrived and were placed on the porch.

Administrator will monitor for compliance. If any residents' smokes in their room or outside the smoking areas or is seen throwing cigarette butts in the mulch. A 30-day notice will be given.

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented (█ - 11/26/2024)

181d -Storing Medication

21. Requirements

2600.

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

Description of Violation

On 10-9-24, the LR approached Resident #4's bedroom to interview the resident about self-administering medication. The residents' bedroom door was found ajar. The LR knocked on the door and no one answered. From the doorway it was observed that the residents' medications were not safely secured and sitting out on resident's dresser.

Plan of Correction

Accept (█ - 11/15/2024)

Proper medication storage is important to us. Resident # 4 is a private person and does not want people in █ room or look in █ room when █ is not present. Residents have a right to privacy. On inspection there where two empty

181d - Storing Medication (continued)

boxes with no evidence of medication in them and eye drops. Resident # 4 was given a container on the day of the inspection to keep [REDACTED] eyes drops in. And verbally educated to keep all medications in the box and to lock [REDACTED] door when [REDACTED] goes on outings. Empty boxes discarded on the day of inspection.

10/09/2024 Resident was given a container to put his eye drops in. Resident educated to keep all medications in the container and not to leave [REDACTED] eye drops out in the open. Resident educated to lock [REDACTED] door when [REDACTED] is not present in the room.

10/09/2024 Two empty boxes discarded. Eye drops placed in the container.

10/10/2024 All staff verbally educated to check any resident who self-medicates to assure that the medication is in a secure container or locked drawer. To report to administration any medication that is not stored properly in a resident's room.

10/10/2024 Administrator started daily rounds to check all rooms for any medications that may not be stored properly. If any medication is not stored safely the resident will be educated and the medication will be removed from their room.

Administrator will monitor for compliance. Any resident who does not or refuses to store medications safely in their room will be given a 30-day notice.

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented ([REDACTED] - 02/27/2025)

184b - Labeling OTC/CAM

22. 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

A bottle of aspirin extra strength back and body and a bottle of pain relief tablets were located in the medication cart without a residents name on them.

Plan of Correction

Accept ([REDACTED] - 11/15/2024)

Proper storage and labeling of medication is very important to us. Aspirin was discarded on the day of inspection.

Medication Techs educated on the importance of proper labeling and storage of medications. LPN hired on [REDACTED] will conduct weekly audits to assure that all medications are properly labeled.

10/09/2024 Aspirin discarded by administrative assistant in the biohazard container for the pharmacy to dispose of.

10/10/2024 All medication Techs educated the importance that all medications need to be labeled with the resident's name and exactly how the physician order is written. To discard any unlabeled or expired medications as per regulations. A

[REDACTED] LPN hired

11/4/2024 LPN started weekly audits of the medication cart to assure that all medications are properly labeled and all medications that are prescribed by the Physician are available. If any medication is not available, the LPN will contact the Pharmacy and Physician.

10/12/2024 Administrator will audit medication cart monthly.

Administrator will monitor for compliance. If any staff is noncompliant disciplinary action and or termination of employment will occur.

Administrator and or designee will monitor for compliance.

Licensee's Proposed Overall Completion Date: 11/08/2024

184b - Labeling OTC/CAM (continued)

Implemented () - 02/27/2025)

185a - Implement Storage Procedures

23. Requirements

2600.

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

Description of Violation

Resident #1 has a pro re nata (PRN) order for dextroamp-amphetamine 5mg tablet daily with the 20mg dose. The PRN dose was not available at the time of the inspection.

Plan of Correction

Accept () - 11/15/2024)

Medication safety is very important to us. The pharmacy failed to send PRN medication as prescribed. Back up pharmacy put into place on 10/15/2024. Prn medication was discontinued by residents Physician please see MD orders. We are actively interviewing other pharmacies to change service. Med Techs educated on day after the inspection to contact back up pharmacy if current pharmacy fails to deliver a medication on time. LPN was hired on () will be responsible to check all resident orders to assure that the medication is in stock and will contact the pharmacy to deliver. Administrator and or designee will monitor for compliance.

10/09/2024 Physician contacted concerning missing prn medication

10/10/2024 Physician discontinued medication

10/10/2024 Medication Techs educated to report any medication that is not available and to reorder. If the pharmacy fails to deliver the medication or the medication is not available, they are to contact the back -up pharmacy to deliver medications.

10/10/2024 Back up pharmacy put into place.

() LPN hired

11/4/2024 LPN started weekly medication and physician orders audits. LPN will contact the Physician and Pharmacy if there are any missing medications. All audits are ongoing.

10/10/2024 Administrator audited med cart and MD orders. Will audit on a monthly basis. All audits are on an on-going basis.

