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

December 2, 2024

EC OPCO LAKEMONT FARMS LLC

RE: CELEBRATION VILLA OF LAKEMONT FARMS
3275 WASHINGTON PIKE
BRIDGEVILLE, PA, 15017
LICENSE/COC#: 45081

,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/22/2024, 10/23/2024, 10/24/2024 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,

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *CELEBRATION VILLA OF LAKEMONT FARMS* **License #**: *45081* **License Expiration**: *06/17/2025*

Address: *3275 WASHINGTON PIKE, BRIDGEVILLE, PA 15017*

County: *ALLEGHENY* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *EC OPCO LAKEMONT FARMS LLC*
Address: [redacted]
Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *03/17/1999* **Issued By**: *Department of Labor and Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *124* **Waking Staff**: *93*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Incident* **Exit Conference Date**: *10/24/2024*

Inspection Dates and Department Representative

10/22/2024 - On-Site: [redacted]
10/23/2024 - On-Site: [redacted]
10/24/2024 - On-Site [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *140* **Residents Served**: *80*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Along the Journey Unit* **Capacity**: *30* **Residents Served**: *25*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *80*
Diagnosed with Mental Illness: *4* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *44* **Have Physical Disability**: *0*

Inspections / Reviews

10/22/2024 Partial

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

Inspections / Reviews *(continued)*

11/12/2024 POC Submission

Submitted By: [redacted] **Date Submitted:** *11/29/2024*

Reviewer: [redacted] **Follow Up Type:** *POC Submission* **Follow Up Date:** *11/19/2024*

11/18/2024 POC Submission

Submitted By: [redacted] **Date Submitted:** *11/29/2024*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *11/29/2024*

12/02/2024 Document Submission

Submitted By: [redacted] **Date Submitted:** *11/29/2024*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On at approximately 3:30 p.m., direct care staff person A and direct care staff person B witnessed resident physically choking resident with the strap of her purse, and punched resident in the face and head knocking the resident to the ground. Resolve Crisis came to the building, assessed resident , and determined an involuntary commitment was appropriate. However, the incident of physical abuse was not immediately reported to the Department of Aging in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 – 10225.707) and 6 Pa. Code Sections 15.21 – 15.27 (relating to reporting suspected abuse) and was not verbally reported to the Department of Aging until at approximately 10:00 a.m., and in writing until at approximately 11:16 a.m.

On at approximately 10:01 a.m., resident wandered into resident resident room . Resident proceeded to push resident to the floor and then notified staff members, who advised direct care staff person C that a resident was on the floor of apartment, and had pushed However, the incident of physical abuse was not immediately reported to the Department of Aging in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 – 10225.707) and 6 Pa. Code Sections 15.21 – 15.27 (relating to reporting suspected abuse) and was not verbally reported to the Department of Aging until at approximately 10:00 a.m., and in writing until at approximately 11:16 a.m.

On at approximately, the resident care coordinator, direct care staff person C was notified by staff that resident was swinging a purse at resident and hit the resident with the purse. However, the incident of physical abuse was not immediately reported to the Department of Aging in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 – 10225.707) and 6 Pa. Code Sections 15.21 – 15.27 (relating to reporting suspected abuse) and was not verbally reported to the Department of Aging until at approximately 10:00 a.m., and in writing until at approximately 11:16 a.m.

On at approximately 12:30 a.m., direct care staff person B responded to shouting in the hallway of the secured dementia care unit and found resident and resident arguing with one another. Resident told direct care staff person B about resident that " put hands down my pants and touched my ." However, the incident of alleged sexual abuse was not immediately reported to the Department of Aging in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 – 10225.707) and 6 Pa. Code Sections 15.21 – 15.27 (relating to reporting suspected abuse) and was not verbally reported to the Department of Aging until

Plan of Correction ***Accept - 11/18/2024)***

ACTION:

The incidents from 7/13/24; 7/20/24; 8/8/24 were immediately called into Adult Protective Services by the Regional Director of Clinical Services on 10/23/2024.

15a Resident Abuse Report (continued)

The administrator shall audit any allegation of abuse to ensure the home has immediately reported suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701 10225.707) and 6 Pa. Code § 15.21 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons, this audit will begin on 11/14. Documentation of this audit will be kept in the administrator's office.

