

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

March 6, 2025

[REDACTED], EXECUTIVE VICE PRESIDENT
914 W MARKET STREET OPERATING COMPANY LLC
[REDACTED]

RE: AUTUMN HOUSE OF YORK
914 WEST MARKET STREET
YORK, PA, 17401
LICENSE/COC#: 33822

Dear [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: *AUTUMN HOUSE OF YORK* License #: *33822* License Expiration: *06/26/2025*
 Address: *914 WEST MARKET STREET, YORK, PA 17401*
 County: *YORK* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *914 W MARKET STREET OPERATING COMPANY LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/27/2000* Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *127* Waking Staff: *95*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: *0*
 Reason: *Renewal, Complaint, Incident* 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: *132* Residents Served: *95*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Laurel Court* Capacity: *20* Residents Served: *14*

Hospice
 Current Residents: *17*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *94*
 Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *32* Have Physical Disability: *3*

Inspections / Reviews

11/06/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/01/2024*

12/04/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *01/06/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/11/2024*

Inspections / Reviews *(continued)*

12/12/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/06/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 01/06/2025

03/06/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/06/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42b - Abuse

1. 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 [REDACTED] yelling was heard from the shared bedroom of Resident 4 and Resident 7. Upon entry into the room, Staff Member C witnessed a physical altercation between the two residents. Resident 4 sustained scratches on both arms as a result of the altercation. Resident 7 sustained scratches, bruising, and skin tears on both arms as a result of the altercation.

On [REDACTED], at approximately [REDACTED], Resident 6 was heard yelling at Staff Member A in the dining room. Resident 6 was observed by Staff Member B exiting the dining room holding [REDACTED] right arm. Resident 6 sustained an approximate 4-inch skin tear on [REDACTED] right hand and stated to Staff Member B "that [REDACTED] hurt me". Resident 6 and Staff Member A were the only individuals in the dining room. Staff Member A was terminated as a result of the incident.

On [REDACTED], at approximately [REDACTED], Resident 3 poured hot coffee over Resident 1's shoulder in the dining room which caused Resident 1 to cry out for help. Resident 1 was assessed by staff and first aid/burn gel was administered on [REDACTED] left shoulder and back.

On [REDACTED], at approximately [REDACTED], an altercation occurred between Resident 5 and Resident 8 in Resident 5's bedroom. Staff Member C heard Resident 8 yell "Help!". Staff Member C witnessed Resident 5 attempting to kick Resident 8 out of [REDACTED] room. Resident 8 sustained a cut above [REDACTED] left eyebrow as a result of the altercation.

Repeated Violation - 7/22/24, et al and 2/27/24, et al

Plan of Correction

Accept [REDACTED] - 12/12/2024)

On 12/11/2024 a training will be held by the Administrator regarding regulation 2600.42.b and the correlation to the specific violation. The training will review positive interactions with residents, antecedent interventions as well as resident rights. Medication Technicians are required to document all behaviors into PCC, however, this will be touched upon during the training.

As for the altercation regarding resident 4 and 7, resident 4 was moved out of the shared room on [REDACTED] and into another away from resident 7. No current concerns reported.

The altercation with resident 6, the staff was immediately suspended upon further investigation on [REDACTED]. Once the investigation was completed the staff in question was terminated on [REDACTED] due to the incident.

The altercation between resident 3 and 1 seemed to be the only altercation either resident has had at this facility. Resident 3 was temporarily moved to another table on [REDACTED] not close to resident 1. Currently, both residents are sitting adjacent to each other with no current concerns.

The altercation involving resident 5 is currently on 15 min checks and will remain indefinitely. Resident 8 was

42b - Abuse (continued)

discharged from the facility on [REDACTED]

If any residents attempts to or does enter another residents room, staff will immediately redirect said resident out of the room to prevent any type of altercation. This commenced on 11/15/2024. If a resident is consistently entering another resident room this will be documented by the Medication Technician into PCC where the DOW and RCC will review for reassessment regarding wandering.

