

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

March 3, 2025

[REDACTED]
KAYMARIE BRIDDELL
[REDACTED]

RE: VINE STREET MANOR
230 NORTH 65TH STREET
PHILADELPHIA, PA, 19139
LICENSE/COC#: 14234

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/06/2024, 11/07/2024 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: VINE STREET MANOR **License #:** 14234 **License Expiration:** 11/14/2024
Address: 230 NORTH 65TH STREET, PHILADELPHIA, PA 19139
County: PHILADELPHIA **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: KAYMARIE BRIDDELL
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: Other **Date:** 09/07/2018 **Issued By:** Phila. L&I

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 63 **Waking Staff:** 47

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Monitoring **Exit Conference Date:** 11/07/2024

Inspection Dates and Department Representative

11/06/2024 - On-Site: [REDACTED]
 11/07/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 84 **Residents Served:** 59

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 41 **Are 60 Years of Age or Older:** 38
Diagnosed with Mental Illness: 59 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 4 **Have Physical Disability:** 1

Inspections / Reviews

11/06/2024 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/30/2024

12/04/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 01/29/2025
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/09/2024

Inspections / Reviews *(continued)*

12/11/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 01/29/2025

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 01/29/2025

03/03/2025 Document Submission

Submitted By: [REDACTED] Date Submitted: 01/29/2025

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 [REDACTED], resident [REDACTED] called resident [REDACTED] and grabbed resident [REDACTED] walker resulting in a pain in resident [REDACTED] hand. Resident [REDACTED] called the police and filed a report. A copy of this report was given to staff person A on an unknown date. However, this allegation of abuse was not reported to the local area agency on aging.

Plan of Correction

Accepted [REDACTED] - 12/11/2024)

This regulation is important because timely reporting of incidents is essential for the safety and protection of all residents. The regulation was violated when the incident involving resident [REDACTED] and resident [REDACTED] which occurred on August 28, 2024, was not reported to the local area agency on aging as required.

Immediate action taken to address this violation included reminding all staff members of the critical importance of reporting all incidents without delay. To further reinforce this protocol, staff training on Older Adult Protective Services has been scheduled for December 13, 2024. This training aims to ensure that all staff members are well-informed about their responsibilities regarding incident reporting.

To prevent future incidents, the facility has implemented one-on-one, hourly monitoring of resident [REDACTED] for the next two months, starting on November 30, 2024. This monitoring will be conducted by direct care staff members to promote improved behavior and positive interactions. On December 7th, 2024, all staff members received a memo regarding the requirements for reporting incidents.

Additionally, a monthly audit of incident reports will be conducted beginning in December 2024. This audit will be the responsibility of the Administrator, who will review all reported incidents to ensure compliance with reporting protocols and to identify any areas in need of improvement. All staff members will be held accountable for following these protocols to ensure the safety and well-being of all residents.

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

Implemented [REDACTED] - 03/03/2025)

16c - Written Incident Report

2. Requirements

16c - Written Incident Report (continued)

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 [redacted], resident [redacted] called resident [redacted] and grabbed resident [redacted] walker resulting in a pain in resident [redacted]s hand. Resident [redacted] called the police and filed a report. A copy of the police report was given to staff person A on an unknown date. The home did not report this incident to the department.

Plan of Correction

Accepted [redacted] - 12/11/2024)

This regulation is important because timely reporting of incidents is essential for the safety and well-being of all residents. The regulation was violated by failing to report the incident involving resident [redacted] and resident [redacted] to the department. To address this violation, the following steps will be implemented:

All staff members have been reminded of the critical importance of reporting all incidents immediately. On December 7th, 2024, all staff members received a memo regarding the requirements for reporting incidents. A retraining session focused on incident reporting protocols will be conducted on December 13, 2024. This training will emphasize the procedures for documenting and reporting incidents to ensure compliance with regulatory requirements.

In addition to the retraining, the facility will implement a system of regular audits to monitor compliance with incident reporting. Starting on December 1, 2024, a designated staff member will conduct weekly reviews of incident reports to ensure all incidents are documented and reported appropriately. This review will continue for a period of three months.

To further promote improved behavior and interactions by Resident [redacted] the facility has initiated one-on-one, hourly monitoring of resident [redacted]. This monitoring began on November 30, 2024, and will be conducted by direct care staff members for a duration of two months. The staff will document their observations and any incidents that occur during these sessions on the GroupMe company form.

Additionally, a monthly compliance audit will be conducted starting on January 15, 2025, to review incident reporting practices. This audit will include a review of all incident reports, documentation accuracy, and adherence to reporting timelines. The facility consultant will be responsible for overseeing this audit process and ensuring that any identified issues are addressed promptly.

