

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

December 18, 2024

[REDACTED]  
RIVERSTONE MANOR LLC  
[REDACTED]

RE: RIVERSTONE MANOR  
ONE MAIN STREET  
WALNUTPORT, PA, 18088  
LICENSE/COC#: 22394

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/16/2024, 10/18/2024 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: RIVERSTONE MANOR License #: 22394 License Expiration: 11/09/2024  
 Address: ONE MAIN STREET, WALNUTPORT, PA 18088  
 County: NORTHAMPTON Region: NORTHEAST

**Administrator**

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

**Legal Entity**

Name: RIVERSTONE MANOR LLC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: I-1 Date: 03/15/2012 Issued By: DLI

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 62 Waking Staff: 47

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 10/18/2024

**Inspection Dates and Department Representative**

10/16/2024 - On-Site: [REDACTED]  
 10/18/2024 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 72 Residents Served: 60  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 35 Are 60 Years of Age or Older: 35  
 Diagnosed with Mental Illness: 50 Diagnosed with Intellectual Disability: 17  
 Have Mobility Need: 2 Have Physical Disability: 1

**Inspections / Reviews**

10/16/2024 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/03/2024

11/08/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 12/09/2024  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/15/2024

Inspections / Reviews *(continued)*

11/19/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/09/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/02/2024

12/18/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/09/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The carbon monoxide detector in the basement, near the fossil fuel boiler, contained undated batteries. As per The Care Facility Carbon Monoxide Alarm Standards Act, the batteries must be dated and replaced annually at a minimum. There is no way to distinguish when the batteries were last changed.

The home did not have a carbon monoxide detector installed as required near the gas stove and gas powered water heater, both located in the kitchen area. As per The Care Facility Carbon Monoxide Alarm Standards Act a carbon monoxide detector must be at least 15 feet from a fossil fuel burning device.

Plan of Correction

Accept ( ) - 11/19/2024)

On ( ) the Maintenance Manager performed an auditing the entire building and check all Carbon monoxide in the smoke detector to make sure that they were operative. The detectors are going to be inspected every month starting on ( ) and we are keeping a log to enter results and take care of any issues related with batteries or detectors' operation. The Carbon Monoxide detector in the basement and the kitchen were replaced with with sealed 10 years battery with 3 LEDs replacement indicator.

The maintenance manager is responsible to monitor the operation of these monoxide detectors and perform monthly audits as well as keep records accurate and he will be working under the supervision of the Administrator.

In the future the Administrator will make sure that all Carbon Monoxide Detector are checked to assure that the batteries are operating to be in compliance with Care Facility Carbon Monoxide Alarm Standards Act.

Licensee's Proposed Overall Completion Date: 11/18/2024

Implemented ( ) - 12/10/2024)

25c1 - Personal Needs Allowance

2. Requirements

2600.

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

- 1. Each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure. A contract to the contrary is not valid. A personal needs allowance is the amount that a resident shall be permitted to keep for his personal use.

Description of Violation

Resident ( ) contract dated ( ) did not include the amount of the current personal needs allowance retained by the resident for personal expenditure.

Plan of Correction

Accept ( ) 11/19/2024)

On ( ) the contract was completed with missing information of resident Personal allowance and the resident signed for contract verification, on the same date ( ) all residents' contracts were audit and review to make sure that all information is completed. The updated contract and has been filed in resident ( ) record. The Administrator and Office Manager are responsible to keep resident documentation completed and

25c1 Personal Needs Allowance (continued)

make audits in the resident's file after each admission. (attached)

In the future, the administrator and Office Manager will make sure that all resident's contracts are filled out correctly after each admission.

Licensee's Proposed Overall Completion Date: 11/18/2024

Implemented [redacted] - 12/10/2024)

25c4 - Payment Responsibility

3. Requirements

2600.

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

- 4. The party responsible for payment.

Description of Violation

Resident [redacted]s contract dated [redacted] did not specify the party responsible for payment.

Plan of Correction

Accept [redacted] - 11/19/2024)

On [redacted] the contract was completed with missing information about payment responsibility and the resident signed for contract verification. the updated contract and has been filed in resident [redacted] record. On the same date ([redacted]), the Administrator and Office Manager made an audit to make sure that all other residents' contracts were completed.

