



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]

July 9, 2025

[REDACTED]
Administrator
Human Good Pennsylvania
[REDACTED]
[REDACTED]

RE: Rydal Park Personal Care
1515 The Fairway
Rydal, PA 19046
License #: 13812

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department) review on March 25 and May 15, 2025 of the above facility, we have determined that your submitted plan of correction for the February 20, 2025 inspection is not fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

[REDACTED]

Enclosure
Licensing Inspection Summary

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

Facility Information

Name: *RYDAL PARK PERSONAL CARE* License #: *13812* License Expiration: *02/19/2026*
Address: *1515 THE FAIRWAY, RYDAL, PA 19046*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *HUMANGOOD PENNSYLVANIA*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *09/11/2012* Issued By: *Abington Township*

Staffing Hours

Resident Support Staff: Total Daily Staff: *75* Waking Staff: *56*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: *02/20/2025*

Inspection Dates and Department Representative

02/20/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *72* Residents Served: *48*

Secured Dementia Care Unit

In Home: *Yes* Area: *Memory Support* Capacity: *22* Residents Served: *19*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *48*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *27* Have Physical Disability: *0*

Inspections / Reviews

02/20/2025 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/17/2025*

03/25/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *04/14/2025*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/14/2025*

05/15/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: *04/14/2025*
Reviewer: [REDACTED] Follow-Up Type:

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 2/20/2024 there were 3 unlocked treatment medication carts containing resident's prescription treatments and medication information in the home. 1 cart was located on each of the home's 3 floors, including floor 4 which is the Secure Dementia Care Unit (SDCU).

On 2/20/2024 at 4:48 PM the second-floor medication cart containing resident's prescriptions and medication information was unlocked and unattended located in front of the home's dining hall during dinner service. A computer screen was open and signed into to the home's medication administration tracking program, allowing any individual to access resident's medical records.

Plan of Correction

Accept ([REDACTED]) - 03/25/2025)

DHS Plan of Corrections 3.2025

Preparation and execution of this Response and Plan of Correction does not constitute an admission or agreement by HumanGood/Rydal Park Personal Care Facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies and Plan of Correction. The Plan of Correction is being prepared and/or executed solely because it is required by State and Federal Law. For the purposes of any allegation that the facility is not in substantial compliance with Federal requirements of participation, the Response and Plan of Correction constitutes the facility's allegation of compliance in accordance with section 2600.3 (c) of the Regulatory Compliance Guide.

17- Record Confidentiality

Team members have been reeducated by Administrator on resident record confidentiality/ HIPAA/ Locking of Medication cart and treatment cart on 03/17/2025- see attached in service

The community's locksmith was notified on 02/21/2025 of the issue of locks on treatment carts. Locksmith replaced locks on all four treatment carts on 02/21/2025.

Administrator or designee will conduct weekly random audits of medication and treatment carts are locked and secured when unattended for three (3) months. Administrator or designee will also have weekly random audits that all medical records screen are locked or signed out on all electronic devices. Audits will start by 3/20/25 weekly for three (3) months. Audits will be reported to QAPI monthly beginning in April 2025. QAPI is scheduled for April 16, 2025.

Licensee's Proposed Overall Completion Date: 03/17/2025

Not Implemented ([REDACTED]) - 05/14/2025)

65f - Training Topics

2. Requirements

2600.

- 65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.

65f - Training Topics (continued)

- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- 3. Care for residents with dementia and cognitive impairments.
- 4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- 5. Personal care service needs of the resident.
- 6. Safe management techniques.
- 7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Repeated Violation: 8/10/2023 et al.

Description of Violation

Direct care staff persons A and B did not receive training in medication self-administration training, personal care service needs of the resident, safe management techniques during training year 1/1/2024-12/31/2024.

Plan of Correction

Accept (█ - 03/25/2025)

The administrator provided reeducation to team members and interdepartmental managers and supervisors regarding training topics are completed as scheduled. Administrator reviewed training topics with team members and interdepartmental managers and supervisors on 03/17/2025- see attached in service. Please see Relias trainings for both direct care staff persons A&B that was reviewed and printed after surveyor had left community. Moving forward, the Administrator or designee will be conducting monthly audits for staff persons for 12 months beginning on March 17th and report to QAPI monthly starting in April 2025. QAPI is scheduled for April 16, 2025.

Licensee's Proposed Overall Completion Date: 03/17/2025

Not Implemented (█ - 05/15/2025)

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 record of direct care staff training for staff person C does not include source, content and length of each course.

The home's record of direct care staff training that occurred in 1/2025 does not include source, content and length of each course.

