

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

March 31, 2025

[REDACTED]
HILLSIDE REST HOME, INC.
[REDACTED]

RE: HILLSIDE PERSONAL CARE
1175 OLD WAYNESBORO PIKE
FAIRFIELD, PA, 17320
LICENSE/COC#: 34875

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/14/2025 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: *HILLSIDE PERSONAL CARE* License #: *34875* License Expiration: *04/17/2025*
 Address: *1175 OLD WAYNESBORO PIKE, FAIRFIELD, PA 17320*
 County: *ADAMS* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *HILLSIDE REST HOME, INC.*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/08/1978* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *35* Waking Staff: *26*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *01/14/2025*

Inspection Dates and Department Representative

01/14/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *48* Residents Served: *35*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *0*
 Number of Residents Who:
 Receive Supplemental Security Income: *10* Are 60 Years of Age or Older: *34*
 Diagnosed with Mental Illness: *28* Diagnosed with Intellectual Disability: *13*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

01/14/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/10/2025*

02/13/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/12/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/19/2025*

Inspections / Reviews *(continued)*

02/20/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/12/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/12/2025

03/31/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/12/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED], at 9:15AM, Resident [REDACTED] and Resident [REDACTED] medicated creams and medical orders were unlocked, unattended, and accessible sitting on a kitchen preparation surface in the kitchen. This included Resident [REDACTED] and Resident [REDACTED] with medication orders.

On [REDACTED] at 10:10AM, approximately 8 different residents' medications and medical orders could be seen through the clear, lock box, filled with residents' medications in the dining room refrigerator. An example is Resident [REDACTED] medical orders for [REDACTED] could be seen that included their prescribing physician.

On [REDACTED], at 2:40PM, the following resident specific information was unlocked, unattended, and accessible in the unlocked plastic filing compartment on the kitchen counter:

- Resident [REDACTED] post operative rotator cuff exercises.
- A list of all residents' names, nicknames, birthdays, room assignments, and dietary needs from 2022.
- The January 2025 "bathing list" and monthly schedule with resident's names, assistance needed, and shift completed on.
- A list of residents' names with their pictures.
- Resident [REDACTED] and medical orders.
- Over-the-counter medications for 5 other residents.

Plan of Correction

Accept [REDACTED] - 02/12/2025)

All medications and medical orders were locked in their proper locations on 1/14/25 by PCH staff

Building manager placed an opaque liner inside the clear container that is for the refrigerated medications on 1/14/25

All staff received training on regulation 17 on 1/14/25 thru 1/21/25 by Building Manager and Administrator

Building Manager, Medical Care Coordinator, and Administrator will monitor the facility for compliance twice a day for 3 weeks then weekly there after this will be recorded on a log sheet starting on 1/15/25 and on going

Licensee's Proposed Overall Completion Date: 02/10/2025

Implemented [REDACTED] - 03/25/2025)

20b1 - Financial Records

2. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

20b1 Financial Records (continued)

Description of Violation

The home manages the finances for Resident [redacted] and Resident [redacted]. However, Staff Member A reported to the department that they have not reconciled either resident's personal spending account ledgers or cash in home for many months, to ensure residents' funds are accurate and accounted for. On [redacted] this was evident as the cash on hand for Resident [redacted] was [redacted] when their cash ledger reports it was last balanced on [redacted] with [redacted] cash available. The cash on hand for Resident [redacted] was [redacted] when their cash ledger reports [redacted] was available as of [redacted]. Resident [redacted] received [redacted] in November 2024 and [redacted] in December 2024 into a checking account. Staff Member A, responsible for all financial management for Resident [redacted], was unable to produce the date the funds were received and deposited by the home.

Plan of Correction

Accept [redacted] - 02/20/2025)

All funds held for residents were reconciled to the ledger on 1/15/25 by Administrator. All transactions for residents will come from their individual accounts and reconciled at the time of the transaction this started on 1/15/25 by Building Manager. Resident [redacted] transactions were updated to reflect the date of the transaction on 1/16/25 by the Administrator. The Administrator will provide education to the Building Manager and Medical Care Coordinator on 20b1 by 02/20/2025. On going the Building Manager will include the dates, amounts of deposits, amounts of withdrawals and the current balance. The Administrator will weekly review the files for compliance for 2 months then monthly thereafter.