Training:

Beginning on September 19, 2024, all staff were reeducated on the requirements of regulation 2600.15.a, in accordance with the Older Adult Protective Services Act by the Administrator. Documentation of the staff education shall be kept in accordance with 2600.65i.

Ongoing:

After completion of the initial training of all staff the Administrator will review the requirements in monthly all staff meetings for the next three months, annually thereafter as required, and upon the hire of all new team members. A copy of trainings will be kept on the employee's file and in the administrator's office.

This regulation finding will be reviewed with the Leadership Team during the Monthly Quality Assurance Meetings, starting November 2024 for 6 months. Documentation to be kept in the administrator's office.

Licensee's Proposed Overall Completion Date: *11/29/2024*

Implemented - 12/02/2024)

16c - Written Incident Report

2. 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

On at approximately 3:30 p.m., in the home's Along the Journey Unit direct care staff person A witnessed resident physically choking resident with the strap of purse, and punched resident in the face and head knocking the resident to the ground. Resolve Crisis came to the building, assessed resident and determined an involuntary commitment was appropriate. However, the incident of resident to resident abuse was not reported to the Department's personal care home regional office or the Department's personal care home complaint hotline within 24 hours in a manner designated by the Department and was not reported to the Department until at approximately 12:00 p.m.

On at approximately 10:01 a.m., in the home's Along the Journey Unit, resident wandered into resident resident room . Resident proceeded to push resident to the floor and then notified staff members who advised direct care staff person C that a resident was on the floor of apartment and had pushed . However, the incident of resident to resident abuse was not reported to the Department's personal care home regional office or the Department's personal care home complaint hotline within 24 hours in a manner designated by the Department and was not reported to the Department until at approximately 12:00 p.m.

On at approximately , in the home's Along the Journey Unit, the resident care coordinator, direct care staff person C was notified by staff that resident was swinging a purse at resident and hit the resident with the purse. However, the incident of resident to resident abuse was not reported to the Department's personal care home regional office or the Department's personal care home complaint hotline within 24 hours in a manner designated by

16c Written Incident Report (continued)

the Department and was not reported to the Department until [redacted] at approximately 12:00 p.m.

On [redacted] at approximately 12:30 a.m., direct care staff person B responded to shouting in the hallway of the Along the Journey Unit and found resident [redacted] and resident [redacted] arguing with one another. Resident [redacted] told direct care staff person B [redacted] put [redacted] hands down my pants and touched my [redacted]." However, the incident of resident to resident abuse was not reported to the Department's personal care home regional office or the Department's personal care home complaint hotline within 24 hours in a manner designated by the Department and was not reported to the Department until [redacted] at 4:30 p.m.

Plan of Correction ***Accept [redacted] - 11/18/2024)***

ACTION:
The incidents from 7/13/24; 7/20/2024; 8/8/24 were immediately reported to DHS by the Regional Director of Clinical Services on 10/23/2024.
The administrator shall audit any reportable incident or condition to ensure the home has reported any reportable incident or condition in accordance with Regulation 2600.16c, this audit will be begin on 11/15/24.
Training:
Beginning on September 19, 2024, all staff are being trained on the requirements of regulation 2600.16.c, by the Administrator. Documentation of the staff education shall be kept in accordance with 2600.65i.
Ongoing:
After completion of the initial training of all staff the Administrator will review the requirements in monthly all staff meetings for the next three months, annually as required, and upon the hire of all new team members. Documentation of the staff education shall be kept in accordance with 2600.65i.
This regulation finding will be reviewed with the Leadership Team during the Monthly Quality Assurance Meetings, starting November 2024 for 6 months. Documentation to be kept in the administrator's office.

Licensee's Proposed Overall Completion Date: *11/29/2024*

Implemented [redacted] - 12/02/2024)

42b - Abuse

3. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] at approximately 3:30 p.m. in the home's Along the Journey Unit, direct care staff person A and direct care staff person B witnessed resident [redacted] physically choking resident [redacted] with the strap of her purse, and punched resident [redacted] in the face and head knocking the resident to the ground. Resolve Crisis came to the building, assessed resident [redacted] and determined an involuntary commitment was appropriate. On [redacted] at approximately 10:01 a.m. in the home's Along the Journey Unit, resident [redacted] wandered into resident [redacted] resident room [redacted] Resident [redacted] proceeded to push resident [redacted] to the floor and then notified staff members that a resident was on the floor of her apartment. On [redacted] at approximately 12:00 p.m., the resident care coordinator, direct care staff person C was notified by staff that resident [redacted] swung a purse at resident [redacted] and struck the resident with that purse.