Plan of Correction

Accept (█ - 03/25/2025)

Executive Director provided in service to Human Resource Director and Personal Care Administrator on 03/17/2025- see attached in service

Moving forward, the Administrator will provide in service by 03/20/2025 to interdepartmental directors, managers and supervisors that they must have all training record indicated on all training records for personal care home staff persons. The administrator will provide Adult Residential Licensing for Personal Care Homes Record of Training form to all departments. Administrator or designee will be conducting quarterly audits for training records for 12 months beginning March 20, 2025, and report to QAPI quarterly beginning in April 2025. QAPI scheduled for April 16, 2025.

Licensee's Proposed Overall Completion Date: 03/17/2025

65i - Training Record (continued)

Implemented (█) - 05/15/2025

82b - Poisonous Material Storage

4. Requirements

2600.

82.b. Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

Description of Violation

Diversey J-512 Sanitizer with manufacturer's label indicating "if swallowed contact poison control", was stored in the SDCU unlocked pantry on top of a container of chips in on a dry storage shelf.

Plan of Correction

Accept (█) - 03/25/2025

Administrator provided reeducation to dining managers/supervisors and dining team members and direct care staff on 03/17/2025- see attached in service. Dining team members are to ensure that poisonous materials are not stored near any food or food preparation surfaces and dining surfaces. Pantry and kitchen doors be locked when service has ended, and dining team member is not present.

Moving forward, the Nutrition care manager or designee will be conducting random weekly audits for 12 months beginning on 3/24/2025 and report to QAPI monthly beginning in April 2025. QAPI is scheduled for April 16, 2025.

Licensee's Proposed Overall Completion Date: 03/17/2025

Not Implemented (█) - 05/15/2025

82c - Locking Poisonous Materials

5. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Diversey J-512 Sanitizer with manufacturer's label indicating "if swallowed contact poison control", was unlocked, unattended, and accessible to residents in an unlocked pantry in the SDCU kitchen. The door to the pantry was propped open with a broom and dustpan, and doors to the kitchen area were unlocked and open.

A box of "Aqua" Miele with manufacturer's label indicating "Warning causes skin irritation causes seriously irritation. Reproductive toxicant, combustible liquid, obtain special instructions before use. Avoid breathing in. Wear protective gloves and eye protection. Store locked up." was unlocked, unattended, and accessible to residents in the upper cabinet of the unlocked SDCU laundry room.

Not all the residents of the home, including residents of the SDCU, have been assessed capable of recognizing and using poisons safely.

Repeated Violation: 8/10/2023 et al.

Plan of Correction

Accept (█) - 03/25/2025

Administrator provided an in service to all dining and direct care team members that pantry/kitchen entrance and laundry room must be always locked on 03/17/2025- see attached in service

The lock on laundry door was changed to an automatic door lock on 2/25/2025 by community's locksmith.

82c - Locking Poisonous Materials (continued)

Moving forward, Nutrition care manager or designee will conduct random weekly audits for 12 months beginning on 3/24/2025 and report to QAPI monthly. Charge nurse or designee will conduct random weekly audits for 12 months beginning on 3/24/2025 and report to QAPI monthly. QAPI is scheduled for April 16, 2025.

Licensee's Proposed Overall Completion Date: 03/17/2025

Not Implemented () - 05/15/2025

87 - Lighting

6. Requirements

2600.

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

On 2/20/2025 at 9:45 a light in stairwell 1 was not working, causing low visibility in the entire stairwell.

At 10:17 AM the light in the stairwell 3 on the 4th floor was not working causing low visibility.

Plan of Correction

Accept () - 03/25/2025

Building and Grounds manager provided Inservice on 03/14/2025 to maintenance and security team members reporting lights that are dimmed or not working during community rounds-see attached in service. Building and Grounds manager or designee will conduct weekly audits for three (3) months starting on 3/17/25 ensuring that all lights are well light and visible. Audits will be reported to QAPI monthly beginning April 2025. QAPI scheduled April 16, 2025.

Licensee's Proposed Overall Completion Date: 03/17/2025

Not Implemented () - 05/15/2025

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

There was a large tear in the carpet by the opening of the door in room 4224, posing a tripping hazard.

Plan of Correction

Accept () - 03/25/2025

Administrator and housekeeping manager provided in service to housekeeping and direct care staff team members on surfaces must be clean, in good repair and free of hazards on 3/14/25 and 3/17/25- see attached in service Moving forward, Administrator or designee will conduct random apartment audits weekly for (3) three months beginning on 3/24/2025. Audits will be reported to QAPI monthly beginning April 2025. QAPI scheduled April 16, 2025.