The Administrator and the Office Manager are responsible to have all residents' contract completed filled out after each new resident admission.

In the future, the administrator will review contract carefully to make sure that all information has been filled out after each admission.

Proposed Overall Completion Date: 11/18/2024

Licensee's Proposed Overall Completion Date: 11/18/2024

Implemented ([redacted] - 12/10/2024)

25c12 - Bed Hold

4. Requirements

2600.

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

- 12. Charges to the resident for holding a bed during hospitalization or other extended absence from the home.

Description of Violation

Resident [redacted]s contract dated [redacted] did not specify the charges to the resident, if any, for holding a bed during hospitalization or other extended absence from the home.

## 25c12 - Bed Hold (continued)

**Plan of Correction**

Accept ( [REDACTED] 11/19/2024)

On [REDACTED] the contract was completed with missing information about bed hold and the resident signed for contract verification. The updated contract has been filed in resident [REDACTED] record. On the same date ([REDACTED]), the Administrator and Office Manager made an audit to make sure that all other residents' contracts were completed.

The Administrator and the Office Manager are responsible to have all residents' contract completed filled out after each new resident admission.

In the future, the administrator will review contract carefully to make sure that all information has been filled out after each admission.

In the future, the administrator will make sure that all resident's contracts are filled out correctly and she audit files to make sure that all information has been entered after each admission.

Licensee's Proposed Overall Completion Date: 11/18/2024

Implemented [REDACTED] 12/10/2024)

## 51 - Criminal Background Check

**6. Requirements**

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

**Description of Violation**

The homes Administrator hired [REDACTED] Pennsylvania State Police Criminal Background Check was completed on [REDACTED].

Ancillary staff member A hired [REDACTED] Pennsylvania State Police Criminal Background Check requested on [REDACTED] notes request under review for control. The staff member started working unsupervised on [REDACTED]

Repeat Violation: [REDACTED]

**Plan of Correction**

Accept [REDACTED] - 11/08/2024)

The administrator background check was completed on [REDACTED] and added to her file (attached), Ancillary staff hired on [REDACTED] was placed on a supervisory plan [REDACTED] and he has been working under supervision (attached).

The Administrator and Office Manager are responsible for outgoing compliance and make sure that all background checks are completed at time of hiring. In the event of any background check comes under review, a supervisory plan will be placed.

Going forward, The Administrator will make sure that all background check are completed at time or hiring process. Also, The Administrator will make sure that a supervisory plan will be in placed anytime that a Background check result comes under review.

51 Criminal Background Check (continued)

Licensee's Proposed Overall Completion Date: 11/07/2024

Implemented [redacted] - 12/10/2024)

57c - 2 Hours/Day

7. Requirements

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

On [redacted] and [redacted] the home served [redacted] residents one of which has mobility needs. The home is required to have 59 total direct care staffing hours available in a 24 hour period. On [redacted] 52.75 hours were available, on [redacted] 51.75 hours were available and [redacted] 48.5 hours were available.

Plan of Correction

Accept [redacted] - 11/08/2024)

Due to staff shortage, Care hours were getting covered by Administrator and facility Manager but it was not indicated in the schedule. However, new staff members were hired to provided the required hours for personal care services to each resident with mobility needs. The administrator is responsible to keep and schedule that covers the required care hours.

In the future, the Administrator will make sure that care hours are covered by the staff and in case that care hours are covered by the administration, it will be indicated in the schedule.

List of Current staff and recent schedules attached

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

Implemented [redacted] - 12/10/2024)

57d - Waking Hours

8. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On [redacted] and [redacted] the home served [redacted] residents one of which has mobility needs. The home is required to have 44.25 direct care staffing hours available from 7am - 11pm. On [redacted] 36.75 hours were available, on [redacted] 35.75 hours were available and [redacted] 32.5 hours were available.

Plan of Correction

Accept [redacted] - 11/08/2024)

Due to staff shortage, Care hours were getting covered by Administrator and facility Manager but it was not indicated in the schedule. However, new staff members were hired to provided the required hours during waking hours personal care services to each resident with mobility needs. The administrator is responsible to keep and schedule that covers the required care hours.