On [redacted] at approximately 10:00 a.m. in the home's Along the Journey Unit, direct care staff person D observed resident [redacted] with resident [redacted] hand placed down resident [redacted] pants and resident [redacted] was using resident [redacted] hand to

42b - Abuse (continued)

stimulate [redacted] and [redacted] Direct care staff person D advised that resident [redacted] was not fully conscious at the time and was dozing off. Direct care staff person D told resident # [redacted] to stop and separated the residents from one another.

On [redacted] at approximately 7:00 p.m. in the home's Along the Journey Unit activity area, direct care staff person E witnessed resident [redacted] grab resident [redacted] by the hand with [redacted] pants down and [redacted] in [redacted] right hand, and attempt to force resident [redacted] to touch [redacted] with [redacted] hand. Resident [redacted] was heard stating "No" while backing away from resident [redacted] When questioned about any other resident doing anything that bothered [redacted], resident [redacted] recalled "There was somebody who was coming into that area" and gestured toward the crotch area "and it didn't give me a great feeling. I said no, and I didn't want that." Direct care staff person E separated and redirected both residents immediately.

On [redacted] at approximately 12:30 a.m., direct care staff person B responded to shouting in the hallway of the Along the Journey Unit and found resident [redacted] and resident [redacted] arguing with one another. Resident [redacted] told direct care staff person B that [redacted] put [redacted] hands down my pants and touched my [redacted]

The home utilizes a Fall Management system known as Safely You to monitor and record unwitnessed falls in resident rooms, the system notifies direct care staff by ringing the building phone line and indicating what room has triggered the system. On [redacted] at 11:57 p.m., the Safely You Fall Management system was activated in the Along the Journey Unit in the shared resident room [redacted] of resident [redacted] and resident [redacted] and notified direct care staff person F and direct care staff person G of a fall in the resident room. Direct care staff person G sought out direct care staff person F and advised that resident room # [redacted] was locked and [redacted] required a key. Neither direct care staff person had a key to the room, and resident [redacted] the only occupant at the time of the system alert, was not provided a safety check when the call came from the Safely You system. Safely You continued to notify the home of the suspected fall in resident room [redacted] as many as ten more times from 12:26 a.m. until 5:47 a.m. on [redacted] when direct care staff person A arrived with keys and unlocked resident room [redacted].

The home utilizes a Fall Management system known as Safely You to monitor and record unwitnessed falls in resident rooms, the system notifies direct care staff by ringing the building phone line and indicating what room has triggered the system. On [redacted] at 12:51 a.m. the Safely You Fall Management system was activated in the Along the Journey Unit in the shared resident room [redacted] of resident [redacted] and resident [redacted] and notified direct care staff person G of a fall in the resident room. Direct care staff person G sought help from direct care staff person F and stated resident room [redacted] was locked. Neither direct care staff person attempted to enter resident room [redacted] in spite of the Safely You system continuing to notify the building of the suspected fall as many as eight times from 1:24 a.m. until 5:05 a.m. when direct care staff person G told direct care staff person F that she had gained access to resident room [redacted] and found resident [redacted] on the floor complaining of shoulder pain. Direct care staff person F evaluated the resident and emergency services were contacted to transport the resident to St. Clair Hospital for further evaluation. Resident [redacted] was diagnosed with a [redacted] and discharged back to the personal care home.

REPEAT VIOLATION 12/12/22

Plan of Correction ***Accept [redacted] - 11/18/2024)***

Action:
On October 2, 2024 staff member G was immediately suspended pending investigation. Safely You monitoring system was reviewed. Master sets of keys were made and available to all staff members.

