Department of Human Services
Bureau of Human Service Licensing

August 9, 2021

[redacted] EXECUTIVE VICE PRESIDENT
CSW ARBOUR SQUARE III PLYMOUTH MEETING LP
1300 VIRGINIA DRIVE, 215
FT. WASHINGTON, PA 19034

RE: THE PINNACLE AT PLYMOUTH MEETING
215 PLYMOUTH ROAD
PLYMOUTH MEETING, PA, 19462
LICENSE/COC#: 14720

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/21/2021, 06/22/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

July 27, 2021

[redacted] EXECUTIVE VICE PRESIDENT
CSW ARBOUR SQUARE III PLYMOUTH MEETING LP
1300 VIRGINIA DRIVE, 215
FT. WASHINGTON, PA 19034

RE: THE PINNACLE AT PLYMOUTH MEETING
215 PLYMOUTH ROAD
PLYMOUTH MEETING, PA, 19462
LICENSE/COC#: 14720

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 06/21/2021, 06/22/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *THE PINNACLE AT PLYMOUTH MEETING* **Licen e #**: *14720* **Licen e Expiration Date**: *10/08/2021*
Addre : *215 PLYMOUTH ROAD, PLYMOUTH MEETING, PA 19462*
County: *MONTGOMERY* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: *610-292-3030* **Email**: [redacted]

Legal Entity

Name: *CSW ARBOUR SQUARE III PLYMOUTH MEETING LP*
Address: *1300 VIRGINIA DRIVE, 215, FT. WASHINGTON, PA, 19034*
Phone: *6102923030* **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-1* **Date**: *07/02/2020* **Issued By**: *Plymouth Township*
Type: *I-2* **Date**: *07/02/2020* **Issued By**: *Plymouth Township*

Staffing Hours

Re ident Support Staff: *0* **Total Daily Staff**: *24* **Waking Staff**: *18*

Inspection

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:
Reason: *Complaint,Incident* **Exit Conference Date**: *06/22/2021*

Inspection Dates and Department Representative

06/21/2021 - On-Site: [redacted]
06/22/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *138* **Residents Served**: *17*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Garden House* **Capacity**: *19* **Residents Served**: *6*

Hospice

Current Re ident : *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *17*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *7* **Have Physical Disability**: *2*

Inspections / Reviews

06/21/2021 - Partial

Lead In pector: [redacted] **Follow Up Type:** *POC Submission* **Follow-Up Date:** *07/23/2021*

7/27/2021 POC Submi ion

Lead Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *08/06/2021*

8/9/2021 - 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

Resident #1 is prescribed Tacrolimus Oral Capsule 0.5mg. In the month of May, the resident was prescribed to take one capsule by mouth twice per day every day at 8:00 am and 8:00 pm. Staff Member A admits that the resident did not receive this medication two times in the month of May because the medication was not in the home. The home did not report this incident to the department.

Plan of Correction **Accept**

Medication dashboard will be reviewed by the RCD or designee on an ongoing basis for missed medications for at east three months. Medication aides training and in-service completed on the medication administration documentation and ordering medications completed on 7/2/2021. Residents on the medication program to sign the pharmacy contract for back up option for filling prescriptions. Pharmacy contracts will be completed by August 31st. ncident reports shall be completed and reported to the Department within the 24-hour time period.

Completion Date: *08/31/2021*

Document Submission **Implemented**

The incident reports for the months of June and July have been audited and the GM reviews the new IR's at least weekly . Any Reportables are sent to DHS with in 24 hours. Med Aides were retrained on July 2. All residents files were audited for signatures. All have signed contracts at tis time. Audits will be scheduled for nay new residents

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [redacted], for resident #2 was not signed by the resident.

The resident-home contract, dated [redacted], for resident #3 was not signed by the resident.

Plan of Correction **Accept**

Resident Contracts for Residents #2 and #3 were signed by a Resident.
Resident contracts were audited to verify that contracts are signed by each resident. Future resident contracts will be reviewed by the BOD or designee for the next three months using the resident contract checklist.

Completion Date: *10/22/2021*

Document Submission **Implemented**

All contracts have been audited for resident signatures. At this time, all contracts have been signed by the resident. All new resident's contracts will be audited for signatures.

41e - Signed Statement

1. Requirements

41e - Signed Statement *(continued)*

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #2's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Resident #3's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction **Accept**

Resident #2 and #3 completed receipt of Resident Rights and Complaint procedures.
Resident contracts were audited to verify that the resident signed the Resident Rights and Complaint procedures statement. Future resident contracts will be reviewed by the BOD or designee monthly for the next three months using the resident contract checklist.

Completion Date: *10/22/2021*

Document Submission **Implemented**

Resident #2 and #3 have signed Resident's Rights and Complaint procedures. All residents have a signed Resident's Rights and complaint procedures in their charts.

42b - Abuse

1. **Requirements**

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

42b - Abuse *(continued)*

Description of Violation

Residents #2 and #3 were fighting each other the during the early morning of 6/17/21. Resident #2 sustained injuries as a result of this fight. Both residents have known, documented, aggressive behaviors. Neither resident has had a preadmission screening and a cognitive preadmission screening completed. Neither resident s service plan indicates a plan to address the aggressive behaviors. The home has not implemented positive interventions to modify or eliminate the behaviors.

Resident #2 is prescribed Clearlax 17 grams by mouth every other day. In the month of June 2021, The home has not been following the prescriber's orders. Resident #2 was given this medication on 6/5/21, 6/6/21, 6/7/21, 6/9/21, 6/10/21, 6/11/21, 6/12/21, 6/13/21, 6/14/21, 6/18/21, 6/19/21, 6/20/21, and 6/21/21. This medication error went unnoticed until it was pointed out by the department. Caregivers' notes document resident #2 having frequent bowel movements, soiling himself, and often creating a mess. According to caregivers' notes, on 6/13 21 during the overnight shift, Resident #2 had a bowel movement on the floor of Resident #5's bathroom and it was not completely cleaned up.