By implementing these steps, the facility aims to ensure ongoing compliance with incident reporting regulations and enhance the safety and well-being of all residents.

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

Implemented [redacted] - 02/03/2025)

18 - Compliance With Laws

3. 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

CARE FACILITY CARBON MONOXIDE ALARMS STANDARDS ACT - ENACTMENT Act of Jun. 23, 2016 Carbon monoxide alarms must be installed in proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance. On [redacted] at 11:31 AM The Carbon Monoxide detector installed in the basement near the boiler room was not functioning.

18 - Compliance With Laws (continued)

Plan of Correction

Accept (█ - 12/11/2024)

This regulation is important because carbon monoxide alarms are essential for ensuring the safety of residents by detecting harmful gas emissions from fossil-fuel burning devices. The regulation was violated due to the non-functioning carbon monoxide detector located in the basement near the boiler room. The boilers have been shut for years and therefore there are no fossil fuels. However, to address this violation, the following steps will be implemented:

- 1. The batteries in the non-operational carbon monoxide detector were replaced on November 7, 2024, to restore its functionality.*
- 2. To maintain ongoing safety, the facility has instituted monthly safety checks including the checking of all carbon monoxide detectors by a maintenance person. The first of these monthly checks will (took) take place on December 1, 2024, and will continue on the first of each month thereafter.*
- 3. The facility has also reached out to emergency response services to arrange for the installation of hard-wired carbon monoxide detectors throughout the facility. This installation is scheduled to be completed by January 15, 2025.*
- 4. A thorough inspection was conducted on November 7, 2024, to confirm that the carbon monoxide detectors in the kitchen and basement on each floor are operational.*

By implementing these steps, the facility aims to ensure compliance with the Carbon Monoxide Alarms Standards Act and provide a safe environment for all residents.

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

Implemented (█ - 02/03/2025)

25b - Contract Signatures

4. Requirements

2600.

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

Description of Violation

The resident-home contract, dated █, for resident █ was not signed by the administrator.

Plan of Correction

Accept (█ - 12/04/2024)

The administrator corrected the violation on site. The administrator reviewed all files for compliance on 11/29/2024. Starting November 29th, 2024, the administrator backed up by our consultant will be responsible for reviewing all files on a monthly basis to ensure compliance. This process will continue for 2 months unless an extension is found to be necessary.

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

Implemented (█ - 02/03/2025)

42b - Abuse

5. 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.

42b - Abuse (continued)

Description of Violation

On [REDACTED], resident [REDACTED] called resident [REDACTED] and grabbed resident [REDACTED]'s walker resulting in pain in resident [REDACTED]'s hand. Resident [REDACTED] called the police and filed a report. A copy of this report was given to staff person A on an unknown date. Resident [REDACTED] was never assessed for injuries.

Resident [REDACTED] stated that resident [REDACTED] calls resident [REDACTED] "The-b-word and other nasty names they do not say". On an unknown date, resident [REDACTED] threatened to punch resident [REDACTED] in the eye after an eye surgery and said "I hope you go blind and your service dog bites you". Resident [REDACTED] stated Resident [REDACTED] pounds on their bedroom door every morning, which was wearing resident [REDACTED] down emotionally.

On 10/3/24, Staff person B made a note in resident [REDACTED]'s record that read resident [REDACTED] was "calling [resident [REDACTED] names" and resident [REDACTED] is "tired of it". The home has not taken any action to address the behavior of resident [REDACTED]. Resident [REDACTED] and resident [REDACTED]'s designated person were told by the home that nothing can be done unless resident [REDACTED] physically harms resident [REDACTED].

Repeat violation: [REDACTED]

Plan of Correction

Accept ([REDACTED] - 12/11/2024)

This regulation is important because it ensures the safety and well-being of all residents by protecting their rights and addressing any behavioral issues that may arise. The regulation was violated by failing to adequately address the concerning behavior of resident [REDACTED] towards resident [REDACTED] which has resulted in emotional distress and potential harm. To address this violation, the following steps will be implemented:

1. Resident [REDACTED] was assessed for injuries on November 7, 2024, and it was determined that no assistance was required.
2. Resident [REDACTED]'s Resident Assessment and Support Plan (RASP) has been updated to reflect the need for additional supervision by staff due to behavioral problems.
3. All staff members will receive training on abuse reporting policies on December 13, 2024, to ensure they are equipped to handle similar situations in the future.
4. The facility has implemented direct one-on-one supervision of resident [REDACTED] on an hourly basis for the next two months. This decision was made due to the facility's financial constraints, which prevent the allocation of a dedicated staff member for 24-hour supervision. Additionally, resident [REDACTED]'s insurance has denied coverage for bringing in outside staff for continuous monitoring.
5. The primary care physician for resident [REDACTED] is scheduled to evaluate resident [REDACTED] for a referral to psychiatric treatment on December 13, 2024. This evaluation is crucial for determining the appropriate behavioral interventions needed for resident [REDACTED].
6. To ensure the safety of all residents, the facility will conduct weekly reviews of the supervision logs and incident reports related to resident [REDACTED]'s behavior. These reviews will begin on December 1, 2024, and will be overseen by the Administrator to ensure compliance and address any emerging issues promptly.
7. A follow-up assessment of resident [REDACTED]'s behavior and the effectiveness of the implemented measures will be conducted on January 15, 2025, to determine if further actions are necessary.

By taking these steps, the facility aims to ensure the safety and rights of all residents while addressing the specific behavioral concerns related to resident [REDACTED].

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

42b - Abuse (continued)

Implemented (█) - 02/03/2025)

85a - Sanitary Conditions

6. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On █ at 11:22 AM, there was food stuck to the wall behind the trash can in the downstairs dining room.

On █ at approximately 11:31 AM there were dead insects in the light fixture by the boiler room.

Plan of Correction

Accept (█) - 12/11/2024)

This regulation is important because maintaining a clean and sanitary environment is essential for the health and safety of all residents. The regulation was violated due to the presence of food stuck to the wall behind the trash can and dead insects in the light fixture by the boiler room.

To address this violation, the following steps will be implemented:

- 1. The housekeeping staff has thoroughly cleaned the unsanitary areas identified in the violation report as of November 7, 2024.*
- 2. The administrator provided direct training to the housekeeping staff on November 8, 2024, regarding their duties, including tasks that may not have been explicitly outlined in their job descriptions. This training emphasized the importance of maintaining cleanliness and sanitation throughout the facility.*
- 3. The administrator will monitor the progress and compliance of the housekeeping staff on a daily basis, starting December 3, 2024. This monitoring will include inspections of common areas, dining rooms, and other high-traffic locations to ensure cleanliness standards are met.*
- 4. This monitoring process will last for one month, concluding on January 3, 2025, unless an extension is deemed necessary based on the observed performance of the housekeeping staff.*

By implementing these steps, the facility aims to ensure ongoing compliance with sanitation regulations and provide a safe and clean environment for all residents.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented (█) - 02/03/2025)

85b - Infestation

7. Requirements

2600.

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

Description of Violation

On █ at 10:41 AM there was a large number of gnats flying around room █

At 11:22 AM there were multiple dead bugs in the picture frame on the left side of the downstairs dining room. There

85b - Infestation (continued)

were also gnats flying around the sink of the downstairs kitchen.

Repeat violation: [REDACTED] et al

Plan of Correction

Accept ([REDACTED] - 12/11/2024)

This regulation is important because maintaining a clean and pest-free environment is essential for the health and safety of all residents. The regulation was violated due to the presence of gnats and dead bugs in the facility. To address this issue, the kitchen staff was immediately instructed to clean the kitchen thoroughly and then continue to do so on a daily basis using standard sanitary products. The downstairs kitchen will be sealed off from usage, as it has led to neglected duties and is not necessary for our operations.

The housekeeping staff has been directed to clean the dining room multiple times each day to ensure a pest-free environment. The administrator will monitor these areas daily for one month to ensure compliance and foster the development of consistent cleaning habits among the staff.

The administrator is interviewing additional housekeeping staff to support these efforts. Furthermore, a training session for the housekeeping staff will be conducted by the home's administrator on December 9, 2024, focusing on effective cleaning practices and pest prevention. The home's administrator has [REDACTED] Servsafe certification. All housekeeping staff will be responsible for adhering to these cleaning protocols to maintain a clean and safe environment. Regular assessments will ensure that cleanliness standards are consistently met.

Licensee's Proposed Overall Completion Date: 12/10/2024

Implemented ([REDACTED] - 02/03/2025)

95 - Furniture and Equipment**8. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On [REDACTED]:

- The bed side tables in rooms [REDACTED] and [REDACTED] were missing a knob on the front drawer.
- The dressers in rooms [REDACTED] and [REDACTED] were missing handles.