In the future, the Administrator will make sure that care hours are covered by the staff and in case that care hours are covered by the administration, it will be indicated in the schedule.

List of Current staff and recent schedules attached

57d - Waking Hours (*continued*)

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

Implemented [REDACTED] 12/10/2024)

## 65f - Training Topics

## 9. 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.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

## Description of Violation

Direct care staff member B hired [REDACTED] did not receive training in care for residents with dementia or cognitive impairment, safe management techniques, and care for individuals with mental illness and intellectual disabilities for the 2023 training year.

## Plan of Correction

Accept [REDACTED] - 11/19/2024)

Administrator took over in September 2023 and she was unable to provide all required trainings for 2023, However staff training calendar was made for the year 2024 and all staff has been trained in all topics required for direct care staff.

On [REDACTED], the Administrator made an audit in all staff files and made sure that all training topics are getting covered by staff and she will continue auditing files every month to make sure that all training topics are getting covered.

On [REDACTED] staff member B was trained on the missing topics ( see attached).

The Administrator and Office Manager, are responsible for providing employees annual training to each employee during monthly staff meetings, starting on [REDACTED]. The information will be logged in each employee's record and eventually, the record will be check every month.

In the future the Administrator will make sure that all staff receive complete training in all required topics and the records are kept in proper employee's files.

Licensee's Proposed Overall Completion Date: 11/17/2024

Implemented [REDACTED] - 12/10/2024)

## 65g - Annual Training Content

## 10. 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:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
3. Resident rights.
5. Falls and accident prevention.

65g - Annual Training Content (continued)

**Description of Violation**

Direct care staff member B hired [REDACTED] did not receive training in fire safety by a fire safety expert or someone trained by a fire safety expert, resident rights and falls and accident prevention for the 2023 training year.

**Plan of Correction**

**Accept [REDACTED] - 11/19/2024)**

Administrator took over in September 2023 and she was unable to provide all required trainings for 2023, However staff training calendar was made for the year 2024 and all staff has been trained in all topics required for direct care staff.

On [REDACTED], the Administrator made an audit in all staff files and made sure that all training topics are getting covered by staff and she will continue auditing files every month to make sure that all training topics are getting covered.

On [REDACTED] staff member B was trained on the missing topic ( see attached).

The Administrator and Office Manager, are responsible for providing employees annual training to each employee during monthly staff meetings, starting on [REDACTED] The information will be logged in each employee's record and eventually, the record will be check every month.

On [REDACTED] staff member B was trained on the missing topics ( see attached).

In the future the Administrator will make sure that all staff receive complete training in all required topics and the records are kept in proper employee's files.

Licensee's Proposed Overall Completion Date: 11/17/2024

**Implemented [REDACTED] - 12/10/2024)**

82a - Poisonous Materials

**11. Requirements**

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

**Description of Violation**

In the stairwell going down to the basement, was a clear spray bottle, with an unidentified liquid. The liquid smelled like a cleaning solution. The bottle did not have a manufacturer's label on it.

**Plan of Correction**

**Accept [REDACTED] - 11/19/2024)**

Spray bottled was immediately removed on [REDACTED], and all areas were inspected to make sure there were not any other bottle around. Meeting was held on [REDACTED] to reinforce the importance of keeping all cleaning solutions in their original labeled container.

As of [REDACTED], the Maintenance Manager is having weekly meetings with staff to ensure that they are following protocols to keep poisonous material in their original container as well as keeping them locked after they use them.

Starting [REDACTED], Staff Supervisor is required to check all areas in a daily basis, after every change of shift to make sure that they are following instructions.

In the future, the Administrator will make sure that Maintenance manager continue supervision with staff to keep compliance about poisonous materials by keeping cleaning supplies in their original labeled containers as well as

82a - Poisonous Materials (continued)

lock them after they use any cleaning solution.

Licensee's Proposed Overall Completion Date: 11/17/2024

Implemented ( ) - 12/10/2024)

85a - Sanitary Conditions

12. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

A stack of 3-4 cases of emergency water supply located in an old basement cooler were found toppled over with water spilled out on the floor. The cases and loose water bottles were surrounded by rotting cardboard. The closet had a strong smell of mildew creating unsanitary conditions for water supply storage as well as safe drinking water.

