

Department of Human Services
Bureau of Human Service Licensing

September 8, 2021

[REDACTED]
WELLTOWER OPCO GROUP LLC
7902 WESTPARK DRIVE
ATTN - MENERVA PHILSON
MCLEAN, VA 22102

RE: SUNRISE OF NEWTOWN SQUARE
333 SOUTH NEWTOWN STREET
ROAD
NEWTOWN SQUARE, PA, 19073
LICENSE/COC#: 14326

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/29/2021, 06/30/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Mia Johnson

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *SUNRISE OF NEWTOWN SQUARE* License #: *14326* License Expiration Date: *12/15/2021*
Address: *333 SOUTH NEWTOWN STREET ROAD, NEWTOWN SQUARE, PA 19073*
County: *DELAWARE* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *6103255400* Email: [REDACTED]

Legal Entity

Name: *WELLTOWER OPCO GROUP LLC*
Address: *7902 WESTPARK DRIVE, ATTN - MENERVA PHILSON, MCLEAN, VA, 22102*
Phone: *6103255400* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *11/07/2002* Issued By: *COPA Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *86* Waking Staff: *65*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *06/30/2021*

Inspection Dates and Department Representative

06/29/2021 - On-Site: [REDACTED]
06/30/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *104* Residents Served: *57*

Secured Dementia Care Unit

In Home: *Yes* Area: *Reminiscence* Capacity: *26* Residents Served: *15*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *57*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *29* Have Physical Disability: *29*

Inspections / Reviews

06/29/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/07/2021*

8/13/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/17/2021*

8/25/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/28/2021*

9/8/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

- 16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 6/29/21, resident #1 had an unwitnessed fall and was sent to the hospital. The home failed to report the incident to the Department as of 6/30/21.

Plan of Correction

Accept

2600.16.c

8.6.21 The Executive Director (ED) submitted the incident report for Resident #1’s fall.

8.9.21 The ED reviewed the regulatory reporting requirements of Chapter 2600.16 and guidance of the Regulatory Compliance Guide with the Care Coordinators.

8.9.21 Daily and during the morning meeting the ED and Coordinators review any incidents and confirm what has been reported or needs to be reported to verify proper reporting procedures were followed.

8.19.21 and ongoing for 3 months During the monthly quality management meeting (Quality Assurance and Performance Improvement/QAPI) the ED and Coordinators will review the incident and reporting trends to determine if the plan of correction (POC) is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 08/09/2021

16c - Written Incident Report *(continued)***Document Submission****Implemented**

8.6.21 The Executive Director (ED) submitted the incident report for Resident #1's fall.

8.9.21 The ED reviewed the regulatory reporting requirements of Chapter 2600.16 and guidance of the Regulatory Compliance Guide with the Care Coordinators.

8.9.21 Daily and during the morning meeting the ED and Coordinators review any incidents and confirm what has been reported or needs to be reported to verify proper reporting procedures were followed.

8.19.21 and ongoing for 3 months During the monthly quality management meeting (Quality Assurance and Performance Improvement/QAPI) the ED and Coordinators will review the incident and reporting trends to determine if the plan of correction (POC) is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge.

On 6/30/21, at 10:44 am, two empty blister packs of medication were located in the trash on the medication cart. The medication label's for resident #2 and resident # 3 were not in compliance with the Health Insurance Portability and Accountability Act of 1996.

18 - Compliance With Laws (continued)

Plan of Correction

Accept

2600.18

6.30.21 The resident #2 and 3's information was struck out with a black sharpie on the labels of the two empty blister packs of medication which the surveyor found in the trash on the medication cart on 6/30/21, at 10:44 am. The Resident Care Director (RCD) confirmed that the medication labels had been blacked out prior to discarding.

8.3.21 The ED or designee began reviewing the proper disposal process with the wellness department team members. All team members that administer medications will be trained on the expected disposal process by 8/13/2021.

8.3.21 The Medication Care Manager is responsible as they identify medication cards that are empty and need to be disposed of the information will be blacked out with a sharpie and taken to the Wellness office for destruction via the shredder.