Licensee's Proposed Overall Completion Date: 02/20/2025

Implemented [redacted] - 03/25/2025)

20b5 - No Commingling

3. Requirements

- 2600. 20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply: 5. Commingling of resident funds and home funds is prohibited.

Description of Violation

On [redacted], Staff Member A reported to agents of the department, that the home's petty cash is provided to residents as spending cash, when requested by residents, instead of the resident's personal spending cash. Residents then reimburse the home for money obtained from the home's petty cash. The commingling of home and residents' funds is not monitored or reconciled regularly, and at the time of the inspection, Staff Member A did not have records of transactions between the home's petty cash and residents personal spending cash.

Plan of Correction

Accept [redacted] - 02/20/2025)

All transactions for residents will come from their individual accounts and reconciled at the time of the transaction this started on 1/15/25 by Building Manager

20b5 No Commingling (continued)

The Administrator will provide education to the Building Manager and Medical Care Coordinator on 20b5 by 02/20/2025

On going the Building Manager will include the dates, amounts of deposits, amounts of withdrawals and the current balance. The Administrator will weekly review the files for compliance for 2 months then monthly thereafter.

Licensee's Proposed Overall Completion Date: 02/20/2025

Implemented () - 03/25/2025)

20b6 - Interest Bearing Account

4. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

6. If a home is holding more than \$200 for a resident for more than 2 consecutive months, the administrator shall notify the resident and offer assistance in establishing an interest-bearing account in the resident's name at a local Federally-insured financial institution. This does not include security deposits.

Description of Violation

The home held money for Resident from February 2024 through January 2025 during which time the balance of those funds did not fall below Assistance in opening an interest bearing account was not offered.

Plan of Correction

Accept - 02/20/2025)

The Administrator offered Resident assistance with opening and interest bearing account on Resident declined. The documentation of the declined offer was added to Resident file

The Administrator audited all residents accounts that they assist with financial management by 1/31/25 and offered each the assistance with establishing an interest bearing account, the documentations were added to each resident's file.

On going the Administrator will monitor accounts monthly and will offer assistance with establishing an interest bearing account as appropriate and documentations will be recorded in the residents' records starting on 3/1/25 and on going thereafter.

Licensee's Proposed Overall Completion Date: 03/01/2025

Implemented () 03/25/2025)

20b8 - Quarterly Account

5. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

Staff Member A reports they are Resident representative payee, responsible for all money management for Resident, and have not provided Resident, or any designee, quarterly reports of financial transactions over the previous year.

20b8 - Quarterly Account (continued)

Plan of Correction

Accept [redacted] - 02/20/2025)

Resident [redacted] was given a quarterly itemized account of financial transactions by Administrator on 1/20/25. Administrator will provide the quarterly itemized account financials to the resident [redacted]'s designee by 2/20/25

Administrator will provide each resident the home provides with quarterly financial transactions by the 15th of each month following the end of the quarter. Documentation will be included in the residents file by the Administrator. This will be completed for 4th quarter of 2024 on 02/20/2025 On-going thereafter.

Licensee's Proposed Overall Completion Date: 02/20/2025

Implemented [redacted] 03/25/2025)

42f - Mail Access

6. Requirements

2600. 42.f. A resident has the right to receive and send mail.

Description of Violation

On [redacted], at approximately 9:20AM, a large bin of residents' mail was present in Staff Member A and Staff Member B's office. Staff Member B reports being responsible for sorting mail that comes to the home and providing the mail to residents timely. However, Staff Member B reported to agents of the department that they have not provided the mail in this bin to the residents in a few months. This was evidenced by pieces of unopened mail in the bin stamped on [redacted] and [redacted]

Additionally, the home is the responsible party to pay Resident [redacted] bills. The bin of mail contained an unopened letter for Resident [redacted] from Wellspan health that indicated it was due [redacted].

