

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

June 10, 2025

[REDACTED]
GREENFIELD OF PERKIOMEN VALLEY LLC
[REDACTED]

RE: GREENFIELD OF PERKIOMEN
VALLEY
300 PERKIOMEN AVENUE
SCHWENKSVILLE, PA, 19473
LICENSE/COC#: 13735

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/03/2025, 02/04/2025 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: GREENFIELD OF PERKIOMEN VALLEY **License #:** 13735 **License Expiration:** 01/02/2025

Address: 300 PERKIOMEN AVENUE, SCHWENKSVILLE, PA 19473

County: MONTGOMERY **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: GREENFIELD OF PERKIOMEN VALLEY LLC

Address: [REDACTED]

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

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 05/23/2012 **Issued By:** Borough of Schwenksville

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 60 **Waking Staff:** 45

Inspection Information

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

Reason: Monitoring **Exit Conference Date:** 02/04/2025

Inspection Dates and Department Representative

02/03/2025 - On-Site: [REDACTED]

02/04/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 90 **Residents Served:** 39

Secured Dementia Care Unit

In Home: Yes **Area:** The Willow **Capacity:** 44 **Residents Served:** 8

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 39

Diagnosed with Mental Illness: 3 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 21 **Have Physical Disability:** 1

Inspections / Reviews

02/03/2025 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/28/2025

03/04/2025 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 03/26/2025

Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/07/2025

Inspections / Reviews *(continued)*

03/06/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/26/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/26/2025

06/10/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/26/2025

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 10:44am, the nursing office was unlocked. Resident records, support plans and medical evaluations were unattended and accessible throughout the room. The room could not be locked and there were no staff in the immediate area.

Plan of Correction

Accept [REDACTED] - 03/04/2025)

Administrator will educate DON and RCC on 3/10/2025 on the importance of keeping the nursing office locked, to protect resident records, support plans and medical evaluations. Maintenance director fixed the lock on the door on 2/4/2025, so it can be properly locked. Director of nursing will do daily checks for 4 weeks starting 3/10/2025 to ensure the nursing office is being locked in the AM and PM.

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

Implemented [REDACTED] - 03/31/2025)

62 - Contact List

2. Requirements

2600.

- 62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

Staff Member A, the administrator, could not provide a full and complete staff list that includes substitute personnel. The staff list provided does not include agency staff utilized by the home.

Plan of Correction

Accept [REDACTED] 03/04/2025)

Administrator will complete a full staff list that includes substitute personal with names, addresses and telephone numbers on 3/10/2025. Administrator will audit the list of staff persons contact list weekly starting 3/10/2025 for 4 weeks.

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

Implemented [REDACTED] - 03/31/2025)

65i - Training Record

3. Requirements

2600.

- 65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's records of direct care staff training do not include the source of the training or the length of each course for the following trainings:

65i - Training Record (continued)

- Proper Refund Practices
- Providing Itemized Accounts of Resident's Funds
- Resident Privacy of Self/Possessions
- CPR/First Aid Requirements
- Falls and Accident Prevention
- Self Administering Residents
- Resident Rights

Plan of Correction

Directed (████ - 03/04/2025)

Administrator will educate DON and RCC on the proper training record documentation for the state on 3/10/2025. Administrator will audit all 2025 training records to ensure that they include source of training and length of each course starting 3/10/2025 monthly for 4 months.

Directed Completion Date: 03/10/2025

Implemented (████ 03/31/2025)

82a - Poisonous Materials

4. Requirements

2600.

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

Description of Violation

On █████ at 9:59am, liquid laundry detergent was found in the laundry room being stored in water pitchers instead of its original container. The laundry detergent's original container states "if ingested, contact poison control."

Plan of Correction

Accept (████ - 03/04/2025)

Administrator has removed water pitcher from laundry room on 2/3/2025. Director of nursing will educate all care staff on the importance of keeping any poisonous material in the original, labeled containers on 3/10/2025. Director of nursing will complete daily checks for 2 weeks for laundry detergent to be stored in the original container, and continue weekly checks for 4 weeks thereafter.