Medication Technicians will document all behaviors into PCC as they occur. DOW and RCC will review behaviors when they have been reported by the Med-Techs. This reporting procedure to DOW and RCC is via text message. DOW and the RCC will conduct monthly reassessments of the residents involved in the above altercations in the hopes to identify additional resident services and ensuring the RASP's are updated to reflect the resident's current behaviors. This will commence on 12/23/2024.

If an incident occurs prior to the monthly review, that particular incident will be addressed and reassessed asap. Administrator will meet monthly with DOW to review all behaviors and discuss next steps if applicable. The meetings will start on 12/30/2024 and occur monthly thereafter.

Administrator will be responsible for ongoing compliance.

This will be discussed at our next Quality Assurance meeting on 12/27/2024.

Proposed Overall Completion Date: 12/06/2024

Proposed Overall Completion Date: 01/03/2025

Licensee's Proposed Overall Completion Date: 01/06/2025

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

63a - First Aid/CPR Training**2. Requirements**

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 11/1/24, from 11:00pm to 7:00am, 92 residents were present in the home. During this time, only 1 staff person was present in the home who was certified in First Aid and CPR.

Repeated Violation - 2/27/24, et al

Plan of Correction

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

On 11/18/2024, DOW did make changes to the upcoming nursing schedule to reflect at least two staff on shift will have a current CPR certification.

On 11/18/2024, Administrator held a training for DOW and scheduler regarding regulation 2600.63.a and the correlation to the specific violation.

on 11/18/2024 DOW performed an audit on all nursing staff checking their CPR status.

Autumn House West will be offering a CPR/First Aid training class on 12/4/2024 for all staff who are not current

63a - First Aid/CPR Training (continued)

with their certification.

Beginning 12/9/2024 DOW or designee will audit all upcoming schedules to ensure the minimum of two staff per 100 residents are CPR certified on all shifts throughout that particular schedule. These audits will be documented including the number of residents in house as well as the names and certifications of the staff on all three shifts.

The audits will be weekly for four weeks and biweekly for four weeks.

DOW or designee will be responsible for ongoing compliance.

This will be discussed at our next Quality Assurance meeting on 12/27/2024.

Proposed Overall Completion Date: 12/04/2024

Proposed Overall Completion Date: 01/03/2025

Licensee's Proposed Overall Completion Date: 01/06/2025

Implemented (█) - 03/03/2025

86b - Bathroom**3. Requirements**

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

On 11/6/24, there was a thick layer of dust and debris on the exhaust fans in the common bathrooms of the B200 and B300 hallways of the home, which prevents adequate airflow.

Repeated Violation - 2/27/24, et al

Plan of Correction

Accept (█) - 12/12/2024

On 11/6/2024 Maintenance Manager cleaned all B Hall 200-300 ceiling bathroom ventilation fans. The fans are now clear of debris and proper air flow has been restored.

On 11/11/2024 Administrator held a training for the Maintenance Department regarding the regulation 2600.86.b and the correlation to the specific violation.

Starting the week of 12/2/2024, the Maintenance Department will inspect all B-Hall bathroom vents to ensure they are clear of debris and in good working order. The inspections will start weekly for a month, bi-weekly for a month, and then monthly thereafter. These inspections will be documented by the Maintenance Department and audited by the Administrator starting on 12/9/2024.

The Maintenance Manager will be responsible for ongoing compliance.

This plan of correction will be discussed at our next Quality Assurance meeting 12/27/2024.

Proposed Overall Completion Date: 12/04/2024

Proposed Overall Completion Date: 01/03/2025

Licensee's Proposed Overall Completion Date: 01/06/2025

Implemented (█) - 03/03/2025

103f - Refrigerator/Freezer Temps

4. Requirements

2600.

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

Description of Violation

On 11/6/24, at 10:45am, the temperature in the walk-in freezer was 20 degrees Fahrenheit, and on 11/7/24, at 9:51am, it was 15 degrees Fahrenheit.