8.3.21 The RCD or designee audits the medication carts weekly and will verify medication cards are not disposed per destruction process.

8.19.21 and ongoing for 3 months During the monthly QAPI meeting the ED and Coordinators will review any trends of the disposal of medication cards to determine if the POC is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 08/03/2021

Document Submission

Implemented

6.30.21 The resident #2 and 3's information was struck out with a black sharpie on the labels of the two empty blister packs of medication which the surveyor found in the trash on the medication cart on 6/30/21, at 10:44 am. The Resident Care Director (RCD) confirmed that the medication labels had been blacked out prior to discarding.

8.3.21 The ED or designee began reviewing the proper disposal process with the wellness department team members. All team members that administer medications will be trained on the expected disposal process by 8/13/2021.

8.3.21 The Medication Care Manager is responsible as they identify medication cards that are empty and need to be disposed of the information will be blacked out with a sharpie and taken to the Wellness office for destruction via the shredder.

8.3.21 The RCD or designee audits the medication carts weekly and will verify medication cards are not disposed per destruction process.

8.19.21 and ongoing for 3 months During the monthly QAPI meeting the ED and Coordinators will review any trends of the disposal of medication cards to determine if the POC is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again

51 - Criminal Background Check

1. Requirements

2600.

- 51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

On 6/30/21, at 9:45 am, three vendors were walking on the 2nd floor unattended a criminal background check had not been completed.

Plan of Correction

Accept

2600.51

6.30.21 The ED obtained the criminal background screen and provided it to the surveyor.

6.30.21 The ED and the Business Office Coordinator (BOC) completed an audit of current vendor criminal background checks and identified no further issues.

6.30.21 The ED re-educated the coordinators on the requirement of criminal background checks for a contracted employee, vendors who have any type of direct contact with a resident or unsupervised access to residents personal living quarters without direct oversight by other employed staff.

6.30.21The BOC or designee works with the coordinators to verify a criminal background check is obtained for vendors ahead of their entrance to the community. A binder is kept of all vendors and clearances.

6.30.21 The concierge will screen all vendors and ensure criminal background checks is on file upon entrance to the community.

8.19.21The ED or designee will review the list of vendors and verify clearances are available once a quarter.

8.19.21 and ongoing for 3 months During the monthly QAPI meeting the ED and Coordinators will review audit to determine if the POC is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 08/19/2021

51 - Criminal Background Check (continued)

Document Submission

Implemented

6.30.21 The ED obtained the criminal background screen and provided it to the surveyor.

6.30.21 The ED and the Business Office Coordinator (BOC) completed an audit of current vendor criminal background checks and identified no further issues.

6.30.21 The ED re-educated the coordinators on the requirement of criminal background checks for a contracted employee, vendors who have any type of direct contact with a resident or unsupervised access to residents personal living quarters without direct oversight by other employed staff.

6.30.21The BOC or designee works with the coordinators to verify a criminal background check is obtained for vendors ahead of their entrance to the community. A binder is kept of all vendors and clearances.

6.30.21 The concierge will screen all vendors and ensure criminal background checks is on file upon entrance to the community.

8.19.21The ED or designee will review the list of vendors and verify clearances are available once a quarter.

8.19.21 and ongoing for 3 months During the monthly QAPI meeting the ED and Coordinators will review audit to determine if the POC is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 6/29/21, at 9:45 am, the refrigerator located on the 2nd floor activity room had spilled food debris in it and the surface was unclean.

On 6/29/21, at 10:15 am, there were resident shoes placed on the counter of the memory care kitchenette counter.

85a - Sanitary Conditions *(continued)***Plan of Correction****Accept***2600.85.a*

6.29.21 The Activities Coordinator (AVC) immediately cleaned the refrigerator located on the 2nd floor activity room.

6.29.21 The ED educated the AVC on the process and frequency by which the refrigerator is to be cleaned to maintain sanitary conditions.