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

Implemented (████ - 03/31/2025)

85a - Sanitary Conditions

5. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On █████ at 9:05am, there was no toilet paper or method of hand drying available in the bathroom for resident use outside of the Discovery Room.

On █████ at 9:30am in the first floor back stair well, a mop bucket with ceiling/drywall pieces, a dirty blue towel and a wheelchair were observed at the top landing of the stairs.

On █████ at 9:36am, resident room █████ was observed to be full of clutter with papers strewn about and stacks of

85a - Sanitary Conditions (continued)

boxes piled on a commode.

On [redacted] at 9:50am, the inside of the main kitchen ice machine was covered in flecks of mold and dust.

On [redacted] at 2:28pm, there was a strong odor of urine both inside and outside of resident room [redacted].

Plan of Correction

Accept [redacted] - 03/04/2025)

Maintenance director removed mop bucket with ceiling tiles/drywall pieces, towel and wheelchair on 2/3/2025. Maintenance director will complete weekly checks for 4 weeks to ensure that all exits/stairwells are free of clutter, and clean and sanitized. Housekeeping replaced toilet paper and paper towels in the bathroom at 10:00am on 2/3/25. Housekeeping will start daily checks on 3/10/2025 to ensure that all bathrooms have toilet paper and paper towels within the bathrooms and continue daily checks for 4 weeks. Administrator spoke with resident in room [redacted] about [redacted] cutter in [redacted] room on 2/4/2025. Administrator will assist resident in room [redacted] to organize and de-clutter room on 3/7/2025. Director of dining will star weekly ice machine cleanings on 3/10/2025, and continue weekly for 6 weeks. Housekeeping cleaned and de-odorized inside and outside room on 2/3/2025. Care staff will be educated on incontinence program on 3/10/2025. Director of nursing will do weekly questionnaires for 3 weeks with 3 staff members about the incontinence program.

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

Implemented [redacted] - 03/31/2025)

85e - Trash Outside Home

6. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On [redacted] at 10:03am, the dumpster for the facility was not closed.

On [redacted] at 10:12am, there were two pallets next to the emergency exit by the maintenance office.

Plan of Correction

Accept [redacted] 03/04/2025)

Maintenance director discarded pallets near emergency exit on 2/25/2025. Maintenance director will do daily checks starting 3/10/2025 on trash outside the home for 4 weeks. Administrator will educate housekeeping and dietary staff on 3/7/2025 about keeping the facilities dumpster closed. Maintenance director will do daily checks starting 3/10/25 to ensure that dumpster is kept closed for 4 weeks.

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

Implemented [redacted] - 03/31/2025)

88a - Surfaces

7. 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 9:30am, floor tiles were observed to be missing throughout the first floor back stairwell.

88a Surfaces (continued)

On [REDACTED] at 10:05am, the ceiling tiles above the ramp next to the main courtyard showed signs of water damage and staining. The ceiling tiles by the piano room also showed signs of water damage and staining.

On [REDACTED], the door leading out to the center courtyard did not have weather striping at the bottom to prevent a draft. A large piece of fabric was jammed into the bottom of the door to cover the one inch gap between the door and the ground. This posed a tripping hazard to those using the door.

Plan of Correction

Accept [REDACTED] 03/04/2025)

Maintenance director will have flooring replaced in the first floor back stairwell by 4/1/2025. Maintenance director will do weekly checks starting 3/10/2025 for surfaces being in good repair in all stairwell, and continue checks for 4 weeks thereafter. Maintenance director replaced ceiling tiles above the ramp and piano room on 2/25/2025. Maintenance director will do ceiling tile checks starting 3/10/2025, to ensure that they are in good repair and continue for 4 weeks thereafter. Maintenance director removed fabric on 2/4/2025, and will be adding weather striping to the door by 4/1/2025.

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

Implemented ([REDACTED] 03/31/2025)

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] at 10:21 am, the keypad to reenter the home from the memory care courtyard was unusable. The numbers [REDACTED] and * were worn off of the keypad and could not be read. The covering over the three light indicators at the top of the keypad was worn off exposing the light bulbs.