Plan of Correction

Accept (█ - 12/12/2024)

On 11/6/2024 the Maintenance Manager attempted to repair the thermometer in question, however, needed to call an HVAC technician in to resolve the issue.

On 11/12/2024 an HVAC technician repaired the thermostat on the freezer bringing the current temperature back to 0 degrees. This was checked by staff on 11/13/and 11/14/2024 to ensure the freezer is holding temp.

On 11/11/2024 Administrator held a training with the Dietary Manager and the cooks regarding the regulation 2600.103.f and the correlation to the specific violation.

On 11/18/2024 a temperature document was placed on the freezer where the temperature will be documented daily to ensure compliance. Dietary Manager or the cooks will be documenting daily temperatures.

The Dietary Manager will ensure ongoing compliance.

This will be discussed at our next Quality Assurance meeting on 12/27/2024.

Proposed Overall Completion Date: 12/04/2024

Proposed Overall Completion Date: 01/03/2025

Proposed Overall Completion Date: 01/06/2025

Licensee's Proposed Overall Completion Date: 01/06/2025

Implemented (█ - 03/03/2025)

125a - Combustible Storage

5. Requirements

2600.

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

Description of Violation

On 11/6/24, at approximately 11:15am, there were 2 large cardboard boxes containing air filters stored near the gas-powered hot water heater.

Plan of Correction

Accept (█ - 12/12/2024)

On 11/6/2024 the boxes of air filters were removed from the area of the hot water heater by the Maintenance Manager.

On 11/12/2024 Administrator held a training for the Maintenance Department regarding the regulation 2600.125.a and the correlation to the specific violation.

Starting the week of 12/2/2024 the Maintenance team will inspect the boiler room adjacent to the Maintenance Office to ensure the area around hot water heater and boiler is clear of any type of debris.

The inspections will be weekly for a month, bi-weekly for a month, and once a month thereafter. Administrator will audit all weekly documentation to ensure completion.

The Maintenance Manager will be responsible for ongoing compliance.

This will be discussed at our next Quality Assurance meeting on 12/27/2024.

125a - Combustible Storage (continued)*Proposed Overall Completion Date: 12/04/2024**Proposed Overall Completion Date: 01/03/2025***Licensee's Proposed Overall Completion Date: 01/06/2025****Implemented (█ - 03/03/2025)****171c - Home's Vehicle Documents****6. Requirements**

2600.

171.c. The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:

1. Vehicle registration.
3. Vehicle insurance.

Description of Violation*The home does not have a copy of vehicle registration and vehicle insurance for its Ford bus used to transport residents.***Plan of Correction****Accept (█ - 12/12/2024)***On 11/8/2024, Administrator located the insurance information for the bus and placed the card inside the bus.**The registration will be forwarded to the community by 12/2/2024. Corporate is changing leasing companies which is why the registration was not readily available.**Currently, the van will not be utilized until the registration arrives on or near 12/2/2024.**On 11/12/2024, Administrator held a training for Maintenance and Activities personnel regarding regulation 2600.171.c and the correlation to the specific violation.**Starting 12/9/2024 the Maintenance Manager will ensure the insurance and registration are in the van as well as all other company vehicles on a weekly basis for the first month. Then bi-weekly for a month, and monthly thereafter.**The Maintenance Manager will be responsible for ongoing compliance.**This will be discussed at our next Quality Assurance meeting on 12/27/2024.**Proposed Overall Completion Date: 12/04/2024***Licensee's Proposed Overall Completion Date: 01/06/2025****Implemented (█ - 03/03/2025)****182b - Prescription Medication****7. Requirements**

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation*On 10/3/24, 10/10/24 and 10/17/24 at 9:00am, staff administered Ozempic 2mg/3ml to Resident 3. However, staff have not completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of GLP type insulin injections.*

182b - Prescription Medication (continued)

Plan of Correction

Accept (█) - 12/12/2024)

On 11/22/2024 resident 3 received a physician's order to administer the Ozempic as needed. Medication Technicians will store the medication, however, when the resident needs to dispense, the Medication technician will bring the medication to the resident for self administration. These will be recorded in the resident's MAR. The Medication Technician will observe the resident administer the medication and record the observation in the MAR. This commenced on 11/28/2024.