Licensee's Proposed Overall Completion Date: 03/17/2025

88a - Surfaces (continued)

Not Implemented () - 05/15/2025

91 - Telephone Numbers

8. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in room 2229.

Plan of Correction

Accept () - 03/25/2025

Administrator conducted a full house audit of all apartments of emergency telephone numbers placed in all resident apartments on 3/4/2025. Administrator provided in service to team members on 3/17/2025 see attached in service. Administrator will discuss at next Resident's Council Meeting on March 28,2025 about the regulation for emergency contact numbers to be placed on telephones or a posted near telephone (per resident's preferences) that it must be present and visible at all times.

Moving forward, Administrator or designee will conduct weekly random apartment audits for (3) months beginning on 3/24/2025. Audits will be reported to QAPI monthly beginning on April 2025. QAPI scheduled April 16, 2025.

Licensee's Proposed Overall Completion Date: 03/17/2025

Not Implemented () - 05/15/2025

101j7 - Lighting/Operable Lamp

9. 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 1 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept () - 03/25/2025

See attached Administrator conducted a full house audit of all apartments on 3/4/2025. Administrator provided reeducation and in service to team members on 3/17/2025- see attached in service. Administrator will discuss at the next Resident's Council Meeting on March 28, 2025, about the regulation for light source to be within reach from bedside.

Moving forward, the administrator or designee will conduct random apartments audit weekly for (3) an additional three months to equal 6 months in total beginning on 3/24/2025. Audits will be reported to QAPI monthly beginning in April 2025. QAPI is scheduled for April 16,2025.

d.

Licensee's Proposed Overall Completion Date: 03/17/2025

Not Implemented () - 05/15/2025

183b - Meds and Syringes Locked

10. 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

On 2/20/2025 at 9:41 AM, the 2nd floor treatment cart was unlocked, unattended, and accessible in where the 3 hallways converge on the second floor in front of the dining area. This cart contained multiple cremes and treatments including resident 2's minerin crème and diclofenac sodium 1% gel

At 9:50 AM in room 2229 resident 1's prescription Eucerin lotion was unlocked, unattended, and accessible on the resident's beside table and in [REDACTED] bathroom. Resident 1 has not been determined capable of self-administering [REDACTED] own medications.

At 10:01 AM, the 4th floor treatment cart was unlocked, unattended, and accessible in where the 3 hallways converge on the fourth floor. This cart contained multiple cremes and treatment including resident 3's Ketoconazole 2% shampoo.

At 10:22 AM, the 3rd floor treatment cart was unlocked, unattended, and accessible in where the 3 hallways converge on the third floor. This cart contained multiple cremes and treatment including resident 4's ciclopirox olamine 8% cream.

On 2/20/2024 at 4:48 PM the second-floor medication cart was unlocked, unattended, and accessible in where the 3 hallways converge on the second floor in front of the dining area. The cart contained medications for 2nd floor residents. On top of the medication cart resident 5's medications: amlodipine 5 mg tablet and vitamin b-12 were crushed and mixed into an open container of apple sauce.

Plan of Correction

Accept ([REDACTED] - 03/25/2025)

The community's locksmith was notified on 02/21/2025 of the issue of locks on treatment carts. Locksmith replaced locks on all four treatment carts on 02/21/2025.

Administrator provided in service to LPN's and med techs provided that med cart/ treatment cart must be secured when unaccompanied. All medications must remain locked in med/ treatment cart unless physician documents on DME that resident is able to self-administer medications on 03/17/2025- see attached in service.

Moving forward, administrator or designee will conduct random weekly audits for three (3) months beginning on 3/24/2025 and report to QAPI monthly beginning in April 2025. QAPI scheduled for April 16,2025.

Licensee's Proposed Overall Completion Date: 03/17/2025

Not Implemented ([REDACTED] - 05/15/2025)

183d - Prescription Current

11. Requirements

2600.

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

183d - Prescription Current (continued)

Description of Violation

On 2/20/2025, diazepam 2 mg take 1 tablet twice daily for anxiety prescribed for resident 6, was in the home's overflow medication room on the 4th floor; however, the medication was discontinued on 1/30/2025.

On 2/20/2025, alprazolam .25 mg prescribed for resident 7, was in the home's overflow medication room on the 4th floor; however, the medication was discontinued on 11/11/2024.

Vick's vapor rub that expired 10/2014 was in the home's overflow medication room on the 4th floor. According to staff persons interviewed, this medication belonged to a staff member.