Plan of Correction

Accept [REDACTED] - 03/04/2025)

Maintenance director will have the keypad replaced by 4/1/2025. Maintenance director will do weekly checks for all keypads within the facility, to ensure they are in good repair. starting 3/10/2025, and continue weekly for 4 weeks thereafter.

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

Implemented ([REDACTED] - 03/31/2025)

100b - Removal Snow/Obstructions

9. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

On [REDACTED] at 10:04am, there was an approximate 1/4 inch accumulation of snow and ice in the smoking area.

100b - Removal Snow/Obstructions (continued)

Plan of Correction

Accept [REDACTED] - 03/04/2025)

On 2/4/2025 maintenance director shoveled the 1/4 inch of accumulation of snow and ice in the smoking area. Maintenance director will do weekly checks starting 3/10/2025 for 4 weeks to ensure that all snow is removed properly not causing any obstruction to the home's walkways, ramps, steps recreation areas and fire escapes.

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

Implemented ([REDACTED] - 03/31/2025)

101j7 - Lighting/Operable Lamp

10. 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

Resident [REDACTED] prefers to sleep in their chair and there is no source of light at the chairside.

Resident [REDACTED] and Resident [REDACTED] do not have access to a source of light at their bedsides.

Plan of Correction

Accept [REDACTED] - 03/04/2025)

Maintenance director place light source next to resident [REDACTED] chairside on 2/28/2025. Maintenance director will put bed side lights in resident [REDACTED] and [REDACTED] on 2/28/2025. RCC will do weekly checks starting 3/10/2025 for bedside light sources and continue for 4 weeks thereafter.

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

Implemented ([REDACTED] - 03/31/2025)

103e - Left Overs

11. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On [REDACTED] at 10:34am, there was an unlabeled, undated container of mashed potatoes in the memory care unit freezer.

Plan of Correction

Accept [REDACTED] - 03/04/2025)

Director of dining removed mashed potatoes from memory care unit on 2/3/2025. Director of dining will educate all dining staff on the importance of labeling and dating food on 3/10/2025. Director of dining will do daily checks for labeling and dating starting on 3/10/2025, and continue for 4 weeks thereafter.

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

Implemented ([REDACTED] 03/31/2025)

103f - Refrigerator/Freezer Temps

12. 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 10:34am the temperature in the memory care kitchen refrigerator was 50 degrees Fahrenheit and at 11am it was 50 degrees Fahrenheit.

Plan of Correction

Accept [redacted] - 03/04/2025)

Maintenance director adjusted thermostat on memory care refrigerator so the temperature can regulate to the proper temperatures on 2/3/2025. Director of dining will do daily refrigerator/freezer temperatures starting 3/10/2025, and continue for 2 months thereafter. Administrator will educate dining staff on the importance of refrigerator/freezer temperature on 3/10/2025.

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

Implemented [redacted] - 03/31/2025)

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 10:34am, there was no thermometer in the memory care kitchen freezer.

Plan of Correction

Accept [redacted] - 03/04/2025)

Director of dining placed thermometer in memory care kitchen freezer on 2/3/2025. Director of dining will do daily refrigerator/freezer temperatures starting 3/10/2025, and continue for 2 months thereafter. Administrator will educate dining staff on the importance of refrigerator/freezer temperature on 3/10/2025.

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

Implemented [redacted] - 03/31/2025)

103g - Storing Food

14. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On [redacted] at 9:34am, there were open and unsealed chocolate chip cookies in the memory care kitchen.

Plan of Correction

Accept [redacted] - 03/04/2025)

Director of dining removed chocolate chip cookies from memory care unit on 2/3/2025. Director of dining will educate all dining staff on the importance of storing food on 3/10/2025. Director of dining will do daily checks for food storage starting on 3/10/2025, and continue for 4 weeks thereafter.

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

Implemented [redacted] - 03/31/2025)

103i - Outdated Food

15. Requirements

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On [REDACTED] at 9:34am, there were unlabeled, undated "crisp rice" cereal and pretzels in the memory care kitchen.