Plan of Correction

Accept [redacted] - 02/20/2025)

Mail was sorted and disbursed as directed by the individual support plans by 1/30/25 by the Building Manager Resident [redacted] funds was being withheld due to an audit being done by the social security disability review board. As per the board all reviews were on pause. Resident [redacted]'s funds were on hold for 19 months. It stopped Resident [redacted]'s insurance. Funds were released late in November. The insurance will possibly pay the bill listed in this violation. The Administrator will assist Resident [redacted] with bills as appropriate and approved of by Resident [redacted] by [redacted] The Administrator will provide education to the Building Manager on 42f by 02/20/2025

On-going all mail will be sorted and distributed at least twice a week or more often by Building Manager starting on 1/30/2025

The Administrator will monitor weekly compliance with 42f and will keep a log of the monitoring starting on 02/20/2025

Licensee's Proposed Overall Completion Date: 02/20/2025

Implemented [redacted] - 03/25/2025)

42s - Privacy

7. Requirements

42s - Privacy (continued)

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

At 10:21AM, the left stall in bathroom [redacted] was not equipped with a door or locking mechanism to allow for privacy while in use. Bathroom [redacted] did not have an entry door, and the door of the left stall was created by a piece of cardboard taped onto the stall, allowing for a swinging motion without the ability to latch, lock or close for privacy.

Plan of Correction

Accept ([redacted] - 02/20/2025)

The door on the left stall in bathroom [redacted] was previously wood with a metal hinge system, the door had been repeatedly taken off the hinge multiple times and repaired multiple times. The current corrugated plastic door is fashioned after doors in hospital behavioral health bathrooms with an industrial strength Velcro hinge that has remained in place for 4 months without being damaged. A latch that locks will be attached to the door by the Building Maintenance Staff by 2/15/25

The Administrator and Building Manager will provide education to all staff on 42s by 02/20/2025

On-going the Building Manager will monitor weekly all doors in bathing, dressing, changing and medical procedure areas for compliance with Regulation 42s and will direct repairs as needed promptly starting on 2/15/25

Licensee's Proposed Overall Completion Date: 02/20/2025

Implemented ([redacted] - 03/25/2025)

43a - Resident Rights Deprived

8. Requirements

2600.

43.a. A resident may not be deprived of [redacted] rights.

Description of Violation

Addendum E in the Resident-Home Contract states, "We are a caffeine free facility; we do not serve anything except decaffeinated coffee, tea and soda. Please do not bring in caffeinated products." A resident has a right to food and beverage of choice unless it is medically contraindicated and/or documented as a special diet by a physician, physician's assistant or certified registered nurse practitioner.

Plan of Correction

Accept ([redacted] - 02/20/2025)

House Rules are updated as follows:

"Caffeinated beverages will not be provided by Hillside. Caffeine will not be prohibited. Caffeine is strongly discouraged. Many residents that live at Hillside have behavioral and mental health diagnosis. Caffeine is classified as a drug. Caffeine can cause anxiety, aggression, insomnia, paranoia and can worsen high blood pressure. Caffeine can interact with other drugs.

Residents will follow their doctors recommendations in regards to caffeine consumptions as outlined in residents support plan.

The benefits of limiting or removing caffeine can be improved sleep, less stomach upset, and improved relationships with family and friends.

Residents will follow their doctors recommendations in regards to caffeine consumptions as outlined in residents

43a Resident Rights Deprived (continued)

support plan.

The benefits of limiting or removing caffeine can be improved sleep, less stomach upset, and improved relationships with family and friends.

Notice will be given to residents as of 2/20/25 by the Administrator this will be the immediate understanding of the House Rule on Caffeine. New House Rules will be provided to each resident with the opportunity to ask questions and will be fully incorporated 30 days after the documented date(s) of resident notices given with an estimated implementation of 3/22/25

Licensee's Proposed Overall Completion Date: 02/20/2025

Implemented [redacted] - 03/28/2025)

85a - Sanitary Conditions

9. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] at 10:20AM, Resident [redacted] bedsheet had brown stains and some darker, pieces of feces dried onto the sheet.