6.29.21 The Reminiscence Coordinator (RC) immediately removed the shoes from the counter.

6.29.21 The RC educated the direct care staff (team members) on sanitary conditions and shoes are not permitted on the counter.

8.3.21 The DSC or designee monitor the daily cleaning of the activity's refrigerator.

6.29.21 The RC or designee conducts daily rounds within the Secured Dementia Care Unit (reminiscence neighborhood) to verify that shoes are not on the counters and sanitary conditions are being maintained.

8.19.21 and ongoing for 3 months During the monthly QAPI meeting the ED and Coordinators will review the audit to determine if the POC is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 08/03/2021

85a - Sanitary Conditions (continued)

Document Submission **Implemented**

6.29.21 The Activities Coordinator (AVC) immediately cleaned the refrigerator located on the 2nd floor activity room.

6.29.21 The ED educated the AVC on the process and frequency by which the refrigerator is to be cleaned to maintain sanitary conditions.

6.29.21 The Reminiscence Coordinator (RC) immediately removed the shoes from the counter.

6.29.21 The RC educated the direct care staff (team members) on sanitary conditions and shoes are not permitted on the counter.

8.3.21 The DSC or designee monitor the daily cleaning of the activity's refrigerator.

6.29.21 The RC or designee conducts daily rounds within the Secured Dementia Care Unit (reminiscence neighborhood) to verify that shoes are not on the counters and sanitary conditions are being maintained.

8.19.21 and ongoing for 3 months During the monthly QAPI meeting the ED and Coordinators will review the audit to determine if the POC is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

85e - Trash Outside Home

1. 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 6/29/21, the lid of the dumpster outside the home was open.

Plan of Correction **Accept**

2600.85.e

6.29.21 The Maintenance Coordinator (MC) immediately put the dumpster lid down.

6.29.21 The MC called the trash company to have the dumpster emptied as it had not been picked up according to schedule.

6.29.21 The MC or designee conducts daily walkarounds to ensure dumpster lid is down and secure.

8.19.21 and ongoing for 3 months During the monthly QAPI meeting the ED and Coordinators will discuss the results of the daily walkarounds to determine if the POC is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 06/29/2021

85e - Trash Outside Home (continued)

Document Submission

Implemented

6.29.21 The Maintenance Coordinator (MC) immediately put the dumpster lid down.

6.29.21 The MC called the trash company to have the dumpster emptied as it had not been picked up according to schedule.

6.29.21 The MC or designee conducts daily walkarounds to ensure dumpster lid is down and secure.

8.19.21 and ongoing for 3 months During the monthly QAPI meeting the ED and Coordinators will discuss the results of the daily walkarounds to determine if the POC is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

103i - Outdated Food

1. Requirements

2600.

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

Description of Violation

On 6/29/21, there were unlabeled and undated bottles of liquor and cheese in the refrigerator on the 2nd floor activities room. In the freezer were unlabeled, undated drink cups and cake.

Plan of Correction

Accept

2600.103.i

6.29.21 The AVC immediately disposed of the cheese in the activity room refrigerator and the drink cups and cake from the activity room freezer. The AVC also labeled all the liquor bottles.

6.29.21 The refrigerator and freezer were audited by the AVC for items that were not labeled or dated. No other food items were identified during this audit.

6.29.21 The ED educated the AVC on regulatory requirements for labeling and dating 103.i and the importance of labeling and dating food and drinks. The process for labeling includes food item, current date, use by date, and staff initials and time that item is labeled.

6.29.21 and ongoing The AVC or designee conduct a daily review to verify all food and liquor is labeled and dated in the activity room refrigerator and freezer.

8.19.21 and ongoing for 3 months During the monthly QAPI meeting the ED and Coordinators will review the audit to determine if the POC is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 06/29/2021

103i - Outdated Food (continued)

Document Submission**Implemented**

6.29.21 The AVC immediately disposed of the cheese in the activity room refrigerator and the drink cups and cake from the activity room freezer. The AVC also labeled all the liquor bottles.