Plan of Correction Accept [REDACTED] - 03/04/2025)

Director of dining removed crisp rice and pretzels from memory care unit on 2/3/2025. Director of dining will educate all dining staff on the importance of labeling and dating food on 3/10/2025. Director of dining will do daily checks for labeling and dating starting on 3/10/2025, and continue for 4 weeks thereafter.

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

Implemented [REDACTED] - 03/31/2025)

125b Combustible Restrictions

16. Requirements

2600.
125.b. Combustible materials shall be inaccessible to residents.

Description of Violation

On [REDACTED] at 9:57am, an oxygen tank was unlocked, unattended, and accessible to residents in the open break room/chart room.

Plan of Correction Accept [REDACTED] - 03/04/2025)

Administrator moved Oxygen tank into a safe locked room on 2/4/2025. RCC will have reach out to O2 companies and have them removed by 3/14/2025. Director of nursing will to weekly checks for O2 tanks being stored properly in rooms that store O2 tanks starting 3/10/2025 and continue for 2 months. Administrator will educate RCC and DON on proper O2 storage on 3/10/2025.

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

Implemented [REDACTED] 03/31/2025)

132a Monthly Fire Drill

17. Requirements

2600.
132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

The fire drill held on [REDACTED] was known about in advance by a staff member. An interview with a staff member indicated that they were specifically called into work to ensure the home would have enough staff on site to meet their safe evacuation time.

Plan of Correction Directed [REDACTED] - 03/06/2025)

Administrator will educate all directors on 2/28/2025 on monthly fire drills, and how they have to be unannounced every month. The Maintenance director, ED or designee will be the only ones aware of the fire drills moving forward starting the month of March.

132a Monthly Fire Drill (continued)

Proposed Overall Completion Date: 03/10/2025

Directed Plan of Correction:

Immediately, the administrator shall conduct an investigation into the source of the fire drill information that was disclosed and provide appropriate training to the person(s) involved.

Within 15 days of receipt of the accepted plan of correction, the administrator shall educate all staff persons on the fire drill requirements of 2600.132(a) including all fire drills will be unannounced, and the required documentation of fire drills in 2600.132(c). Documentation shall be kept.

Immediately, the administrator shall perform interviews of at least three staff persons per month for six months to ascertain their knowledge of upcoming fire drills.

Immediately, the administrator shall complete weekly audits of staff schedules for three months to ensure sufficient staff are scheduled to evacuate all residents as described in the home's fire safety letter within the maximum safe evacuation time.

Directed Completion Date: 03/25/2025

Implemented [redacted] - 03/31/2025)

144c1 - Smoking Area Guidelines

18. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

On [redacted] at 10:02am, there were 10 15 cigarette butts found outside of the designated smoking area next to the building in a pile of leaves.

Plan of Correction

Accepted [redacted] - 03/04/2025)

Housekeeping removed cigarette butts that were found outside the designated smoking area next to the building on 2/4/2025. Maintenance director will do daily audits starting 3/10/2025 to ensure that cigarette butts are placed in the proper receptacles at the making post. Administrator will educate all staff on 3/20/2025 on the smoking area guidelines.

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

Implemented [redacted] - 03/31/2025)

182c - Medication Administration

19. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

- 3. Remove the medication from the original container.

Description of Violation

On [redacted] at 9:00am, Staff Member B gave Resident [redacted] medications from their pill organizer that had been brought in by their family. Staff Member B could not verify that the medications given were the correct medications the resident was due at that time as they were not in their original containers.

Plan of Correction

Accept [redacted] - 03/04/2025)

Director of Nursing will educate med techs on 3/10/2025 on medication administration and pill organizer was removed immediately from the cart on 2/3/2025. Director of nursing will start weekly med cart audits on 3/10/2025, and continue weekly for 6 weeks thereafter. Director of nursing will hold weekly questionnaires with 3 med techs for 4 weeks starting 3/10/2025.

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

Implemented [redacted] - 03/31/2025)

183d - Prescription Current

20. 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 [redacted], the home had the following medications on site for Resident [redacted] however, Resident [redacted] has no current medication orders for these medications:

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

Plan of Correction

Accept [redacted] - 03/04/2025)

Director of Nursing will educate med techs on 3/10/2025 on current prescriptions and all medications listed above were removed immediately from the cart on 2/3/2025. Director of nursing will start weekly med cart audits on 3/10/2025, and continue weekly for 6 weeks thereafter. Director of nursing will hold weekly questionnaires with 3 med techs for 4 weeks starting 3/10/2025.