On [redacted] at 10:35AM, the toilet seat in Bathroom [redacted] had feces on the toilet seat.

Plan of Correction

Accept [redacted] - 02/20/2025)

The sheets on Resident [redacted] bed were immediately changed by Housekeeping Staff on 1/14/25

The toilet seat in Bathroom [redacted] was immediately cleaned by the Housekeeping Staff on 1/14/25

Residents will be educated to alert staff to any unsanitary condition by Administrator by 2/16/25

Staff will be educated to immediately address all unsanitary conditions by Building Manager by 2/16/25

Building Manager and/or Administrator will monitor areas for compliance with 85a daily starting on 2/20/25 and on going.

Licensee's Proposed Overall Completion Date: 02/20/2025

Implemented [redacted] 03/25/2025)

86b - Bathroom

10. 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

Bathroom [redacted] is not equipped with a window and on [redacted] at 10:36AM, did not have an operable fan or other mechanical ventilation to ensure airflow.

86b Bathroom (continued)

Plan of Correction**Accept** [REDACTED] - 02/20/2025)

A new exhaust fan will be ordered by 2/14/25 by the Building Manager. The fan will be installed within 5 days of the receiving the new fan by Building Maintenance Staff estimated completion will be by 2/25/25

The Building Manager checked all bathroom exhausts on 2/14/25.

On going the Building Manager will review monthly all exhaust fans as outlined in Regulation 86b. This will be added to the Building Managers monthly checklist by 3/10/25

Licensee's Proposed Overall Completion Date: 03/10/2025

Implemented [REDACTED] - 03/25/2025)

88a - Surfaces

11. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On [REDACTED] at 10:29AM, the door near the laundry and storage rooms was observed rusting at the bottom of the door and a piece of metal is protruding from the bottom presenting a safety hazard for residents.

Per the home's administrator, Resident [REDACTED] always uses a walker for ambulation. On [REDACTED] at 10:40AM, directly outside Resident [REDACTED] bedroom, the floor tiles were cracked, curling upward, and missing a chunk of tile approximately 1"x10", creating a tripping hazard.

Plan of Correction**Directed** [REDACTED] - 02/20/2025)

The Administrator has made an appointment with the Lowe's Installation Customer Service on 2/11/25. Door will be ordered as recommended by the Lowe's Installation Customer Service and repair completed as directed by the follow up directions from this appointment. Estimated completion date is 4/30/25

The floor tiles were repaired by Building Maintenance on 2/6/25

The Administrator provided education to Building Manager, Building Maintenance and other staff to alert the Building Manger of hazards they may find by 2/17/25

The Building Manager will check are areas for compliance with 88a by 2/28/25 and will provide a plan to the Administrator for all repairs that are needed.

The Building Manager will monthly check the building for compliance on regulation 88a starting on 3/15/25 and on going

(Directed)

In addition to the above plan of correction:

- By 3/10/25, the door near the laundry and storage rooms will receive a temporary repair to remove any hazards until the door can be replaced.
- The Building Manager will monthly check the building for compliance on regulation 88a starting no later than 3/10/25 and on going

88a Surfaces (continued)

- Documentation of audits, repairs and staff education will be kept by the home and available for review by the Department.

Directed Completion Date: 03/10/2025

Implemented [redacted] 03/25/2025)

102f - Towel/Washcloth/Soap

12. Requirements

2600.

102.f. An individual towel, washcloth and soap shall be provided for each resident.

Description of Violation

On [redacted] at 10:36AM, the shared Bathroom [redacted] was not equipped with towels or other mechanism to dry one's hands.