Administrator will monitor for compliance. Any medication tech that does not report any missing medication and or medication error. Disciplinary actions up and to termination of employment.

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented () - 02/27/2025)

187d - Follow Prescriber's Orders

25. Requirements

2600.

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

Description of Violation

Resident #3 has a current order for losartan potassium take 25mg tablet along with a 50mg tablet to equal 75mg daily. From 10/1-10/9/24 only 25mg was administered.

Resident #1 has an order for potassium CL ER 10meq tablet once daily in the morning. From 10/1-10/3/24 the resident did not receive the medication because it was not available from the pharmacy.

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Accept (█ - 11/15/2024)

Medication safety is very important to us. The Pharmacy failed to deliver the medication as prescribed. The medication techs failed to report that the medication was not available. The pharmacy was called on the day of inspection and the medication was delivered that evening. Med Techs educated on the importance to report any medication that is not delivered and to contact the backup pharmacy to deliver the medication. We are actively interviewing other pharmacy to provide services. LPN was hired on █ will be responsible for overseeing the medication program to assure that all medications are documented properly and that all medications are in stock.

10/09/2024 Physician contacted

10/09/2024 Pharmacy contacted. Medication delivered on 10/09/2024

10/10/2024 Medication Techs educated to report any medications that not available. To order the medication immediately. If the medication is not available to contact the backup pharmacy to deliver the medication.

10/10/2024 Administrator faxed incident report to the DHS

10/11/2024 Administrator audited the medication cart and MD orders.

10/10/2024 Administration Currently interviewing replacement pharmacies. Replacement pharmacy should be in place by 01/15/2024 when the current contract expires.

█ LPN Hired

11/4/2024 LPN started auditing all MD orders and MAR. LPN will audit all medication orders weekly and as needed to assure that they are documented correctly on the MAR, and to check for any missed medications or medication errors. All audits are on an ongoing basis.

11/08/2024 Medication techs educated on reportable incidents. A list of reportable incidents was posted on the bulletin board.

Administrator will be responsible for reporting all reportable incidents. If administrator in not available LPN will report incidents to the DHS. Any staff that fails to report any medication errors will be disciplined and or terminated from employment. Administrator will monitor for compliance.

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented (█ - 11/26/2024)

188b - Medication Error Reporting

26. Requirements

2600.

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

Description of Violation

Resident #1 has an order for potassium CL ER 10meq tablet once daily in the morning. From 10/1-10/3/24 the resident did not receive the medication because it was not available from the pharmacy. The home did not notify the prescriber regarding the medication error.

Plan of Correction

Accept (█ - 11/15/2024)

Medication safety is very important to us. Staff was educated to report any medication errors to administration immediately. Administrator and or Assistant will Tiger Text the resident Physician for orders. MD made aware of medication omission on 10/09/2024 via tiger text. Please note TigerTex, Known as TigerConnect is a secure app that automatically deletes messages after a specific period of time. LPN hired on █ will monitor all MD orders

188b - Medication Error Reporting (continued)

and audit the medication cart to assure that all medications are available, Any medication error will be reported to the DHS as per regulations.

10/09/2024 Medication error reported to the Physician.

10/09/2024 Medication ordered. Pharmacy delivered 10/09/2024

10/10/2024 Medication Techs educated on reporting all missing medications to administrator immediately. To contact the pharmacy to deliver medication. If the pharmacy cannot deliver or does not have the medication in stock. They are to contact the backup pharmacy to deliver.

10/11/2024 Administrator audited the medication cart and MD orders.

10/10/2024 Administrator currently interviewing other pharmacies to replace our current pharmacy for poor service. Replacement pharmacy should be in place by 1/15/2024 when current contract expires.

██████████ LPN Hired

11/4/2024 LPN started to audit MD orders, medication cart to assure that all medications are available. Audit MARs for any missed medications. LPN will conduct audits on a weekly basis and as needed for compliance. All audits are ongoing.

11/8/2024 Medication Techs educated on reportable incidents. Instructed to contact administrator immediately for any medication error or reportable incidents. List of reportable incidents was posted on the staff bulletin board for reference.

Administrator will be responsible to report all incident reports to the DHS as per regulations. If Administrator is unavailable LPN to be responsible to report incidents to the DHS as per regulations. If any medication Techs fails to report any medication errors, they will be disciplined and or terminated from employment. Administrator will monitor for compliance.

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented (██████████) - 11/26/2024)

190a - Completion Medication Course

27. 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

Direct care staff members A and B's most recent annual practicums were completed 8/2024, the previous annual practicum was completed 2/2023.