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

Implemented [redacted] - 03/31/2025)

183e - Storing Medications

21. Requirements

2600.

183e Storing Medications (continued)

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 [redacted] a loose white round pill was found in the locked narcotic box in the home's medication cart.

On [redacted] [redacted] was present in the medication cart for Resident [redacted]. This medication expired [redacted].

On [redacted], Resident [redacted] [redacted] was open and present in the home's medication cart. There was no open date on this medication. Manufacturer's instructions indicate this pen should be discarded 28 days after opening.

On [redacted] Resident [redacted] [redacted] tablet was observed to have a punctured blister foil with the medication still present in the spot exposing it to contamination or improper sanitation.

Plan of Correction

Accept [redacted] - 03/04/2025)

Director of Nursing will educate med techs on 3/10/2025 on proper storage of medication and medications were removed immediately from the cart on 2/3/2025. Director of nursing will start weekly med cart audits on 3/10/2025, and continue weekly for 6 weeks thereafter. Director of nursing will hold weekly questionnaires with 3 med techs for 4 weeks starting 3/10/2025.

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

Implemented [redacted] - 03/31/2025)

185a - Implement Storage Procedures

22. 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] and [redacted] as needed. On [redacted] these medications were not available in the home.

Plan of Correction

Accept [redacted] - 03/04/2025)

Director of Nursing will educate med techs on 3/10/2025 on proper storage of medication and medications were removed immediately from the cart on 2/3/2025. Director of nursing will start weekly med cart audits on 3/10/2025 and continue weekly for 6 weeks thereafter. Director of nursing will hold weekly questionnaires with 3 med techs for 4 weeks starting 3/10/2025.

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

Implemented [redacted] - 03/31/2025)

23. Requirements

2600.

185a - Implement Storage Procedures (continued)

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] was not calibrated to the correct time. The following readings transcribed on the resident's MAR and in the glucometer do not match:

- [redacted] at 7:30am: MAR [redacted]
- [redacted] at 4:30pm: MAR [redacted]
- [redacted] at 7:30am: MAR [redacted]

Plan of Correction

Accept [redacted] - 03/04/2025)

Director of nursing will re-calibrate glucometers on 3/10/2025 after education is completed. Director of Nursing will educate med techs on 3/10/2025 on glucometer calibrations, readings and documentation. Director of nursing will start glucometer audit on 3/10/2025, and continue weekly for 4 weeks. Director of nursing will hold weekly questionnaires with 3 med techs for 4 weeks starting 3/10/2025.

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

Implemented [redacted] - 03/31/2025)

186c - Change in Medications

24. Requirements

2600.

186.c. Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

Description of Violation

Resident [redacted] is prescribed [redacted] and [redacted]. On [redacted], the home had non chewable [redacted] and [redacted] for resident [redacted]. The home had not received a written order from an authorized prescriber for the change and does not have registered nurses authorized to receive verbal orders.

Plan of Correction

Accept [redacted] - 03/04/2025)

The family was educated on 2/3/2025 about the proper dosing of over the counter medications Director of nursing removed medication from med cart on 2/3/2025. Director of Nursing will educate med techs on 3/10/2025 on change of medications. Director of nursing will start weekly med cart audits on 3/10/2025, and continue weekly for 6 weeks thereafter. Director of nursing will hold weekly questionnaires with 3 med techs for 4 weeks starting 3/10/2025.

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

Implemented [redacted] - 03/31/2025)

187a - Medication Record

25. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

13. Date and time of medication administration.

14. Name and initials of the staff person administering the medication.

Description of Violation

Staff Member C stated that resident [redacted] family has been administering their medications for them and staff were told to initial resident [redacted] MAR as if they had been administering the resident's medications.