Plan of Correction

Accept [redacted] 02/12/2025)

The paper towel dispenser was immediately restocked by Housekeeping Staff on 1/14/25

Staff were educated by Building Manager to review all bathrooms for supplies at least 3 times a day on 2/16/25

Residents will be educated to alert staff to any empty or low stock condition in bathroom supplies by Administrator by 2/16/25

Staff will be educated to immediately address all empty or low stock conditions by Building Manager by 2/16/25

Licensee's Proposed Overall Completion Date: 02/16/2025

Implemented [redacted] - 03/25/2025)

103f - Refrigerator/Freezer Temps

13. 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 [redacted] at 10:15AM, the temperature in the freezer of the middle refrigerator/freezer in the home's pantry storing resident food, read 10 degrees Fahrenheit.

Plan of Correction

Accept [redacted] - 02/12/2025)

The thermometer was found to be defective. A new thermometer was installed on 2/6/25 by Building Manager.

The Building Manager will review the refrigerator and freezer thermometers weekly and direct repairs as needed these checks started on 2/6/25 and will be on-going weekly

Licensee's Proposed Overall Completion Date: 02/11/2025

Implemented [redacted] - 03/25/2025)

141b1 - Annual Medical Evaluation

14. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

At the time of the [REDACTED] inspection, Resident [REDACTED] most recent medical evaluation was completed on [REDACTED].

Plan of Correction**Accept [REDACTED] - 02/12/2025)**

Resident [REDACTED] was in the hospital at the time the annual DME was due. Resident [REDACTED] had the annual DME completed on [REDACTED]

Medical Care Coordinator has reviewed all residents' files and provided a list of current dates for the Administrators review on 1/31/25

The Medical Care Coordinator and Administrator will review this list together weekly to ensure that all DME's are completed annually started on 2/5/25

Licensee's Proposed Overall Completion Date: 02/11/2025

Implemented [REDACTED] - 03/25/2025)**181c - Self-administration Assessment****15. Requirements**

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident [REDACTED] reports they self-administer medications to include [REDACTED] and [REDACTED]; however, Resident [REDACTED] has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

Plan of Correction**Accept [REDACTED] - 02/20/2025)**

Resident [REDACTED] had returned from the hospital with the medications from the hospital in their belongings. Medications were placed in the locked medication cart of [REDACTED]

A request has been put into the doctor by Medical Care Coordinator requesting that Resident [REDACTED] be assessed for being able to self-administer their medications if they wish and is deemed appropriate. Resident [REDACTED]'s assessment and documentation will be updated at the time of the doctor's decision.

All staff will be educated by the Administrator to monitor all areas for prescription medications and OTC medications and will report any findings to the Administrator promptly so appropriate storage and assessments for medications are followed. This education will be completed by 2/15/25

The Administrator, Building Manager, and/or Medical Care Coordinator will weekly monitor areas for compliance with 181c starting on 2/20/25

All medication techs will be educated on regulation 181c by Medication Trainer by 2/15/25

181c Self administration Assessment (continued)

Licensee's Proposed Overall Completion Date: 02/20/2025

Implemented [REDACTED] - 03/25/2025)

183b - Meds and Syringes Locked

16. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

Many residents currently residing in the home are unable to self administer medications. On [REDACTED], at 9:15AM, Resident [REDACTED]'s [REDACTED] and Resident [REDACTED] were unlocked, unattended, and accessible sitting on a preparation surface in the kitchen.

On [REDACTED], at 10:18AM, Resident [REDACTED], who is not able to self administer medications, had a bag of medications that included [REDACTED] and [REDACTED], unlocked and accessible sitting on the floor in their bedroom. Resident [REDACTED] shares a bedroom with 3 other residents, who are all not identified to be able to self administer medications.

On [REDACTED] at 2:40PM, the following residents' medications and treatments were unlocked, unattended, and accessible in the unlocked plastic filing compartment on the kitchen counter:

- Resident [REDACTED]
- Resident [REDACTED].
- A nail fungus repairing liquid belonging to an unidentified resident.
- Resident [REDACTED]
- Resident [REDACTED].
- Resident [REDACTED]

Plan of Correction

Accept [REDACTED] - 02/12/2025)

Resident [REDACTED] had returned from the hospital with the medications from the hospital in their belongings. Medications were placed in the locked medication cart of [REDACTED]

A request has been put into the doctor by Medical Care Coordinator requesting that Resident [REDACTED] be assessed for being able to self administer their medications if they wish and is deemed appropriate. Resident [REDACTED] assessment and documentation will be updated at the time of the doctor's decision.