Plan of Correction

Accept ([REDACTED] - 12/11/2024)

This regulation is important because all furniture must be in good repair to ensure the safety and comfort of residents. The regulation was violated due to missing knobs on the bedside tables in rooms [REDACTED], and [REDACTED], as well as missing handles on the dressers in rooms [REDACTED] and [REDACTED].

Immediate action was taken to address the violation by switching out the non-compliant furniture with compliant furniture from storage on November 7, 2024. All missing knobs and handles will be installed on the remaining furniture by December 10, 2024.

To assist and remind staff of compliance needs, a list of necessary items was posted on the interior of every bedroom door on November 8, 2024. Starting November 9th, 2024 the administrator and the consultant will monitor compliance on a daily basis for one month to ensure that all furniture is in good repair. The administrator is interviewing additional housekeeping and maintenance staff to support ongoing compliance efforts.

Licensee's Proposed Overall Completion Date: 12/10/2024

95 Furniture and Equipment *(continued)*

Implemented (█) - 02/03/2025)

101j3 Bed/Linens/Pillows/Blankets

9. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

On █ the following was observed:

At 10:41 AM in room █ on the left bed there was a large wet mark that was slightly pink on a pillowcase, the bed's sheets had large holes and were stained with black residue. The right bed had a pillowcase that was full of holes and was stained.

At 10:44 AM in room █ pillowcases on all beds were stained with black marks.

At 10:49 AM in room █ the pillowcase on the right bed had holes in it.

At 10:58 AM in room █, which had just been cleaned by staff person C, the pillowcase on the left side was stained with blood and black debris. Pillowcase on the right bed was covered in cigarette burns.

Repeat violation: █ et al

Plan of Correction

Accept (█) - 12/11/2024)

The regulation regarding maintaining a safe and clean living environment for clients is crucial for their health and well-being. The violation occurred due to inadequate housekeeping practices observed on 11/6/2024. In response to this violation, the facility has taken the following corrective actions:

On 11/7/2024, new pillowcases, sheets, and quilts were ordered to ensure that clients have access to clean bedding. Additionally, on the same day, housekeeping staff and direct care staff members were reminded of their responsibilities to provide a safe and clean living space for all clients.

To further address the issue, the administrator is interviewing additional housekeeping and maintenance staff, with the hiring process expected to begin by 1/15/2025.

The administrator will also monitor the progress of housekeeping practices on a daily basis for one month, starting from 11/8/2024, to ensure compliance and to encourage improved housekeeping standards.

These steps are being implemented to rectify the violation and to uphold the facility's commitment to providing a safe and clean environment for all clients.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented (█) - 02/03/2025)

101j4 Bedroom Storage Area

10. Requirements

2600.

101j4 - Bedroom Storage Area (continued)

101.j. Each resident shall have the following in the bedroom:

- 4. A storage area for clothing that includes a chest of drawers and a closet or wardrobe space with clothing racks or shelves accessible to the resident.

Description of Violation

Resident [redacted] does not have access to the closet space in the bedroom because resident [redacted] has a padlock on the door of their shared closet, and only resident [redacted] has access to the key.

Repeat violation: [redacted] et al

Plan of Correction

Accept [redacted] - 12/11/2024)

The regulation regarding residents' access to their personal belongings is essential for their comfort and autonomy. The violation occurred because Resident [redacted] did not have access to the closet space in the bedroom due to Resident [redacted] padlocking the shared closet, restricting access to only Resident [redacted]

In response to this violation, a wardrobe space has been added to the bedroom to ensure that Resident [redacted] has adequate storage for their personal items. This action was completed on [redacted]

To further promote compliance and staff awareness regarding residents' rights and access to their belongings, a list of necessary items and compliance issues has been placed on the inside of each bedroom door. This list will serve as a reference for staff to ensure that all residents have appropriate access to their personal items.

To monitor ongoing compliance, the following steps will be implemented:

- 1. Weekly spot checks will be conducted by the administrator starting on 11/10/2024 to ensure that all residents have access to their personal belongings and that no padlocks are restricting access to shared spaces.
- 2. A monthly review of resident access issues will be documented by the staff supervisor and reported to the administrator, beginning on 12/13/2024.
- 3. Staff training sessions will be held quarterly to reinforce the importance of residents' rights to access their belongings, with the first session scheduled for 12/13/2024.

The staff supervisor will be responsible for conducting the spot checks, while the administrator will oversee the monthly reviews and staff training sessions. These measures are designed to ensure ongoing compliance and to uphold the residents' rights to access their personal items.