Plan of Correction

Accept ([redacted] - 03/04/2025)

Director of nursing with audit medication records starting 3/10/2025, and continue weekly for 4 weeks to ensure that they include the date and time of medication administration, name and initials of the staff person administering the medication. Director of Nursing will educate med techs on 3/10/2025 on proper of medication documentation techniques. Director of nursing will hold weekly questionnaires for 4 weeks educating 3 med techs weekly.

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

Implemented ([redacted] - 03/31/2025)

187b - Date/Time of Medication Admin.

26. 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] readings three times per day at 7:30am, 11:30am and 4:30pm. Resident [redacted] blood sugar was checked on [redacted] at 4:39pm but was not recorded on the resident's medication administration record. The reading on the [redacted] at that time was [redacted] Resident # [redacted] blood sugar was also checked via glucometer on [redacted] at 4:42pm [redacted] but was not included on resident [redacted] medication administration record.

Plan of Correction

Accept ([redacted] - 03/04/2025)

Director of nursing will re-calibrate glucometers on 3/10/2025 after education is completed. Director of Nursing will educate med techs on 3/10/2025 on glucometer calibrations, readings and documentation. Director of nursing will start glucometer audit on 3/10/2025, and continue weekly for 4 weeks. Director of nursing will hold weekly questionnaires with 3 med techs for 4 weeks starting 3/10/2025.

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

Implemented ([redacted] - 03/31/2025)

187d - Follow Prescriber's Orders

27. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted] readings three times per day at 7:30am, 11:30am and 4:30pm. No blood sugar readings were taken or documented for resident [redacted] on [redacted] or [redacted]. On [redacted], a blood sugar reading was recorded on resident [redacted]'s MAR of [redacted] at 9pm; however, there is no record that this reading was taken on the resident's glucometer. On [redacted], a blood sugar reading was recorded on resident [redacted] MAR of [redacted] at 9pm; however, there is no record that this reading was taken on the resident's glucometer.

187d Follow Prescriber's Orders (continued)

Resident [REDACTED] is prescribed blood sugar readings four times per day at 7:00am, 11:00am, 4:00pm and 9:00pm. There was no blood sugar reading documented on the printed MAR; however, on the virtual MAR initials were present indicating that resident # [REDACTED] blood sugar was checked on [REDACTED] at 7:00am by Staff Member C. Staff Member C was interviewed and indicated that they did not take resident [REDACTED] blood sugar this morning as it needed to be completed before breakfast and they did not have time, but they did enter it on the MAR as if they had.

Plan of Correction

Accept [REDACTED] - 03/04/2025)

Director of nursing will re calibrate glucometers on 3/10/2025 after education is completed. Director of Nursing will educate med techs on 3/10/2025 on glucometer calibrations, reading, documentation and prescribers orders. Director of nursing will start glucometer audit on 3/10/2025, and continue weekly for 4 weeks. Director of nursing will hold weekly questionnaires with 3 med techs for 4 weeks starting 3/10/2025.

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

Implemented [REDACTED] - 03/31/2025)

233c - Key-Locking Devices

28. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

On [REDACTED] at 10:25am, the directions for operating the home's locking mechanism were not conspicuously posted near the door to the emergency exit stairwell in the back of the memory care unit.

Plan of Correction

Accept [REDACTED] - 03/04/2025)

Administrator posted the directions for operating the home locking mechanisms in the memory care unit on 2/25/2025. Maintenance director will do weekly checks starting 3/10/2025 for 4 weeks to ensure that the directions still posted next to the locking mechanism.

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

Implemented [REDACTED] - 03/31/2025)

251c - Standardized Forms

29. Requirements

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident [REDACTED] support plan, dated [REDACTED], was not completed on the Department's current Personal Care Home form. It was completed on the Department's Assisted Living form.

Plan of Correction

Accept [REDACTED] - 03/04/2025)

Administrator will educate Director of Nursing and RCC on 3/10/2025 for using the correct standardized forms to

251c - Standardized Forms (continued)

record the residents support plans. Director of nursing will audit all support plans by 4/1/2025, and update them on the correct Personal care home support plan form. Director of nursing will start monthly audits starting March 2025, and continue monthly for 3 months thereafter.

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

Implemented [REDACTED] - 03/31/2025)