All staff will be educated by the Administrator to monitor all areas for prescription medications and OTC medications and will report any findings to the Administrator promptly so appropriate storage and assessments for medications are followed. This education will be completed by 2/15/25

All medications and medical orders were locked in their proper locations on 1/14/25 by PCH staff

All staff received training on regulation 183b on 1/14/25 thru 1/21/25 by Building Manager and Administrator Building Manager, Medical Care Coordinator, and Administrator will monitor the facility for compliance twice a

183b - Meds and Syringes Locked (continued)

day for 3 weeks then weekly there after this will be recorded on a log sheet starting on 1/15/25 and on going

Licensee's Proposed Overall Completion Date: 02/15/2025

Implemented [redacted] - 03/25/2025)

227e - Self Administer Medication

18. Requirements

2600.

227.e. The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

Description of Violation

Resident [redacted] is not able to self-administer their medications per [redacted] medical evaluation completed on [redacted]. However, Resident [redacted] assessment and support plan, dated [redacted], reads, the resident can self-administer medications with some assistance with medication management per prescribed times, in remembering schedule, offering medications at prescribed times, and opening container or locked area.

Resident [redacted] assessment, dated [redacted], reads, the resident can self-administer medications with some assistance with medication management per prescribed times, in remembering schedule, offering medications at prescribed times, and opening container or locked area. However, per Resident [redacted] medical evaluation, dated [redacted], and per staff report, the resident cannot self-administer medications and requires staff to dispense and administer Resident [redacted] medications.

Plan of Correction

Directed ([redacted] - 02/20/2025)

Resident [redacted] RASP has been updated to reflect the change that the resident can no longer self-administer medication by The Medical Care Coordinator on [redacted]

A request has been put into the doctor requesting that Resident [redacted] be assessed for being able to self-administer their medications if they wish and is deemed appropriate. Resident [redacted] assessment and documentation will be updated at the time of the doctor's decision.

The Medical Care Coordinator will complete an audit to all resident's DME's and RASP by 2/20/25 ensuring all reflect the same information in compliance with 227e

The Administrator educated the Medical Care Coordinator to regulation 227e on 1/15/25

The Administrator and the Medical Care Coordinator will review 4 files monthly for compliance with 227e starting on 3/30/25 and on-going

(Directed)

In addition to the above plan of correction, the Administrator and the Medical Care Coordinator will review 4 files monthly for compliance with 227e starting no later than 3/1/25 and on-going. Documentation of staff education and completed audits will be kept by the home and available for review by the Department.

Directed Completion Date: 03/01/2025

Implemented [redacted] - 03/28/2025)

252 - Record Content

19. Requirements

252 - Record Content (*continued*)

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.
14. A support plan.
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.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.

Description of Violation

Resident [REDACTED] record does not include the following:

- Admission date
- Race
- Color of hair
- Color of eyes
- Religious affiliation
- Identifying marks
- Photograph
- Language spoken
- The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
- The name, address and telephone number of the resident's physician or source of health care.
- A support plan
- Relocation and discharge date
- reason for termination of services or transfer of the resident and the date of transfer and the destination

At the time of the [REDACTED] inspection, Resident [REDACTED] picture was last taken on [REDACTED].

Plan of Correction

Accept [REDACTED] - 02/12/2025)

Administrator updated Resident [REDACTED] record with the missing information on 2/10/25

Building Manager update Resident [REDACTED] record with an updated photo on 1/14/25

Medical Care Coordinator will review all current residents record content for compliance with regulation 252. Review to be completed by 2/15/25

On-going the Administrator will review all new residents file content for compliance with regulation 252 starting on 2/09/25

Licensee's Proposed Overall Completion Date: 02/15/2025

Implemented [REDACTED] - 03/25/2025)