Licensee's Proposed Overall Completion Date: 12/13/2024

Implemented [redacted] - 02/03/2025)

101j7 - Lighting/Operable Lamp

11. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

The resident in room [redacted] with the bed closest to the door does not have access to a source of light that can be turned on/off at bedside.

The resident in room [redacted] does not have access to a source of light that can be turned on/off at bedside because the light was not operable.

101j7 - Lighting/Operable Lamp (continued)

The residents in room [REDACTED] do not have access to a source of light that can be turned on/off at their bedsides because the shared light was at least 3 feet from either bed.

The residents in room [REDACTED] do not have access to a source of light that can be turned on/off at their bedside because neither bed side lamp in the room was operable.

Repeat violation: [REDACTED] et al

Plan of Correction

Accept [REDACTED] - 12/11/2024)

The regulation regarding adequate lighting in resident bedrooms is essential for ensuring safety and comfort. The violation occurred because the lighting was not positioned correctly, impacting the residents' ability to see and navigate their space effectively.

In response to this violation, the lighting has been returned to its original position for compliance as of November 7, 2024. Additionally, extra lamps and nightstands have been ordered to enhance the living conditions for residents, with all work expected to be completed by December 9, 2024.

To assist staff in maintaining compliance, a list of necessary items has been placed on the interior of each bedroom door as of November 8, 2024. This list will serve as a guide for staff to ensure that all necessary items are available and properly maintained.

The administrator will monitor compliance on a daily basis for one month, starting from November 9, 2024, to promote better maintenance practices and ensure that all lighting and furnishings meet the required standards. Furthermore, the administrator is interviewing additional housekeeping and maintenance staff, with the hiring process expected to be completed by January 15th, 2025.

These actions are being implemented to rectify the violation and to ensure a safe and comfortable living environment for all residents.

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

Implemented [REDACTED] - 02/03/2025)

101o - Walls, Floors, Ceilings

12. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

The walls on both sides of the room in bedroom [REDACTED] had small splatters of blood or food on them.

The wall in bedroom [REDACTED] had a large hole behind the door.

Repeat violation: [REDACTED] et al, [REDACTED]

101o - Walls, Floors, Ceilings (continued)

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

The regulation regarding maintaining clean and safe living environments is critical for the health and well-being of our residents. The violation occurred due to the presence of small splatters of blood or food on the walls in bedroom C6 and a large hole behind the door in bedroom █. In response to this violation, all splatters were cleaned immediately on November 7, 2024. Housekeeping staff have been reminded of their responsibility to provide safe and clean living spaces for our clients.

Repairs for the hole in bedroom █ have been scheduled for December 9, 2024.

To enhance our maintenance capabilities, the administrator and consultant are interviewing additional housekeeping and maintenance staff who can handle small repairs and report any larger repair needs to administration. The hiring process for these additional staff members will begin on November 15, 2024 to be completed by January 15, 2025.

To ensure ongoing compliance, the administrator will monitor the cleanliness and maintenance of the living spaces on a daily basis for one month, starting from November 9, 2024. This monitoring will promote better housekeeping and maintenance practices throughout the facility. These actions are being implemented to rectify the violations and to ensure a safe and clean environment for all residents.

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

Implemented (█ - 02/03/2025)

101q - Storage Space

13. Requirements

2600.

101.q. Space for storage of personal property shall be provided in a dry, protected area.

Description of Violation

There is a basement storage area next to the downstairs dining area that is filled with clothing and other belongings. On █ at 11:25 AM this area smelled damp and mildewy.

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

The regulation regarding maintaining clean and safe storage areas is essential for the health and well-being of our residents. The violation occurred due to the presence of dampness and a mildewy smell in the basement storage area next to the downstairs dining area, observed on 11/6/2024 at 11:25 AM.

In response to this violation, immediate action was taken on 11/7/2024 by removing all old unused clothes from the area. By December 9th, the home will place a dehumidifier in the storage room to address the dampness and improve air quality. Additionally, a lock will be installed by the same date to ensure secure storage.

The housekeeping staff has been reminded of their responsibility to provide safe, clean living spaces and dry, protected storage areas for our clients.

To support these efforts, the administrator is interviewing additional housekeeping and maintenance staff, with the hiring process expected to begin on November 15, 2024.

The administrator will monitor the storage area for one month, starting from November 9, 2024, to ensure compliance and promote better housekeeping and maintenance practices.

These actions are being implemented to rectify the violation and to ensure a safe and clean environment for all residents.

101q - Storage Space (continued)

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

Implemented () - 02/03/2025)

103i - Outdated Food

14. Requirements

2600.