6.29.21 The refrigerator and freezer were audited by the AVC for items that were not labeled or dated. No other food items were identified during this audit.

6.29.21 The ED educated the AVC on regulatory requirements for labeling and dating 103.i and the importance of labeling and dating food and drinks. The process for labeling includes food item, current date, use by date, and staff initials and time that item is labeled.

6.29.21 and ongoing The AVC or designee conduct a daily review to verify all food and liquor is labeled and dated in the activity room refrigerator and freezer.

8.19.21 and ongoing for 3 months During the monthly QAPI meeting the ED and Coordinators will review the audit to determine if the POC is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

184a - Labeling OTC/CAM

1. Requirements

2600.

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

Description of Violation

The pharmacy label for resident #4's Amlodipine Besylat 5 mg was lined out and 10 mg dose was hand written on the pharmacy label.

184a - Labeling OTC/CAM (continued)

Plan of Correction**Accept**

2600.184.a

6.29.21 The RCD obtained and applied a correct pharmacy label for resident #4's Amlodipine Besylat 10 mg prescribed medication.

6.29.21 The RCD conducted an audit of the remaining medication carts for any other inconsistencies with the labels and did not identify any other issues.

6.29.21 The RCD educated the LPN medication care managers (LPN MCM) on duty as to the appropriate way to update a label or medication change.

6.29.21 and ongoing The RCD or designee conducts weekly audits of the medication carts and check different labels to verify compliance with regulation 2600.184a.

8.19.21 and ongoing for 3 months During the monthly QAPI meeting the ED and Coordinators will review the audit to determine if the plan of correction (POC) is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 06/29/2021

Document Submission**Implemented**

6.29.21 The RCD obtained and applied a correct pharmacy label for resident #4's Amlodipine Besylat 10 mg prescribed medication.

6.29.21 The RCD conducted an audit of the remaining medication carts for any other inconsistencies with the labels and did not identify any other issues.

6.29.21 The RCD educated the LPN medication care managers (LPN MCM) on duty as to the appropriate way to update a label or medication change.

6.29.21 and ongoing The RCD or designee conducts weekly audits of the medication carts and check different labels to verify compliance with regulation 2600.184a.

8.19.21 and ongoing for 3 months During the monthly QAPI meeting the ED and Coordinators will review the audit to determine if the plan of correction (POC) is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

185a - Implement Storage Procedures

1. 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.

185a - Implement Storage Procedures (continued)

Description of Violation

Resident # 5 is prescribed Acetaminophen 650 mg suppository as needed. On 6/29/21 resident # 5's Acetaminophen 650 mg suppository was not on the medication cart as printed on the medication administration record. The Acetaminophen 650 mg suppositories were located in the Wellness Office.

The glucometer reading for resident #6 are being documented incorrectly as follows :

On 6/3/21, at 11:37 am, the glucometer displayed 145. However, 124 was documented on the medication administration record.

On 6/26/21, at 12:00 pm, the glucometer displayed 116. However, 112 was documented on the medication administration record.

On 6/30/21, at 8:15 am, the glucometer displayed 135, However, 134 was documented on the medication administration record.

Plan of Correction**Accept**

2600.185.a

6.30.21 The RCD updated the location of where Resident #5's PRN Acetaminophen 650 mg suppository is stored on the Medication Administration Record (MAR) to indicate the Wellness office on the 2nd floor. Per the manufacture's instruction and label on the suppository, it can be stored in the refrigerator.

6.30.21 The RCD corrected resident #6's documentation on the electronic medical record relating to the mis documented glucometer reading.

6.30.21 The RCD educated the LPN MCM to the appropriate way to document an error on an electronic MAR.

6.30.21 The MARs were audited to verify the location of where the suppositories are stored is correct.

7.7.21 The RCD or designee conducts medication cart to MAR audits weekly and monthly to review for proper storage instructions and that any errors have been corrected properly.