The RASP was updated with an addendum on 11/22/2024 to reflect the resident is able to self administer Ozempic. A training will be held on 12/4/2024 by DOW for all Medication Technicians regarding regulation 2600.182.b and the correlation to the specific violation.

In the near future Autumn House West will attempt to obtain a waiver so Medication Technicians will be able to administer the GLP-1 medications.

DOW or designee will continue to monitor the self administration on a weekly basis.

DOW will be responsible for ongoing compliance.

This will be discussed at our next Quality Assurance meeting on 12/27/2024.

Proposed Overall Completion Date: 12/11/2024

Proposed Overall Completion Date: 01/03/2025

Licensee's Proposed Overall Completion Date: 01/06/2025

Implemented (█) - 03/03/2025)

183d - Prescription Current

8. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 11/7/24, 2 Epinephrine 0.3mg auto-injection pens prescribed for Resident 1 were located in the home's 3000 hallway medication cart. However, this medication expired on 9/2024.

Plan of Correction

Accept (█) - 12/12/2024)

On 11/8/2024 RCC discarded the Epinephrine and checked the cart for any other expired medications.

A training will be held on 12/4/2024 by DOW for all Medication Technicians regarding regulation 2600.183.d and the correlation to the specific violation.

Commencing 12/19/2024 monthly cart audits will be performed by DOW and RCC to ensure only current medications will stored in the cart. All dates will be checked to ensure ongoing compliance. If an outdated medication is located it will be discarded immediately and properly. These audits will continue indefinitely. DOW will audit the med cart documents monthly commencing on 12/26/2024 to ensure checks are being completed.

DOW or designee will be responsible for ongoing compliance.

This will be discussed at our next Quality Assurance meeting on 12/27/2024.

Proposed Overall Completion Date: 12/04/2024

Proposed Overall Completion Date: 01/03/2025

183d - Prescription Current (continued)

Licensee's Proposed Overall Completion Date: 01/06/2025

Implemented () - 03/03/2025

183e - Storing Medications

9. Requirements

2600.

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

Description of Violation

On 11/7/24, a Basaglar 100-unit insulin pen prescribed for Resident 3 was found opened and not dated.

Repeated Violation - 2/27/24, et al

Plan of Correction

Accept () - 12/12/2024

On 11/8/2024 the RCC discarded the opened and undated medication.

On 12/4/2024 the DOW will be holding a training with the Medication Technicians regarding regulation 2600. 183.e and the correlation to the specific violation.

Date stickers have been purchased and will be placed in all medication carts by 12/9/2024 for all Medication Technicians to label with a date all resident medications once they are opened.

The MAR will reflect a daily check of all medication contained within a cart to be audited daily ensuring all opened medication has been dated. Checks will commence on 12/9/2024. These checks will be daily for four weeks, bi-weekly for four weeks and monthly thereafter.

These checks will be audited by the DOW or designee on a weekly basis commencing on 12/13/2024.

DOW or designee will be responsible for ongoing compliance.

This will be discussed at our next Quality Assurance meeting on 12/27/2024.

Proposed Overall Completion Date: 12/04/2024

Proposed Overall Completion Date: 01/03/2025

Licensee's Proposed Overall Completion Date: 01/06/2025

Implemented () - 03/03/2025

184a - Resident's Meds Labeled

10. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

On 11/7/24, a Breo Ellipta inhaler and an Albuterol inhaler were in the 3000-hallway medication cart. Neither

184a - Resident's Meds Labeled (continued)

medication had a pharmacy label.

Repeated Violation - 2/27/24, et al

Plan of Correction

Accepted (█) - 12/12/2024)

The medication in question was discarded on 11/8/2024 by RCC. The new medication was ordered on 11/8/2024 to replace the un-labeled medication.

On 12/4/2024 DOW held a training with all Medication Technicians regarding regulation 2600.184.a and the correlation to the specific violation.