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

Description of Violation

There was an uncovered half of an onion in the main kitchen refrigerator that was sprouting from the center.

Plan of Correction

Accept () - 12/04/2024)

The kitchen staff has removed all food that may be potentially spoiled and cans that are dented. The kitchen staff will monitor food on a daily basis going forward to avoid future compliance issues and to maintain a safe and healthy living space for residents. This process will start December 3rd, 2024 and will continue for 1 month unless and extension is found to be necessary.

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

Implemented () - 02/03/2025)

125a - Combustible Storage

15. Requirements

2600.

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

Description of Violation

On (), there was an unlocked oxygen tank in room (). The door to room () was open and accessible to any resident. Agents of the Department observed evidence of smoking throughout the home in the form of holes burned in bed linens and discarded cigarette butts.

Repeat violation: () et al

Plan of Correction

Accept () - 12/11/2024)

This regulation is important because it ensures the safety and well-being of residents by preventing access to potentially hazardous items such as oxygen tanks and by addressing the dangers associated with smoking within the facility. The regulation was violated due to the presence of an unlocked oxygen tank in room () and the evidence of smoking in the home.

In response to this violation, the following actions will be taken:

The resident will receive additional monitoring for smoking, effective immediately on November 8, 2024. A lock has been installed on room () to prevent unauthorized access to the oxygen tank, and the resident's RASP was updated on November 8, 2024 to reflect the need for this additional monitoring.

The administrator will conduct a compliance review on a weekly basis, starting December 3, 2024. This review process will continue for one month, concluding on January 3, 2025, unless an extension is deemed necessary based on the resident's behavior and compliance with the established protocols.

All staff members are responsible for adhering to these measures to ensure the safety of all residents.

125a - Combustible Storage (continued)

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

Implemented () - 02/03/2025)

131f - Fire Extinguisher Inspection

16. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in downstairs kitchen does not have a tag showing it has been inspected by a fire safety expert.

Repeat violation: ()

Plan of Correction

Accept () - 12/11/2024)

The regulation regarding the inspection and tagging of fire extinguishers is essential for ensuring the safety of all residents and staff. The violation occurred when it was noted that the fire extinguisher in the downstairs kitchen did not have a tag indicating it had been inspected by a fire safety expert.

In response to this violation, the tag for the extinguisher was immediately replaced on November 8, 2024.

Additionally, Emergency Response, the company responsible for our fire safety equipment, has been notified to ensure that tags are placed more securely in the future. They are scheduled to reinspect all fire safety equipment by January 15, 2025.

To maintain ongoing compliance, the home's administrator will monitor the status of fire safety equipment on a monthly basis, starting December 3, 2024. Furthermore, the administrator is interviewing additional housekeeping and maintenance staff, who will assist with these types of safety issues.

These actions are being implemented to rectify the violation and to ensure a safe environment for all residents.

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

Implemented () - 02/03/2025)

144d - Smoking Outside

17. Requirements

2600.

144.d. Smoking outside of the smoking room is prohibited.

Description of Violation

On () multiple cigarette burns were observed on the floor of the bedroom belonging to resident (). There were burn holes observed in the bed sheet in room (). There were also cigarette butts and a lighter in the grass in front of the home which is not the home's designated smoking area. The home's designated smoking area is in the courtyard in the back of the building.

Repeat violation: ()

Plan of Correction

Accept () - 12/11/2024)

The regulation regarding smoking and the maintenance of a safe living environment is critical for the health and

144d - Smoking Outside (continued)

safety of all residents. The violation occurred on [REDACTED] 4 when multiple cigarette burns were observed on the floor of the bedroom belonging to Resident [REDACTED], along with burn holes in the bed sheet in room [REDACTED]. Additionally, cigarette butts and a lighter were found in the grass in front of the home, which is not the designated smoking area. In response to this violation, immediate action was taken on [REDACTED]. The bed sheets in room [REDACTED] were replaced, and the cigarette butts and lighter were cleaned up from the grass area.

To promote compliance and safety, a staff memo will be sent on December 3, 2024, to remind staff of the smoking policies and designated areas. Room [REDACTED] and Resident [REDACTED] roommate will be monitored hourly for one month, starting December 3, 2024, to assess behaviors and determine long-term solutions. The administrator will conduct weekly reviews during this monitoring period to ensure compliance.

Additionally, Resident [REDACTED] roommate's Risk Assessment and Support Plan (RASP) was updated on November 7, 2024 to reflect the need for this behavior monitoring. At the end of the one-month monitoring period, a determination will be made regarding whether Resident [REDACTED] roommate can remain in the home.