Repeated Violation: 4/2/2024

Plan of Correction

Accept (█) - 03/25/2025

Administrator provided LPN's and med tech's an in service that all medications must be disposed when medications discontinued following community's disposition policy on 03/17/2025- see attached in service. Moving forward, Administrator or designee will do random monthly audits for (3) months beginning on 3/24/2025 that all medications that have been disposed of at time of discontinuation and will report audits in QAPI monthly beginning in April 2025. Organization will be placing medication disposition medication boxes for disposition. Administrator also meet with a medication donation company (Sirium) on March 3, 2025. Supplies should arrive in the community the week of 3/16 and nursing will begin to organize and donate applicable medications. Medications will be disposed and/or donated by 3/31/2025.

Licensee's Proposed Overall Completion Date: 03/18/2025

Not Implemented (█) - 05/15/2025

183e - Storing Medications

12. 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 2/20/2025 resident 7's blister pack ondansetron HCl oral tablet 4 mg, was punctured at pills 21, 18, 15, 12, 6, 5 and 1. The pills remained in the packaging.

Resident 8's blister pack of lorazepam .05 mg was punctured and taped over at slots 22, 21, 20, 6 and 7. The pills remained in the packaging.

In the overflow medication room, the following expired medication and medical devices were observed:

- Resident 6's Polyethylene Glycol 17 MG powder pack that expired 12/2024.
- Resident 7's oral syringe 1 ml, use as directed to measure liquid expired 6/14/2024.
- Two Rusch foley catheters that expired 5/28/2023 and 3/28/2023. No one in the home has an order for catheter use.

183e - Storing Medications (continued)

Plan of Correction

Accept () - 03/25/2025

Administrator provided LPN's and med tech's reeducation and in service on blister packs punctured and taped on 3/17/25. See attached in service. Syringe and foley catheters were disposed of immediately on 2/20/25. Miralax was disposed of in Drug Buster on 2/20/2025. Administrator removed and disposed of all expired supplies from the medication room on 2/21/25.

Moving forward, the administrator or designee will conduct weekly audit review of medication blister card for 12 months. Audit will be reported to QAPI beginning in April 2025. QAPI scheduled for April 16, 2025. attached.

Licensee's Proposed Overall Completion Date: 03/18/2025

Not Implemented () - 05/15/2025

183f - Discontinued Medications

13. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

Travatan Z Ophthalmic solution .004% belonging to resident 9 was in the home's overflow medication room. Resident 9 was discharged on () to () This is not an approved method of destroying medications according to the Department of Environmental Protection and Federal and State regulation.

When interviewed staff person D, the administrator, stated that when a resident is discharged, the home does not give medications to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home if the medications were ordered through the home's designated pharmacy. If the medication was ordered through an outside pharmacy, then the medications will be given to the resident.

Plan of Correction

Accept () - 03/25/2025

Administrator provided in service to LPN's/med tech that medications must be given to resident or responsible party on day of discharge on 3/17/25 see attached in service

Moving forward, the administrator or designee will discharge resident with all medications on day of discharge.

Administrator will review all discharges that all medications were released to resident or responsible party and report to QAPI on the following discharged month for (3) months beginning on April 2025. QAPI scheduled for April 16, 2025.

183f - Discontinued Medications (*continued*)

Licensee's Proposed Overall Completion Date: 03/18/2025

Not Implemented (█ - 05/15/2025)

184a - Resident's Meds Labeled

14. 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

The pharmacy label for resident 9's Travatan Z Ophthalmic solution .004% did not include the full prescribed dosage and full instructions for administration, the name and title of the prescriber, the resident's full name, the full name of the medication and the date the prescription was issued because the label was partially torn off.

Spiriva Respimat inhaler spray was located in the overflow medication cart and did not have a pharmacy label the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration, the name and title of the prescriber.

Plan of Correction

Accept (█ - 03/25/2025)

Administrator provided LPN's/Med techs an in service on medications must have pharmacy labels on 3/17/25.

Moving forward, the administrator or designee will conduct random monthly cart audits on all medications has a pharmacy label for (3) three months starting on 3/24/25. Will report to QAPI monthly beginning in April 2025. QAPI scheduled for April 16, 2025.

Licensee's Proposed Overall Completion Date: 03/18/2025

Not Implemented (█ - 05/15/2025)

184b - Labeling OTC/CAM

15. 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 02/20/2025, a package of extra strength Tylenol rapid release 500 mg and Aspirin 81 mg belonging to resident 10 was in the 4th floor medication cart and was not labeled with the resident's name.

In the home's 4th floor overflow medication room, there was a bottle of Allegra Allergy 24-hour tablets 180 mg and a bottle of Calcium 500 mg with vitamin D 3. The home could not determine which resident, if any, these belonged to.