8.19.21 and 3 months ongoing During the monthly QAPI meeting the ED and Coordinators will review the audit to determine if the POC is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 07/07/2021

185a - Implement Storage Procedures (*continued*)**Document Submission****Implemented**

6.30.21 The RCD updated the location of where Resident #5's PRN Acetaminophen 650 mg suppository is stored on the Medication Administration Record (MAR) to indicate the Wellness office on the 2nd floor. Per the manufacture's instruction and label on the suppository, it can be stored in the refrigerator.

6.30.21 The RCD corrected resident #6's documentation on the electronic medical record relating to the mis documented glucometer reading.

6.30.21 The RCD educated the LPN MCM to the appropriate way to document an error on an electronic MAR.

6.30.21 The MARs were audited to verify the location of where the suppositories are stored is correct.

7.7.21 The RCD or designee conducts medication cart to MAR audits weekly and monthly to review for proper storage instructions and that any errors have been corrected properly.

8.19.21 and 3 months ongoing During the monthly QAPI meeting the ED and Coordinators will review the audit to determine if the POC is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

191 - Resident Right to Refuse

1. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #7, admitted [REDACTED]/20, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error. The home could not provide signed documentation.

191 - Resident Right to Refuse (*continued*)**Plan of Correction****Accept**

2600.191

Resident #7 moved in on [REDACTED]/2020, the date listed on the violation report is incorrect.

12.3.20 Resident #7's contract signed on [REDACTED]/2020 by the resident and the residents responsible party (see page 15 of the contract). Per the contract, the residents signature indicates acknowledgement of having received a copy of the residency agreement and exhibit 7 Residents Rights. Exhibit 7 includes the right to question or refuse medication.

8.3.21 The ED reviewed the Residents Rights with resident #7 and obtained a signature acknowledging that the resident was educated on the right.

6.30.21 The ED or designee completed an audit of resident contracts to verify each has an acknowledgement that the resident was educated on the right to question or refuse a medication if the resident believes there may be a medication error.

6.30.21 The ED and designees review Residents Rights as part of the contract review at time of signing. An acknowledgement that the resident was educated on the right to question or refuse a medication if the resident believes there may be a medication error will be obtained at that time.

6.30.21 The ED or designee review the residency agreement within 24 hours of a resident moving in to verify an acknowledgement that the resident was educated on the right to question or refuse a medication if the resident believes there may be a medication error was obtained.

8.19.21 and ongoing for 3 months During the monthly QAPI meeting the ED and Coordinators will review the audit to determine if the POC is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 08/16/2021

191 - Resident Right to Refuse (*continued*)**Document Submission****Implemented**

Resident #7 moved in on [REDACTED]/2020, the date listed on the violation report is incorrect.

12.3.20 Resident #7's contract signed on [REDACTED]/2020 by the resident and the residents responsible party (see page 15 of the contract). Per the contract, the residents signature indicates acknowledgement of having received a copy of the residency agreement and exhibit 7 Residents Rights. Exhibit 7 includes the right to question or refuse medication.

8.3.21 The ED reviewed the Residents Rights with resident #7 and obtained a signature acknowledging that the resident was educated on the right.

6.30.21 The ED or designee completed an audit of resident contracts to verify each has an acknowledgement that the resident was educated on the right to question or refuse a medication if the resident believes there may be a medication error.

6.30.21 The ED and designees review Residents Rights as part of the contract review at time of signing. An acknowledgement that the resident was educated on the right to question or refuse a medication if the resident believes there may be a medication error will be obtained at that time.

6.30.21 The ED or designee review the residency agreement within 24 hours of a resident moving in to verify an acknowledgement that the resident was educated on the right to question or refuse a medication if the resident believes there may be a medication error was obtained.

8.19.21 and ongoing for 3 months During the monthly QAPI meeting the ED and Coordinators will review the audit to determine if the POC is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

221a - Program Activities

1. Requirements

2600.

221.a. The administrator shall develop a program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community.

Description of Violation

The home does not have a program of activities designed to promote the active involvement of residents with families and the community.