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

Implemented ([REDACTED] - 02/03/2025)

185a - Implement Storage Procedures

18. 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] is prescribed [REDACTED] as needed. On [REDACTED] this medication was not available in the home.

Resident [REDACTED] is prescribed [REDACTED] as needed. On [REDACTED] this medication was not available in the home.

Resident [REDACTED] is prescribed [REDACTED] tablet. On [REDACTED] at 3:37 PM this medication was administered as per the medication administration record but was not signed out on the controlled substance log.

Plan of Correction

Accept ([REDACTED] - 12/04/2024)

Staff had ordered the medication, but had not yet received them. Staff has been instructed to re-order these particular medications earlier in the process of delivery. The pharmacy has been contacted and notified of our need for prompt delivery for compliance.

Resident [REDACTED] [REDACTED] was signed in the narcotics, but not the medication administration record as were the other medications in violation number [REDACTED]. Please see violation [REDACTED] for corrective measures. Staff training will take place on December 13th, 2024.

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

Implemented ([REDACTED] - 03/03/2025)

187b - Date/Time of Medication Admin.

19. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] tablet. Resident [REDACTED]'s [REDACTED] medication administration record does not include the initials of the staff person who administered [REDACTED] on [REDACTED] at 8 PM, [REDACTED] at 9 PM, [REDACTED] at PM. [REDACTED] at 8 PM, [REDACTED] at 8 AM, [REDACTED] at 5 PM and [REDACTED] at 5 PM.

Plan of Correction

Accept ([REDACTED] - 12/04/2024)

Resident was originally on PRN narcotics only. [REDACTED] PCP then prescribed it for regularly scheduled meds. This led to confusion amongst the staff and to the deliveries being signed off in the narcotics log. The administrator and staff have discussed this situation to avoid further errors. Staff has been instructed to sign the medication administration and the narcotics log for these medications.

Staff training will take place December 13th, 2024 and the medication supervisor will monitor daily for compliance starting December 3rd, 2024. This will last one month unless an extension is found to be necessary.

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

Implemented ([REDACTED] - 03/03/2025)

201 - Positive Interventions

20. Requirements

2600.

201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Resident [REDACTED] has continuously bullied resident [REDACTED]. Resident [REDACTED] has a documented history of aggression towards residents that do not want to socialize with them and has become increasing vulgar and mean to other residents. Resident [REDACTED] states resident [REDACTED] pounds on resident [REDACTED]'s bedroom door in the morning. The home has not implemented positive interventions to modify or eliminate the behavior.

Plan of Correction

Accept ([REDACTED] - 12/11/2024)

The regulation regarding the safety and well-being of residents is critical in maintaining a positive living environment. The violation was reported due to ongoing bullying behavior exhibited by Resident [REDACTED] towards Resident [REDACTED] along with a documented history of aggression.

In response to this violation, immediate action was taken by implementing one-on-one hourly check-ins for Resident [REDACTED] starting on November 8, 2024. This approach was chosen because the resident's insurance would not cover the cost of bringing in a dedicated staff member, and the facility cannot financially support a full-time staff person for Resident [REDACTED]. The hourly checks will continue for two months to promote better behavior and ensure a safe living space for all residents. During these hourly checks, staff members are responsible for monitoring Resident [REDACTED]'s behavior, providing support, and documenting any incidents or interactions. Staff will also be educated on how to effectively engage with Resident [REDACTED] to encourage positive social interactions and discourage aggressive behavior. A staff training session will be held on December 13, 2024, to provide guidance on these strategies and reinforce the

201 - Positive Interventions (continued)

importance of maintaining a safe environment. Additionally, the primary care physician has been scheduled to see Resident [REDACTED] on December 13, 2024, at which time a referral for a psychiatric evaluation will be made. The effectiveness of the hourly checks will be assessed, and thus far, they have been successful, as Resident [REDACTED] has not been disruptive during this period. To ensure ongoing compliance and monitor the situation, the administrator will conduct weekly reviews of Resident [REDACTED]'s behavior and the effectiveness of the hourly checks, starting December 3, 2024. These reviews will continue for the duration of the two-month monitoring period. At the end of this period, the administrator will determine whether Resident [REDACTED] can remain in the facility based on the observed behavior and the outcomes of the psychiatric evaluation. These actions are being implemented to address the violation and to foster a safe and supportive environment for all residents.