Plan of Correction

Accept ( ) - 11/19/2024)

The cases of water was replaced before for five gallons jug but the old cases were not disposed. On ( ) the area in the closet was cleaned and the new water supply is kept in a clean area.

The Maintenance Manager is responsible for inspecting area where the water supply is located in a weekly basis starting on ( ) to make sure that the water is stored in an adequate sanitary conditions. He will work under the Administrator's supervision.

In the future, the Administrator will make sure that the Maintenance Manager keep all areas cleaned in order that water supplies be kept in appropriate sanitary conditions as well as perform weekly inspections.

Licensee's Proposed Overall Completion Date: 11/17/2024

Implemented ( ) - 12/10/2024)

85d - Trash Receptacles

13. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

The garbage can in the bathroom near room ( ) did not have a lid.

Plan of Correction

Accept ( ) 11/19/2024)

On ( ) the housekeeper checked all trash can in the building to make sure that all trash can were covered and she replaced all needed ones including the one by room ( ). The new trash cans have the appropriate leads has been placed to keep it covered.

As of ( ) the housekeeper has been retrained about proper conditions of trash cans to keep them closed at all times.

The Housekeeper under the supervision of the administrator is responsible to keep trash can covered at all times, as well of replace any broken trash can as needed.

In the future, the administrator will make sure that the housekeeper keep closer attention to all trash cans to keep them covered to prevent penetration of insects and rodents.

85d - Trash Receptacles (continued)

Licensee's Proposed Overall Completion Date: 11/18/2024

Implemented [redacted] - 12/10/2024)

93a - Handrails

14. Requirements

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

The fire escape outside Room [redacted] that goes up to the 3rd floor has a banister. The banister was not secure, it moved approximately 3-4 inches from left to right, causing a fall hazard. The top two spindles on the 2nd floor to ground level section of the same fire escape were not securely attached to the structure of the railing. This fire escape led to the dumpsters of the home on the ground level.

Plan of Correction

Accept [redacted] - 11/19/2024)

On [redacted] Contractor company, [redacted] was contacted and they sent a estimated to repair the fire scape outside of room [redacted] they have us scheduled to start working at the end of November of 2024. The Administrator will send pictures of completion.

The administrator is responsible to assure outgoing compliance by working with maintenance to complete work.

The Maintenance Manager is responsible to keep communication with contractor Company and make sure the work get completed.

Going forward, the Administrator will keep close supervision with the maintenance Manager to make sure that all repairs around the building are done and that all handrails are in perfect condition.

Licensee's Proposed Overall Completion Date: 11/18/2024

Implemented [redacted] - 12/10/2024)

102k - No Common Towel

15. Requirements

2600.

102.k. Use of a common towel is prohibited.

Description of Violation

During the physical site inspection, a washcloth was found on the floor of the shower located in the 2nd floor [redacted] area.

Plan of Correction

Accept [redacted] - 11/19/2024)

Staff was assisting resident with shower and left a hand towel on the shower. On [redacted] the shift Supervisor held a meeting to reinforce our policies about common towels, each aide is responsible for cleaning the bathroom and removed any towels after doing showers. On [redacted] the Administrator provided training to all staff members about showers and common towel protocols. As of [redacted], The Shift Supervisor will do rounds with staff at the end of the shifts to make sure that towels are not left behind after showers.

In the future the Administrator will make sure that staff follow protocol about shower and common towels. The

102k No Common Towel (continued)

Administrator will work with Shift supervisor to make that the protocols are getting followed. Also, Administrator will continue reinforcing policies during monthly meetings.

Licensee's Proposed Overall Completion Date: 11/18/2024

Implemented (redacted) - 12/10/2024)

103e - Left Overs

16. 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

Bags of frozen chicken, fish sticks, and potatoes were observed in the home's standing freezer with no label to identify the contents of the bags and the dates the bags were stored in the freezer.

Plan of Correction

Accept (redacted) - 11/19/2024)

The items were taken out of the box and wrote over the plastic and it faded with cold. Therefore, on (redacted) the bags were thrown in the trash and as of (redacted), the kitchen staff was instructed to keep items inside of the original boxes, he needs to do that every Tuesday after food order is received. date it.