221a - Program Activities (continued)

Plan of Correction**Accept**

2600.221.a

7.7.21 The ED reviewed the programming requirements with the AVC including the need to incorporate programming that promotes each resident's active involvement with other residents, the resident's family, and the community.

7.7.21 The AVC reviewed the July calendar which includes activities that promote each resident-to-resident involvement, inclusion of resident's family and the community. Examples of activities included are as follows:

Mind Games (Resident-to-resident involvement)

Christmas in July Family Event (Includes of resident's family – separate invitation sent to families)

Communion Services, Catholic Mass, (Includes the community)

8.9.21 The AVC will conduct ongoing community service activities for residents to participate and engage with the local community. The residents and staff will be baking dog treats to donate to the local SPCA.

6.30.21 The AVC completes a monthly calendar for the Reminiscence neighborhood, and the personal care neighborhood. The calendars include a variety of programs to meet the physical, social, and emotional needs of the residents and promotes each resident's active involvement with other residents, the resident's family and the community.

The AVC and RC will meet on a weekly basis and review the activities developed and verify they are executed.

8.19.21 and ongoing for 3 months During the monthly QAPI meeting the ED and Coordinators will review the audit to determine if the POC is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 08/09/2021

221a - Program Activities (continued)

Document Submission

Implemented

7.7.21 The ED reviewed the programming requirements with the AVC including the need to incorporate programming that promotes each resident's active involvement with other residents, the resident's family, and the community.

7.7.21 The AVC reviewed the July calendar which includes activities that promote each resident-to-resident involvement, inclusion of resident's family and the community. Examples of activities included are as follows:

Mind Games (Resident-to-resident involvement)

Christmas in July Family Event (Includes of resident's family – separate invitation sent to families)

Communion Services, Catholic Mass, (Includes the community)

8.9.21 The AVC will conduct ongoing community service activities for residents to participate and engage with the local community. The residents and staff will be baking dog treats to donate to the local SPCA.

6.30.21 The AVC completes a monthly calendar for the Reminiscence neighborhood, and the personal care neighborhood. The calendars include a variety of programs to meet the physical, social, and emotional needs of the residents and promotes each resident's active involvement with other residents, the resident's family and the community.

The AVC and RC will meet on a weekly basis and review the activities developed and verify they are executed.

8.19.21 and ongoing for 3 months During the monthly QAPI meeting the ED and Coordinators will review the audit to determine if the POC is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

221c - Post Activity Calendar

1. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home does not have a current weekly activity calendar posted in a public and conspicuous place in the memory care unit of the home.

221c - Post Activity Calendar (continued)

Plan of Correction

Accept

2600.221.c

6.29.21 The AVC immediately posted the calendar for June and July in the reminiscence neighborhood.

6.29.21 The ED educated the RC and the AVC as on where the activities calendar must be posted, for both the personal care neighborhood as well as the reminiscence neighborhood.

6.29.21 The AVC or designee post the activity calendar in the reminiscence neighborhood each month at the same time the personal care calendar is posted.

6.29.21 The ED or designee verifies the activity calendar is posted in each neighborhood monthly.

8.19.21 and ongoing for 3 months During the monthly QAPI meeting the ED and Coordinators will review the audit to determine if the POC is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 06/29/2021

Document Submission

Implemented

6.29.21 The AVC immediately posted the calendar for June and July in the reminiscence neighborhood.

6.29.21 The ED educated the RC and the AVC as on where the activities calendar must be posted, for both the personal care neighborhood as well as the reminiscence neighborhood.

6.29.21 The AVC or designee post the activity calendar in the reminiscence neighborhood each month at the same time the personal care calendar is posted.

6.29.21 The ED or designee verifies the activity calendar is posted in each neighborhood monthly.

8.19.21 and ongoing for 3 months During the monthly QAPI meeting the ED and Coordinators will review the audit to determine if the POC is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

237a - Activities

1. Requirements

2600.

237.a. The following types of activities shall be offered at least weekly:

Description of Violation

On 6/26/21, staff person A, communicated that activities are not offered in the memory care unit.