184b - Labeling OTC/CAM (continued)

Plan of Correction

Accept () - 03/25/2025

184b Labeling OTC

Administrator provided LPN's/Med techs an in service on medications must be identified with the resident's name on 3/17/25. See attached in service

Moving forward, the administrator or designee will conduct random monthly cart audits on all medications (3) three months starting on 3/24/25. Will report to QAPI monthly beginning in April 2025. QAPI scheduled for April 16, 2025.

Licensee's Proposed Overall Completion Date: 03/18/2025

Not Implemented () - 05/15/2025

185a - Implement Storage Procedures

16. 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 2/20/2025 the home has a policy for discontinued medications. The home's policy is to destroy or return to the issuing pharmacy in accordance with state regulations, however in the medication overflow room on the 4th floor, the home was storing an abundance of discontinued and expired medications including medication for individuals who were no longer in the home, including resident 9.

Plan of Correction

Accept () - 03/25/2025

Administrator provided LPN's and med tech's an in service that all medications must be disposed when medications discontinued following community's disposition policy on 03/17/2025- see attached in service.

Moving forward, Administrator or designee will do random monthly audits for (3) months beginning on 3/24/2025 that all medications that have been disposed of at time of discontinuation and will report audits in QAPI monthly beginning in April 2025. Organization will be placing medication disposition medication boxes for disposition.

Administrator also meet with a medication donation company (Sirium) on March 3, 2025. Supplies should arrive in the community the week of 3/16 and nursing will begin to organize and donate applicable medications. Medications will be disposed and/or donated by 3/31/2025.

e attached.

Licensee's Proposed Overall Completion Date: 03/18/2025

Not Implemented () - 05/15/2025

187a - Medication Record

17. Requirements

2600.

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

- 1. Resident's name.
- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident 7 is prescribed lorazepam oral tablet 0.5 mg 2 times a day. However, resident 7's 1/2025 medication administration record does not indicate diagnosis or purpose for the medication, including pro re nata (PRN)

187a - Medication Record (continued)

Resident 11 is prescribed lorazepam oral tablet 1 mg at bedtime. However, resident 11's 1/2025 medication administration record does not indicate diagnosis or purpose for the medication, including pro re nata (PRN).

Plan of Correction

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

Administrator completed a full house audit of residents orders completed on 3/14/2025. All residents records were checked and updated with indications for all medication orders.

LPN's given an in service that all new orders must have diagnosis and indications on MAR on 3/17/25. See attached in service

Administrator will conduct random weekly physician orders and MARS for diagnosis on MAR for 3 months beginning on 3/20/25 for 6 months. Will report to QAPI monthly beginning in April 2025. QAPI scheduled for April 16,2025.

Licensee's Proposed Overall Completion Date: 03/18/2025

Not Implemented ([redacted] - 05/15/2025)

187b - Date/Time of Medication Admin.

18. 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 11 is prescribed lorazepam tablet .5mg take one by mouth at 10 AM and 4 PM for anxiety. At 11:49 AM Resident 11's 1/2025 medication administration record did not include the initials of the staff person who administered lorazepam tablet 0.5 mg on 2/20/2025 at 10:55 AM. This medication was not documented into the home's eMAR system until 2/20/2025 12:22 PM.

Plan of Correction

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

Administrator provided LPN's/Med techs an in service for signing out all medications at time of administration in the MAR on 03/17/2025- see attached in service

Going forward, administrator or designee will do weekly audits of resident's medical records for six (6) months and report audits to QAPI monthly beginning in April 2025. QAPI scheduled for April 16, 2025.

Licensee's Proposed Overall Completion Date: 03/18/2025

Not Implemented ([redacted] - 05/15/2025)

187d - Follow Prescriber's Orders

19. Requirements

2600.

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

Description of Violation

Resident 11 is prescribed Seroquel oral tablet 25 MG, give one tablet by mouth three times a day for anxiety. However, resident 11 was not administered this medication on 2/1/2025 at 14:00.

Repeat violation: 04/02/2024

187d - Follow Prescriber's Orders (continued)

Plan of Correction**Accept (█ - 03/25/2025)**

See attached. Administrator provided LPN's and Med techs reeducation and an in service to follow prescribers orders on 03/17/2025- see attached in service

Moving forward, Personal Care Nurse on duty will continue to audit MAR each shift and complete audit for each shift daily for an additional three(3) months beginning on 03/17/2025 through 06/17/2025. Audits will be reported in QAPI monthly beginning in April 2025. QAPI scheduled for April 16,2025.

Licensee's Proposed Overall Completion Date: 03/18/2025**Not Implemented (█ - 05/15/2025)**