All medication carts were audited for unlabeled medications by DOW and RCC.

Commencing on 12/9/2024 all Medication Technicians will conduct a daily audit of their carts to include any unlabeled medications. If they find a medication which is not labeled, they will immediately label said medication and continue with the audit. The audits will be daily for a period of four weeks, then weekly for four more weeks then monthly checks thereafter.

DOW or designee will audit these checks on a weekly basis commencing on 12/13/2024.

This will be discussed at our next Quality Assurance meeting 12/27/2024.

Proposed Overall Completion Date: 12/04/2024

Proposed Overall Completion Date: 01/06/2025

Licensee's Proposed Overall Completion Date: 01/06/2025

Implemented (█) - 03/03/2025)

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

2600.

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

Description of Violation

On 11/7/24, a bottle of Tylenol 500mg and a bottle of Bayer low dose aspirin were in the 3000-hallway medication cart and were not labeled with a resident's name.

Plan of Correction

Directed (█) - 12/12/2024)

The medication in question was labeled with the appropriate residents name by RCC on 11/8/2024.

A training will be held by DOW on 12/4/2024 for all Medication Technicians regarding regulation 2600.184.b in correlation to the specific violation.

Starting 12/9/2024 daily checks will be completed and documented in the MAR of all medications in the carts to ensure all OTC medication is properly labeled with the residents name. The daily checks will be for four weeks, then weekly checks for four weeks and monthly checks thereafter. Medication Technicians will conduct the daily checks.

DOW or designee will audit checks on a weekly basis to ensure accuracy commencing on 12/13/2024.

DOW or designee will be responsible for ongoing compliance.

This will be discussed at our next Quality Assurance meeting on 12/27/2024.

Proposed Overall Completion Date: 12/04/2024

Directed Completion Date: 01/06/2025

184b - Labeling OTC/CAM (continued)

Implemented (█) - 03/03/2025)

185a - Implement Storage Procedures

12. Requirements

2600.

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

Description of Violation

On 11/7/24, the following discrepancies between the blood glucose readings on Resident 3's Libre reader and the blood glucose reading documented on Resident 3's medication administration record (MAR):

- On 10/22/24, at 8:00am, 12:00pm and 5:00pm, "NA" was documented for the blood glucose reading. However, insulin was administered at each of these times. The resident receives insulin based off of a sliding scale order.
- On 10/25/24, at 8:00am, the documented blood glucose reading on the resident's MAR was 253. However not found in resident's Libre reader.
- On 10/26/24, at 8:00am, the documented blood glucose reading on the resident's MAR was 588. However not found in resident's Libre reader.

Resident 4 is prescribed Melatonin 2mg and Prochlorperazine 10 mg as needed. On 11/7/24, these medications were not available in the home.

Resident 6 is prescribed Prochlorperazine 10 mg, Quetiapine 25mg, Hyoscyamine 0.125mg and Acetaminophen 325mg as needed. On 11/7/24, these medications were not available in the home.

Repeated Violation - 2/27/24, et al

Plan of Correction

Directed (█) - 12/12/2024)

Resident 3's blood glucose meter was located in the 2000 hall medication cart. This meter was not read by inspectors (as it was not located) which did have the actual reading which were recorded in the resident's MAR.

The meter in the medication cart is a back-up for when resident #3's Libre meter is not working or the sensor has been pulled off. Resident # 3 will pull the meter off from time to time and it damages the sensor. If this occurs, the Medication Technician will utilize the meter in the Med cart to record the glucose level.

An education will be held by DOW for Medication Technicians on 12/4/2024 regarding regulation 2600.185.a and the correlation to the specific violation.

Resident #4 and Resident #6 medications were ordered on 11/8/2024 and are currently in house.

We will be changing pharmacies in the next two weeks to a pharmacy is close to the facility. Our current pharmacy has not been processing orders in a timely manner which is why the company is changing providers.

Moving forward, these concerns should be moot.