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

Implemented ([REDACTED] - 03/03/2025)

224a - Preadmission Screen Form

21. 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 [REDACTED] preadmission screening form, dated [REDACTED], does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept ([REDACTED] - 12/11/2024)

The regulation regarding the completion of preadmission screening forms is essential to ensure that the needs of residents can be met by the services provided by the home. The violation occurred because Resident [REDACTED] preadmission screening form, dated [REDACTED], did not include a determination that the resident's needs could be met.

In response to this violation, the oversight has been corrected in Resident [REDACTED] record as of November 8, 2024. The administrator has reviewed the regulatory compliance needs of the record with the staff to ensure understanding and adherence to requirements.

To further address this issue, staff training will take place on December 13, 2024, to emphasize the importance of accurately completing preadmission screening forms and maintaining compliance with regulatory standards.

Additionally, the administrator and consultant will monitor the records on a weekly basis for two months, starting December 3, 2024, to ensure ongoing compliance and to promote better record-keeping habits among staff.

These actions are being implemented to rectify the violation and to ensure that all residents' needs are appropriately assessed and documented.

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

Implemented ([REDACTED] - 02/03/2025)

225c - Additional Assessment

22. Requirements

2600.

225c Additional Assessment (continued)

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

The assessment and support plan for resident [REDACTED] dated 6/13/2024, does not indicate the resident has a need for dental care or document how this need will be met. Resident [REDACTED]'s front tooth was black with decay and when interviewed they expressed a need to have it pulled. Staff person D stated that resident's teeth have been in the same condition since [REDACTED] arrived.

Plan of Correction

Accept [REDACTED] - 12/11/2024)

The regulation regarding the assessment and support plans for residents is crucial to ensure that all health needs are identified and addressed appropriately. A violation occurred because the assessment and support plan for Resident [REDACTED] dated [REDACTED], did not indicate a need for dental care, despite the resident expressing a desire to have a decayed tooth pulled. In response to this violation, immediate action was taken on November 8, 2024, to update Resident [REDACTED]'s assessment and support plan to reflect the need for dental care.

The administrator will review and reconcile the needs of all residents with their records over the next two months, starting December 3, 2024. A mobile dental and additional medical services team has been contacted to schedule on site delivery of services for residents in need of dental care. The administrator will monitor the implementation of these services and the overall health needs of residents for two weeks, beginning December 3, 2024.

To ensure ongoing compliance, the administrator will conduct weekly audits of the assessment and support plans for all residents throughout the two month review period, verifying that all health needs, including dental care, are documented and addressed appropriately. The administrator will be responsible for these audits and will report findings to the management team. Additionally, quarterly reviews will be implemented to ensure sustained compliance and to address any emerging health needs of residents. These actions are being taken to rectify the violation and to ensure that all residents receive the necessary care and support for their health needs.

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

Implemented [REDACTED] - 02/03/2025)

252 - Record Content

23. Requirements

2600.

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

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.

252 Record Content (continued)

- 10. A record of incident reports for the individual resident.
- 11. A list of allergies.
- 12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
- 13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
- 14. A support plan.
- 15. Applicable court order, if any.
- 16. The resident’s medical insurance information.
- 17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
- 18. An inventory of the resident’s personal property as voluntarily declared by the resident upon admission and voluntarily updated.
- 19. An inventory of the resident’s property entrusted to the administrator for safekeeping.
- 20. The financial records of residents receiving assistance with financial management.
- 21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
- 22. Copies of transfer and discharge summaries from hospitals, if available.
- 23. If the resident dies in the home, a copy of the official death certificate.
- 24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
- 25. A copy of the resident-home contract.
- 26. A termination notice, if any.

Description of Violation

Resident [REDACTED] record does not include a photograph of the resident that is no more than 2 years old.

Repeat violation: [REDACTED] Et al, [REDACTED] et al

Plan of Correction

Accept ([REDACTED] - 12/11/2024)

This regulation is important because it ensures that all residents' records are complete and up to date, including having a current photograph. The regulation was violated because Resident [REDACTED] record did not include a photograph of the resident that is no more than 2 years old. The administrator has reviewed the records and updated them as needed as of November 8, 2024.

To ensure ongoing compliance, the administrator will conduct monthly reviews of the records starting December 3, 2024, to verify that all residents have current photographs in their files. Staff has been advised of the regulatory compliance needs regarding photographs and record keeping. A staff training session will take place on December 13, 2024, to emphasize the importance of maintaining accurate and complete records, including the requirement for current photographs.

All staff members will be able to assist in ensuring that residents' records are kept up to date and compliant with regulations. The administrator will monitor compliance and address any issues that arise during the monthly reviews and going forward.

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

Implemented ([REDACTED] - 02/03/2025)