The cook is responsible for keeping food in the original box when placing it in the freezer when the food order is received every Tuesday and the Administrator will supervise the cook and make sure that he is following instructions about food storage.

The Administrator will supervise kitchen staff after orders are received and make sure that they are kept in the original box container as well as date them accordingly.

In the future, the administrator will make sure that kitchen staff are follow instructions when they need to place any food in the refrigerator to assure that they are kept in the original boxes.

Licensee's Proposed Overall Completion Date: 11/18/2024

Implemented (redacted) - 12/10/2024)

125a - Combustible Storage

17. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

Behind the dryer in the laundry room, there was approximately 1/8 inch of lint build up on the floor, dryer vent hose to the outside of the building, posing a fire hazard.

The trash can next to the ramp directly outside of the homes designated smoking area had multiple cigarette butts in the can with trash, posing a possible fire hazard.

125a Combustible Storage (continued)

Plan of Correction

Accept [redacted] - 11/19/2024)

Area behind the dryer was cleaned on [redacted] and a new dryer vent a new dryer vent will be installed on [redacted] and the Administrator will provide pictures.

The shift supervisor is responsible to keep area clean by doing rounds with staff after every change of shift to make sure that the dryer and surrounding areas are getting cleaned after they use the dryers.

Resident has been were notified about new smoking police on [redacted], smoking will not be allowed on premises starting on [redacted] and in the meantime the staff are inspecting smoking areas and cans in the courtyard to avoid any wrappers to be placed in the cans as well as cigarettes' butts placed in the trash can. As of [redacted] The staff were instructed to check this areas every two hours and maintain a record of cleaning them.

The administrator in collaboration of the Office Manager is responsible for checking the logs and make sure that the staff are cleaning the areas for for cigarettes' butts.

In the future the Administrator will make sure that staff are cleaning areas to maintain all areas are clean and free of dryer lint as well as cigarettes' butts, as well as maintain record of cleanings.

Licensee's Proposed Overall Completion Date: 11/18/2024

Implemented ([redacted] - 12/10/2024)

132d - Evacuation

18. 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

In January 2024 the facility completed the evacuation checklist and a fire drill log. The facility kept a log of fire drills. On the Log, the fire drill was recorded on [redacted] indicating it took 6 minutes and 38 seconds to evacuate. The administrator indicated the information must have been mixed up when it was taken from the checklist to the log. The Administrator indicated the checklist is used during the fire drill. At this time, the facility had an evacuation time of 7 minutes. The checklist indicated the drill occurred [redacted] and it took 8 minutes and 30 seconds to evacuate, exceeding the evacuation time allowed.

Plan of Correction

Accept [redacted] - 11/19/2024)

Administrator took over on September 2023 and did not have the previous year fire inspection letter set for 7 minutes and instead she was using the letter for fire inspection done on February 2024 with time set on 12 minutes.

On [redacted] the Administrator review all the logs and eliminated extra forms and she keep a single standard record to maintain accurate fire drill records and the fire drill will follow the required set time.

The Administrator is responsible for outgoing compliance related with evacuation and fire drills.

132d Evacuation (continued)

In the future, the Administrator will make sure that all fire drills will follow according to fire safety instructions as well as maintain accurate fire drill records.

Licensee's Proposed Overall Completion Date: 11/18/2024

Implemented [redacted] - 12/10/2024)

141a - Medical Evaluation

19. 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 [redacted] date of admission [redacted] had a Documentation of Medical Evaluation (DME) completed in May 2024. The DME has no day of the month indicated on the form.

Resident [redacted] date of admission [redacted] The DME was dated [redacted], completed over 9 months prior to the date of admission.

Plan of Correction

Accept [redacted] - 11/19/2024)

On [redacted], Medical evaluation for Resident [redacted] and Resident [redacted] were done by the house Nurse Practitioner and she completed new DME forms that replaced the old ones. Administrator made an audit on [redacted] for all residents records to make sure that they were all completed and updated.

The Administrator and Office Manger are responsible for keeping all resident records updated by making monthly audit of resident's records as well as new admission records.

Going forward, the Administrator will make sure that all required medical evaluation are completed by the Doctor and that all resident records are updated and completed.