237a - Activities (continued)

Plan of Correction**Accept**

2600.237.a 7/7/2021

7.7.21 The ED reviewed the programming requirements with the AVC, RC.

7.14.21 A Life Enrichment Manager (LEM) that assists with programing in the reminiscence neighborhood was hired 7/14/21 and received verbal training on programming requirements.

8.13.21 The LEM was provided an additional guide to understanding the role of LEM in the reminiscence neighborhood. Furthermore, the LEM completed the required online training.

6.15.21 The AVC created the July calendar and worked with the RC, to assign a team member of the care staff to conduct activities in the Reminiscence neighborhood.

8.4.21 Each month the AVC completes the activities calendar and works with the RC, to assign a team member of the care staff to conduct activities in the Reminiscence neighborhood.

8.4.21 The AVC and RC will meet on a weekly basis and review the activities developed and verify they are executed.

8.19.21 and ongoing for 3 months During the monthly QAPI meeting the ED and Coordinators will review the audit to determine if the POC is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 08/13/2021

237a - Activities (continued)

Document Submission**Implemented**

7.7.21 The ED reviewed the programming requirements with the AVC, RC.

7.14.21 A Life Enrichment Manager (LEM) that assists with programing in the reminiscence neighborhood was hired 7/14/21 and received verbal training on programming requirements.

8.13.21 The LEM was provided an additional guide to understanding the role of LEM in the reminiscence neighborhood. Furthermore, the LEM completed the required online training.

6.15.21 The AVC created the July calendar and worked with the RC, to assign a team member of the care staff to conduct activities in the Reminiscence neighborhood.

8.4.21 Each month the AVC completes the activities calendar and works with the RC, to assign a team member of the care staff to conduct activities in the Reminiscence neighborhood.

8.4.21 The AVC and RC will meet on a weekly basis and review the activities developed and verify they are executed.

8.19.21 and ongoing for 3 months During the monthly QAPI meeting the ED and Coordinators will review the audit to determine if the POC is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

251b - Record Entries Legible

1. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used on the resident's rights page in the contract for resident #4 on page 27 of 34 dated [REDACTED]/19.

251b - Record Entries Legible (*continued*)**Plan of Correction****Accept**

2600.251.b

8.3.21 The ED attempted to review page 27 of resident #4's contract and the resident is not able to sign at this time due to progression of health condition. Notation of attempt and inability was documented with ED signature and date.

6.30.21 The ED educated the Director of Sales (DOS) and the BOC regarding entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry and how to properly make a correction (strike through, initials and date) in a resident's record.

6.30.21 The DOS or designee verifies there is no correction fluid utilized when having a resident or responsible party sign the documentation and if an error is made instructs on how to properly make a correction in a resident's record.

6.30.21 The ED or designee reviews the residency agreement within 24 hours of a resident moving in to verify any corrections were properly documented with a strike through, initials and date.

8.19.21 and ongoing for 3 months During the monthly QAPI meeting the ED and Coordinators will review the audit to determine if the plan of correction (POC) is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.

Completion Date: 08/03/2021

Document Submission**Implemented**

8.3.21 The ED attempted to review page 27 of resident #4's contract and the resident is not able to sign at this time due to progression of health condition. Notation of attempt and inability was documented with ED signature and date.

6.30.21 The ED educated the Director of Sales (DOS) and the BOC regarding entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry and how to properly make a correction (strike through, initials and date) in a resident's record.

6.30.21 The DOS or designee verifies there is no correction fluid utilized when having a resident or responsible party sign the documentation and if an error is made instructs on how to properly make a correction in a resident's record.

6.30.21 The ED or designee reviews the residency agreement within 24 hours of a resident moving in to verify any corrections were properly documented with a strike through, initials and date.

8.19.21 and ongoing for 3 months During the monthly QAPI meeting the ED and Coordinators will review the audit to determine if the plan of correction (POC) is still effective. If not effective, it will be amended and a new POC and training will be implemented and monitored to ensure the violation does not occur again.