Plan of Correction

Accept (██████████) - 11/07/2024)

Proper documentation is important to us. Previous administration failed to document med tech observations. Administrator did not start the position till the end of January. Administrator can not back date any forms. Observations were completed in February and August. All medication techs where observed again please see attached forms. They where observed between 10/16 and 10/24/24. Moving forward all medications techs will be observed quarterly is assure that dates are not missed. LPN who was hired on ██████████ will be taking the practicum observer course and ██████████ will assist with observations as soon as the course is complete. Administrator will monitor for compliance.

Licensee's Proposed Overall Completion Date: 11/06/2024

Implemented (██████████) - 11/26/2024)

190a - Completion Medication Course (continued)

190c - Record of Training

28. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

Direct care staff members A and B's most recent annual practicums were completed 8/2024. The annual practicum summary and certification notes a pass date of 2/12/24. The summary does not include the two medication administration observations completed for staff member A on 2/12/24 and 8/6/24 and for staff member B on 2/14/24 and 8/5/24.

Direct care staff member C's current summary and requalification form annual practicum notes a pass date of 4/18/24. However, the last completed MAR review and observation was completed 10/2024.

Plan of Correction

Accept () - 11/07/2024)

Proper documentation is very important to us. Please see attached Med observations. All medication Tech were observed between the dates of 10/16/2024 and 10/28/2024. All medication Techs will be observed quarterly to assure that they are in compliance. LPN hired on [redacted] will be completing the Practicum Observer course. As soon as [redacted] completes the course [redacted] will assist with observations. Administrator will monitor for compliance

Licensee's Proposed Overall Completion Date: 11/06/2024

Implemented () - 11/26/2024)

224a - Preadmission Screen Form

29. 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's pre-admission screening dated [redacted] didn't indicate if the needs of the residents can be met by the home.

Plan of Correction

Accept () - 11/15/2024)

Proper documentation is important to us. This was a missed documentation. The missed documentation was corrected on the day of inspection. All preadmission documentation will be double check by either the administrator or LPN. If missed documentation is discovered the form will be corrected as per regulations.

10/09/2024 Administrator corrected documentation as per regulations

10/11/2024 Administrator audited all charts for compliance.

[redacted] LPN hired. LPN will be responsible for a pre-admission assessment. Administrator will double check all pre-admission assessments to ensure they are completed correctly.

Administrator will monitor for compliance.

224a - Preadmission Screen Form (continued)

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented () - 11/26/2024)

226a - Mobility Assessment

30. Requirements

2600.

226.a. The resident shall be assessed for mobility needs as part of the resident's assessment.

Description of Violation

Resident #3's Resident Assessment and Support Plan (RASP) dated [redacted] does not state that the resident is totally immobile and unable to independently evacuate during a fire drill. The current RASP indicates the resident's mobility needs as requiring limited physical assistance in an emergency.

Repeat Violation: 12/28/23

Plan of Correction

Accept () - 11/15/2024)

Proper documentation is important to us. Resident # 3 is able to ambulate with a walker with staffs' guidance. RASP updated on 10/14/2024. LPN hired on [redacted]

LPN will be responsible to update RASPS etc. Administrator and or designee will monitor for compliance.

10/11/2024 Administrator updated RASP

10/15/2024 Administrator Audited all charts for compliance. Will Audit all charts on a monthly basis. Any missed documentation be corrected. All audits are ongoing

11/01/2024 LPN started to complete and update all RASPS and DMEs

[redacted] LPN Hired. LPN will be responsible to complete and update all RASPS and DMEs

Administrator will monitor for compliance.

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented () - 11/26/2024)

227d - Support Plan Medical/Dental

31. 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 #3's RASP dated [redacted] does not indicate how often Hospice provides care or list the types of services that are received.

Resident #2's RASP dated [redacted] does not indicate the use of an enabler bar. The RASP must reflect the following:

- 1. The specific need for the device.
- 2. The intended use.
- 3. Any risks associated with the device.

227d - Support Plan Medical/Dental (continued)

4. The resident's ability to use the device safely for the intended purpose.
5. Identification of a specific device to be used.
6. If a cover is required to meet FDA guidelines.

Repeat Violation: 12/28/23

Plan of Correction**Accept () - 11/15/2024)**

Proper documentation is important to us. RASPS are important they are a good tool for staff to understand what care needs to be provided for each residents Resident # 3 Rasp updated in 10/14/2024. Resident # 2 on 10/31/2024. Resident # 2 is able to use the device safely and the device is always kept covered. All Rasps, etc. will be completed and updated by LPN.

10/10/2024 Administrator audited all charts,

10/14/2024 Administrator updated RASP for resident #3

10/31/2024 LPN updated the RASP on resident # 2

Administrator will monitor for compliance. Any incomplete documentation will corrected immediately.

Licensee's Proposed Overall Completion Date: 11/08/2024

Implemented () - 01/28/2025)