42b - Abuse (continued)

On October 4, 2024 staff member G was terminated.
Training:
Starting on September 19, 2024 training of regulation 42.b was provided to all direct care team members. Staff members were educated on where master keys are available for use during their scheduled shifts. Documentation of the staff education shall be kept in accordance with 2600.65i.
Administrator has contacted area Ombudsman to conduct a training for all staff on regulation 2600.42b. Training date will be scheduled as soon as possible, facility is currently awaiting confirmation on the training date. Education shall be kept in accordance with Regulation 2600.65(i).
Ongoing:
After completion of the initial training of all direct care staff the Administrator will review the requirements in monthly all staff meetings for the next three months, annually as required, and upon the hire of all new team members. Documentation of the staff education shall be kept in accordance with 2600.65i.
The administrator or an appointed designee will complete three private resident interviews a week for the next three months to ensure compliance with Regulation 2600.42(b). This will include an interview questionnaire that is used in all interviews. All interview questionnaire documentation will be maintained in the administrator's office. Interviews will start the week of 11/18/24.
The administrator or appointed designee will complete a weekly audit to ensure all staff persons have access to resident rooms at all times. This audit will start on 11/18/24. Documentation of these audits will be kept in the administrator's office.
This regulation finding will be reviewed with the Leadership Team during the Monthly Quality Assurance Meetings, starting November 2024 for 6 months. Documentation to be kept in the administrator's office.

Licensee's Proposed Overall Completion Date: *11/30/2024*

Implemented [redacted] - 12/02/2024)

42s - Privacy

4. 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

Staff interviews and the home's documentation indicated that on [redacted] at approximately 12:00 a.m., resident [redacted] was video monitored in resident room [redacted] by the home's "Safely You Falls Management Program" which also records video during detection of a fall incident. However, the home did not maintain a signed and dated informed consent form for resident [redacted] in accordance with the requirements of the waiver granted by the Department, dated [redacted]

Plan of Correction ***Accept [redacted] - 11/18/2024)***

Action:
An audit of all current resident records was completed on 10/27/24 by the Regional Director of Operations, to ensure that an informed consent document was signed by each resident and that the documentation was on each file. Documentation of the audit shall be kept in the Administrator's office.
Training:
The Resident Care Coordinator has been trained by the Administrator so that prior to a camera being activated the completed paperwork will be verified and uploaded into the resident's electronic medical record. Documentation of the staff education shall be kept in accordance with 2600.65i.
Ongoing:

42s Privacy (continued)

The Administrator or DON will complete an audit of any new admissions entering the Memory Care Unit, where the Safely You Falls Management Program is offered to ensure compliance.
This regulation finding will be reviewed with the Leadership Team during the Monthly Quality Assurance Meetings, starting November 2024 for 6 months. Documentation to be kept in the administrator's office.

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

Implemented - 12/02/2024)

190a - Completion Medication Course

5. 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

The last record of the medication administration annual practicum being completed by direct care staff person H was dated and it was not documented on the Department's medication administration summary and certification form. Direct care staff person H has administered numerous medications to multiple residents of the personal care home to include:

- *Resident :*
- *Resident :*
  tablet, and tablet
- *Resident*

Direct care staff person I's initial medication administration training was dated . However, the form did not indicate whether the staff person passed or failed the training, and there was no record of the annual practicum being completed on or by Direct care staff person I has administered numerous medications to multiple residents of the person care home to include:

- *Resident :*
  Capsule, and tablet
- *Resident ,*
  tablet

Plan of Correction ***Accept - 11/18/2024)***

Action:
A audit of all staff records was conducted on 10/30 by the Regional Director of Clinical Services. This audit was done to ensure all staff administering medications meet the requirements to administer medications and to ensure these staff continue to meet the requirements to administer medications A record of this audit will be kept in the administrator's office.
Additional medication trainings were scheduled for November 12, 2024. Documentation of the staff education shall be kept in accordance with 2600.65i.
Training:

190a - Completion Medication Course (continued)

Starting November 12, 2024, training is scheduled for all team members that pass medications. The training is being completed by a certified trainer. All documented training shall be on required forms and kept in the Administrator's Office.
This regulation finding will be reviewed with the Leadership Team during the Monthly Quality Assurance Meetings, starting November 2024 for 6 months. Documentation to be kept in the administrator's office.