Licensee's Proposed Overall Completion Date: 11/18/2024

Implemented [redacted] - 12/10/2024)

141a 1-10 Medical Evaluation Information

20. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department’s request.

**Description of Violation**

Resident # [redacted] DME dated [redacted] is incomplete, it does not address medication self administration or if the resident requires body positioning.

Resident [redacted] DME dated [redacted] does not address weight, pulse, blood pressure, or temperature at the time of evaluation.

The DME dated [redacted] for resident [redacted] was missing the resident’s height.

**Plan of Correction**

Accept [redacted] 11/19/2024)

On [redacted], Medical evaluation for Resident [redacted], Resident [redacted] and Resident [redacted] were done by the house Nurse Practitioner and [redacted] completed new DME forms that replaced the old ones. On [redacted], the Administrator made an audit for all residents records to make sure that they were all completed and updated.

The Administrator and Office Manger are responsible for keeping all resident records updated by making monthly audit of resident's records as well as new admission records.

Going forward, the Administrator will make sure that all required medical evaluation are completed by the Doctor and that all resident records are updated and completed.

Licensee's Proposed Overall Completion Date: 11/18/2024

Implemented [redacted] - 12/10/2024)

144c1 - Smoking Area Guidelines

**21. 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:

144c1 Smoking Area Guidelines (continued)

- 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

Approximately 8 10 cigarette butts were located on the ground in the rock area located in the middle of the courtyard in the homes designated smoking area.

Repeat Violation 5 22 24

Plan of Correction

Accept [redacted] - 11/08/2024)

The house changed smoking policies and we incorporated a non smoking policies, starting on [redacted] smoking is not allowed on premises and the residents need to smoke outside. The new rule was notified to Residents on [redacted] and it will be effective on [redacted] until then staff will clean area at least every 2 hours and they will keep a log to assure that the cigarettes' butts are getting clean up.

The administrator held a meeting with residents on [redacted] to communicate the new house rule and residents signed to confirm they were aware of it. (attached House rule update and residents acknowledgement. In the future, the Administrator will continue reinforcing non smoking policy to maintain smoking guidelines.

Licensee's Proposed Overall Completion Date: 11/07/2024

Implemented [redacted] - 12/18/2024)

144c2 - Smoking Area Distance

22. 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:
  - 2. 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: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

3 of the 4 cans used to extinguish cigarette butts in the homes designated smoking area contained lollipop sticks and lollipop wrappers. These items pose a possible fire hazard.

Plan of Correction

Accept [redacted] 11/19/2024)

The house changed smoking policies and we incorporated a non smoking policies, starting on [redacted] smoking is not allowed on premises and the residents need to smoke outside. The new rule was notified to Residents on [redacted] and it will be effective on [redacted].

In the meantime, the staff is responsible for checking the cans at least every 2 hours and make sure that they do not have any wrappers. They will keep a log of cleaning those cans and they need to be free of any wrappers or any other material.

The shift supervisor under the supervision of the Administrator is responsible of keeping the staff cleaning the cans as well as keeping records of the cleaning.

144c2 - Smoking Area Distance (continued)

Going forward the Administrator will make sure that residents abide by the new house's rules and smoke outside of the premises.

Licensee's Proposed Overall Completion Date: 11/18/2024

Implemented [redacted] - 12/10/2024)

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 # [redacted] 4 has a [redacted] order for [redacted] – 2 puffs orally every 4 hours as needed for wheezing. This medication was not available on site.

Resident [redacted] has a [redacted] order for [redacted] – apply topically to painful joint (s) 4 times daily as needed for pain, MAX 32 g/24 hr. This medication was not available on site.

Resident [redacted] has a [redacted] order for [redacted], 1 teaspoonfull (5ml) orally every 4 hours as needed for cough. This medication was not available on site.

Resident [redacted] has a [redacted] order for [redacted] every 6 hours as needed for pain, not to exceed 3000mg /24 hour period. This medication was not available on site.

Resident # [redacted] has a [redacted] order for [redacted], take 2 puffs orally every 6 hours as needed for shortness of breath. This medication was not available on site.

Resident [redacted] has a [redacted] order for [redacted], take 2 caps orally after first episode of [redacted] then 1 cap orally after the second and third as needed. This medication was not available on site.