Monthly cart audits commencing on 12/18/2024 by DOW and RCC to ensure all resident medication is in the cart or overflow closet. If found medication is not present, DOW or RCC will immediately order the missing medication.

DOW or designee will be responsible for ongoing compliance.

This will be discussed at our next Quality Assurance meeting 12/27/2024.

185a - Implement Storage Procedures (continued)

Proposed Overall Completion Date: 12/04/2024

Directed Completion Date: 01/06/2025

Implemented (█ - 03/03/2025)

187d - Follow Prescriber's Orders**13. Requirements**

2600.

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

Description of Violation

Resident 2 is prescribed Donepezil 10mg. However, this medication was not administered to Resident 2 on 10/25-10/31/24 because the medication was not available in the home.

Resident 2 is prescribed Loratadine 10mg. However, this medication was not administered to Resident 2 on 10/29-10/31/24 because the medication was not available in the home.

Resident 2 is prescribed Memantine 10mg. However, this medication was not administered to Resident 2 on 10/23-10/25/24 because the medication was not available in the home.

Resident 3 is prescribed Donepezil 10mg. However, this medication was not administered to Resident 3 on 10/10-10/24/24 because the medication was not available in the home.

Resident 4 is prescribed Donepezil 5mg. However, this medication was not administered to Resident 4 on 10/28/24 and 10/29/24 because the medication was not available in the home.

Resident 2 is prescribed Lorazepam 0.5mg. However, this medication was not administered to Resident 2 on 10/18-10/31/24 because the medication was not available in the home.

Plan of Correction

Accept (█ - 12/12/2024)

Medications for resident 2, 3, and 4 were reordered on 11/8/2024.

Resident #2's medications were delivered on 11/8 and 11/30 2024.

Resident #3's medications were delivered on 11/5/2024.

Resident #4's medications were in house in our overflow.

On 12/4/2024 DOW will hold a training for all Medication Technicians regarding regulation 2600.187.d and the correlation to the specific violation.

Autumn House West will be changing pharmacies the week of December 9th 2024 to █ Pharmacy. This new pharmacy is much closer to our building and will always fill our residents scripts in a timely manner.

Monthly cart audits will commence on 12/19/2024 by DOW and RCC to ensure all resident medication is in the medication cart or the overflow closet. If the medication is not in stock the Medication technician will immediately

187d - Follow Prescriber's Orders (continued)

order the missing medication.

DOW or designee will be responsible for ongoing compliance.

This will be discussed at our next Quality Assurance meeting 12/27/2024.

Proposed Overall Completion Date: 12/04/2024

Licensee's Proposed Overall Completion Date: 01/06/2025

Implemented (█ - 03/03/2025)

190b - Insulin Injections**14. 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

On 10/5/24, 10/9/24 and 10/15/24, Staff Person B, who has not successfully completed a Department-approved diabetes patient education program with in the last 12 months, administered insulin to Resident 3.

Repeated Violation - 2/27/24, et al

Plan of Correction

Directed (█ - 12/12/2024)

On 11/8/2024 staff member B was not allowed to dispense any medications relating to insulin or checking blood sugars. Another Medication Technician on shift will handle the diabetic residents for that particular floor.

On 12/4/2024 a training will be held by the DOW for all Medication Technicians regarding regulation 2600.190.b and the correlation to the specific violation.

A diabetic class is scheduled for 3/25/2025 for staff b and all other Medication Technicians who need re-certification at that time. Staff b will be reinstated to pass diabetic medications and test blood sugars when they have successfully completed the course and is certified.

On 12/9/2024 and audit will commence monthly checking the diabetic certification of all Medication Technicians by DOW or Designee. This will be performed for the next six months. If a Medication Technician is out of compliance, that particular individual will immediately cease passing all diabetic medication and testing for blood sugars.

DOW and RCC will be responsible for ongoing compliance.

This will be discussed at our next Quality Assurance meeting 12/27/2024.

Proposed Overall Completion Date: 12/04/2024

Directed Completion Date: 01/06/2025

Implemented (█ - 03/03/2025)