Proposed Overall Completion Date: 11/29/2024

Licensee's Proposed Overall Completion Date: *11/29/2024*

Implemented 12/02/2024)

190b - Insulin Injections

6. Requirements

2600.
190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Direct care staff person H has not successfully completed a Department approved diabetic education course in the past 12 months and administered to resident on numerous dates to include:

-
-
-
-
-

Direct care staff person H has also administered at 7:00 p.m. to resident on numerous dates to include:

-
-
-
-
-
-
-
-
-
-
-

Direct care staff person I has not successfully completed a Department approved diabetic education course in the past 12 months and administered to resident on at approximately 11:30 a.m..

190b - Insulin Injections *(continued)*

Plan of Correction ***Directed - 11/18/2024)***

Action:
A review of all staff diabetic trainings was conducted on 10/25/24. Staff member I is not permitted to give insulin until training is completed. Documentation of this audit will be kept in the administrator's office.
Training:
Training was completed for staff member H on November 4, 2024, by a Certified Diabetic Instructor. Documentation of the staff education shall be kept in accordance with 2600.65i.
Ongoing:
The oncoming DON and the Resident Care Coordinator will review all med tech trainings upon hire and monthly thereafter to monitor training dates.
This regulation finding will be reviewed with the Leadership Team during the Monthly Quality Assurance Meetings, starting November 2024 for 6 months. Documentation to be kept in the administrator's office.

Proposed Overall Completion Date: 11/18/2024

DIRECTED
Within one calendar day of receipt of the accepted plan of correction: The administrator shall maintain documentation of the DON and resident care coordinator audits. 11/18/24

Directed Completion Date: *11/19/2024*

Implemented - 12/02/2024)

225a - Assessment 15 Days

7. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident assessment, dated , indicated total independence for bladder management. However, the same document for resident # indicated in the summary and determination section managed by AHN, refused to participate with AHN therapy" and staff interviews indicated that the resident required "total care" and that staff empty the catheter bag.

Plan of Correction ***Accept - 11/12/2024)***

Action:
Clarification provided; AHN Nursing manages the monthly change of the catheter. The RASP was updated to indicate that staff members are to empty the catheter bag by a clinical staff member.
A review of all resident RASPs began on 10/25/24 by the Regional Director of Clinical Services, any updates will be documented as indicated.
Training:
The Resident Care Coordinator, oncoming DON and administrator will receive a training on regulation 2600.225a to be conducted by the Regional Director of Clinical Services by 11/29/24.
Ongoing:
The administrative and clinical teams are reviewing and updating RASPs as needed per regulation 2600.225a.

225a Assessment 15 Days (continued)

This regulation finding will be reviewed with the Leadership Team during the Monthly Quality Assurance Meetings, starting November 2024 for 6 months. Documentation to be kept in the administrator's office.

Licensee's Proposed Overall Completion Date: *11/29/2024*

Implemented [redacted] - 12/02/2024)

225c - Additional Assessment

8. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [redacted] has a diagnosis of [redacted] and resides in the Along the Journey Unit. The resident's significant change assessment, dated [redacted], indicated the resident has a moderate problem with irritability, judgment, agitation, aggression, and understanding instructions. However, on three separate occasions the resident has targeted and physically attacked resident [redacted] on dates to include: [redacted] and [redacted]. Additionally, on [redacted], while being escorted to church services by activities staff person J, resident [redacted] hit the activity assistant in the back, and then scratched direct care staff person K, the director of nursing, who was holding the door and then lunged at activities staff person J again and punched her in the back of the head. On [redacted] the resident was involuntarily committed for a 30 day period at the [redacted].

Resident [redacted] significant change assessment, dated 9/13/24, indicated "not applicable" for aggression. However, on dates to include [redacted] and [redacted] resident [redacted] displayed physical and sexual aggression towards staff, other residents, and visitors to the personal care home until the resident's daughter voluntarily committed him on [redacted]. Staff interviews indicated resident [redacted] has displayed the same sexual and physical aggression since returning to the facility from the voluntary commitment on 10/15/24.