Resident [redacted] requires [redacted] readings 4 times daily. On [redacted] the blood glucose reading at 9:56pm was [redacted] but was recorded on the resident's Medication Administration Record (MAR) as [redacted]

Resident [redacted] requires [redacted] readings 3 times daily. On [redacted] the [redacted] reading at 4:56am was [redacted] but was recorded on the resident's MAR as [redacted].

Plan of Correction

Accept [redacted] 11/19/2024)

For resident [redacted] The [redacted] and [redacted] was discontinued and the pharmacy did not take it out of the system as well as [redacted] for Resident [redacted] The rest of the medication was ordered on [redacted]. On [redacted], the administrator held a meeting with all Med Techs to review medication administration protocols

185a Implement Storage Procedures (continued)

and ensure that staff is following all medication administration protocols. A med cart audit was scheduled Starting on [redacted] and it will be done in a weekly basis. New refreshment training is scheduled for [redacted] e schedule and completion documentation will be submitted.

The administrator is responsible for scheduling refreshment training with local pharmacy as well as maintain med cart audit.

In the future, the Administrator will make sure that med cart audit is performed every week to assure that all medication are available according to Physician's orders. The administrator will also make sure that staff received frequent refreshment training d cart audit execution to avoid medication errors.

Licensee's Proposed Overall Completion Date: 11/18/2024

Implemented [redacted] - 12/18/2024)

187d - Follow Prescriber's Orders

24. Requirements

2600.

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

Description of Violation

Resident [redacted] requires blood glucose readings 3 times daily with meals and insulin administered on a sliding scale basis. On [redacted] at 6am the resident had a [redacted] reading of [redacted], requiring 7 units of sliding scale [redacted]. The resident's MAR indicates that no sliding scale units were administered.

Plan of Correction

Accept [redacted] - 11/19/2024)

On [redacted], the administrator held a meeting with all Med Techs to review Diabetic protocols and ensure that staff is following insulins parameter.

As of [redacted] The Administrator implemented a Weekly audits for [redacted] readings and [redacted] administration.

All staff took the diabetes training on [redacted] and they were reinforced the insulin administration and slide scale parameters.

The Administrator is responsible for training staff and make sure that they are following all protocols about blood sugar sliding scales and also the Administrator will continue educating the staff about the importance of following instructions with sliding scale to administer insulin.

Going forward the Administrator will make sure that staff can get frequent diabetic trainings to perform and accurate job when need to follow a sliding scale to administer insulin.

Licensee's Proposed Overall Completion Date: 11/18/2024

Implemented [redacted] - 12/10/2024)

227d - Support Plan Medical/Dental

25. 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 [redacted] has a hearing impairment and has a bed equipped with a bed shaker device to alert the resident of the need to evacuate during emergencies. The home did not document the use of and need for this device on the resident’s current support plan dated [redacted]

Repeat [redacted]

Plan of Correction

Accept [redacted] - 11/19/2024)

On [redacted] Information has been updated on Resident [redacted] RASP and all residents Support Plan were revised to make sure that they have all plans contain all relevant information.

The Administrator is responsible for keeping all support plans updated by making sure that all residents' support plans contains all relevant information about residents' needs and services.

In the future the Administrator will make that any dental, vision, hearing, mental health or other behavior care services are documented in the residents' support plans and make records' audits to keep records updated.

Licensee's Proposed Overall Completion Date: 11/18/2024

Implemented [redacted] - 12/10/2024)

252 Record Content

26. Requirements

2600.

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

- 3. A photograph of the resident that is no more than 2 years old.

Description of Violation

Resident [redacted] photo in the record was taken [redacted], exceeding the 2 year limit.

Plan of Correction

Accept [redacted] - 11/19/2024)

Resident [redacted] picture was updated on [redacted] as well as All residents pictures were updated to keep content of resident records. A new alert was set in the system to notify when record need to be updated.

The Administrator and Office Manager are responsible of keeping resident pictures and all resident records updated.

In the future the Administrator will make sure that all resident pictures get updated within the 2 years or before.

Licensee's Proposed Overall Completion Date: 11/18/2024

Implemented [redacted] - 12/10/2024)