Plan of Correction ***Accept ([redacted] - 11/12/2024)***

Action: The RASP was updated by the clinical team to indicate and include resident's aggression. A review of all community RASPs began on 10/25/24 by the Regional Director of Clinical Services. A record of that audit will be kept in the administrator's office.
Training: The Resident Care Coordinator, oncoming DON and administrator will receive training on regulation 2600.225c to be conducted by the Regional Director of Clinical Services by 11/29/24.
Ongoing: The administrative and clinical teams are reviewing and updating RASPs as needed per regulation 2600.225c.
This regulation finding will be reviewed with the Leadership Team during the Monthly Quality Assurance Meetings, starting November 2024 for 6 months. Documentation to be kept in the administrator's office.

Licensee's Proposed Overall Completion Date: *12/18/2024*

Implemented [redacted] - 12/02/2024)

231b - Medical Evaluation

9. Requirements

2600.

231b - Medical Evaluation *(continued)*

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident was admitted to the home's Along the Journey Unit on ; however, the resident's initial medical evaluation was dated and section (4) of the form provided by the Department did not include the resident's need to be served in a secured dementia care unit.

Resident was admitted to the home's Along the Journey Unit on ; however, the resident's initial medical evaluation was dated .

Resident was admitted to the home's Along the Journey Unit on ; however, the resident's initial medical evaluation was dated

Plan of Correction ***Accept - 11/12/2024)***

Action:
On October 25, 2024, Resident medical evaluation was updated to indicate the need to be served in a secured dementia unit. All resident medical evaluations were audited on 10/25/24 to ensure compliance of 2600.231.b. A record of this audit will be kept in the administrator's office.
Training:
Oncoming DON will be trained on the requirements of regulation 231.b by the Administrator by November 29, 2024. Documentation of the staff training shall be kept in accordance with 2600.65i.
Ongoing:
Beginning November 1, 2025, all medical evaluations will be checked by the Administrative Assistant and a final check will be completed by the Administrator prior to filing in the chart. The Administrator or designee will complete an audit of required paperwork annually, to ensure it is completed.
This regulation finding will be reviewed with the Leadership Team during the Monthly Quality Assurance Meetings, starting November 2024 for 6 months. Documentation to be kept in the administrator's office.

Licensee's Proposed Overall Completion Date: *12/18/2024*

Implemented 12/02/2024)

231c - Preadmission Screening

10. Requirements

2600.
231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident was admitted to the home's Along the Journey Unit on however, resident written cognitive preadmission screening, dated , was incomplete and did not indicate the need for secured care due to

231c - Preadmission Screening (continued)

Alzheimer's Disease or other dementia.

Plan of Correction ***Accept - 11/12/2024)***

Action:
On October 25, 2024, resident preadmission screening was updated by the Administrator. An audit of all preadmission screenings began on by the Regional Clinical Team and Administrator to ensure completeness.
Training:
The oncoming DON, Resident Care Coordinator and the Administrative Assistant will be trained on regulation 2600.231.c by the Administrator. Documentation of the staff training shall be kept in accordance with 2600.65i.
Ongoing:
Beginning November 1, 2024, every preadmission screening was reviewed by the Administrative Assistant with a final review completed by the Administrator prior to filing in the resident chart. Documentation shall be kept.
This regulation finding will be reviewed with the Leadership Team during the Monthly Quality Assurance Meetings, starting November 2024 for 6 months. Documentation to be kept in the administrator's office.

Licensee's Proposed Overall Completion Date: *12/18/2024*

Implemented - 12/02/2024)

234a - Admission Support Plan

11. Requirements

2600.
234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident was admitted to the home's Along the Journey Unit on . However, resident initial support plan was completed on

Resident was admitted to the home's Along the Journey Unit on . However, resident initial support plan was completed on .

Plan of Correction ***Accept - 11/18/2024)***

Action:
A complete audit of all support plans began on 10/25/24 by the Regional Director of Clinical Services. A record of that audit will be kept in the administrator's office.
Training:
Resident Care Coordinator, oncoming DON will be trained on the requirements of regulation 234.b by the Administrator. Documentation of the staff training shall be kept in accordance with 2600.65i.
Ongoing:
The Administrator or designee will utilize a checklist for all new admissions in the SDCU to ensure compliance with regulation 2600.243a
This regulation finding will be reviewed with the Leadership Team during the Monthly Quality Assurance Meetings, starting November 2024 for 6 months. Documentation to be kept in the administrator's office.

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

234a - Admission Support Plan *(continued)*

Implemented [redacted] - 12/02/2024)