On the evening of 6/10/21, resident #4 was crying most of the evening due to pain in the resident's leg. Resident #4 is prescribed Acetaminophen as a PRN for pain. Nothing was offered to the resident for pain that evening.

Resident #4 has been receiving 1 tablet of Lorazepam (Ativan) 0.5mg every day for the months of May and June. Medication Administration Records for both months, as well as current physicians orders say resident #4 should be administered ½ tablet or 0.25mg every day at bedtime. Staff were not aware of this medication error until pointed out by the Department on 6/22/21. Therefore, this medication error has occurred at least 52 times in a row and not been reported to the resident, resident s designated person, resident s physician, and the Department.

Plan of Correction **Directed**

Pre-Admission screens and cognitive screens were completed for Resident #2 and #3.
Care plan for Resident #2 has been updated to address aggressive behaviors.
Physician orders for Resident #2, and #4 has been reviewed and updated.
Pre-Admission and Cognitive screens will be audited by Guest Services Director or designee for completion monthly for the next 3 months.
Incidents will be reviewed by Resident Care Director/designee and approved by General Manager/designee.
Medication aides training and in-service completed on medication administration, documentation and ordering medications completed on 7/2/2021.
Training completed with Care-Staff on documentation and reporting.
Medication dashboard will be reviewed by the RCD or designee on an ongoing basis for medication review. Orders will be updated/verified as needed with changes. Incident reports shall be completed and reported to the Department within the 24-hour time period.

DPOC - SP - 07-27-2021
Staff to be in-serviced on resident rights by 08-06-2021. Documentation to be made available for Department review
Completion Date: *08/06/2021*

Document Submission **Implemented**

Resident #2 & #3 have cognitive screens and pre-admission screens. Resident#2's care plan has been updated to address aggressive behaviors. Update Physicians orders have been placed in the POC binder. All MC and PC residents have a preadmission screen and Cognitive screen. All incident reports have been reviewed by the GM. All staff have been inserviced regarding Resident Rights and abuse.

183a - Original Containers and Injections

1. Requirements

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

On 6/21/21, Pradaxa Oral Capsule 75 MG for resident #4 was found sprinkled at the bottom of a plastic tub that contained all of resident's medications. The pills were individually wrapped but were not in their original box with the pharmacy label.

Plan of Correction **Accept**

Medication aides training on medication administration, and medication labeling completed on 7/2/2021.
Medication Cart audited for prescription labels
Medication audits will be done weekly for the next three months.

Completion Date: *10/22/2021*

Document Submission **Implemented**

Medication Aide training for all med-tech was completed on July2. All new Med-techs will receive this training upon hire. Med Cart audits and Weekly medication audits will be placed in the POC binder

183b - Meds and Syringes Locked

1. 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 6/22/21 at 9:17 am, Diazepam 2 MG Tablets were unlocked, unattended, and accessible in the medication room located on the second floor.

Plan of Correction **Accept**

Door lock has been changed on medication room to lock automatically when closed.
Medication Aid training was completed on proper care and control and storage of narcotics.
Medication Skills checklist to be completed on all medication aides by August 31st.

Completion Date: *08/31/2021*

Document Submission **Implemented**

All Med-Techs received training regarding proper care and control of narcotics on JUly2. The "key-type" locks on the med rooms have been replaced with automatic locking combination locks. The medication skills checklist is being utilized for all med-techs. The GM will audit any new Med-techs to assure they receive this training upon hire.

183d - Prescription Current

1. 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 6/21/21, Aspirin EC 81 MG prescribed for resident #1, was in the home's memory care medication room; however, the medication was discontinued.

On 6/22/21, Lorazepam 0.5 MG prescribed for resident #2, was in the home's second floor medication room; however, the medication was discontinued.

Plan of Correction **Accept**

Medication cart audit completed, and discontinued medications have been destroyed.
Medication Services Policy and Release or Destruction of Medications form reviewed with Medication Aides by Aug 31.
Medication cart audit will be completed by RCD/designee weekly for the next three months.

Completion Date: *10/22/2021*

Document Submission **Implemented**

Medication cart audits completed and placed in POC binder.
Medication service policy and release or destruction of medication has been reviewed.
Weekly medication audits are taking place and filed in the POC binder.

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:
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.

184a - Labeling OTC/CAM *(continued)*

Description of Violation

The pharmacy label for resident #2's Gabapentin Oral Capsule 300mg and Lorazepam 0.5mg, does not include the prescribed dosage and instructions for administration.

Resident #2's Skin Pre does not have a pharmacy label.

The pharmacy label for resident #3's Seroquel Oral Tablet 300 MG 25 MG Tablet does not include the prescribed dosage and instructions for administration.

The pharmacy label for resident #3's Caridopa- Levodopa 25-100 MG Tab does not include the prescribed dosage and instructions for administration.

The pharmacy label for resident #3's Rytary Oral Capsule Extended Release 23.75-95 MG does not include the prescribed dosage and instructions for administration.

The pharmacy label for resident #3's Lorazepam 1 MG does not include the prescribed dosage and instructions for administration.

Resident #4's Levemir Flextouch, Humalog, and Lantus Solostar do not have a pharmacy label.

Plan of Correction **Accept**

Medication labels for Resident #2, #3, #4 have been corrected.
Medication cart audit completed and medication with missing labels have been reordered.
Pharmacy labels will be obtained with new medication orders. Medication Order change stickers will be implemented when dosage or medication order changes.
Medication cart audit will be completed by RCD/designee weekly for the next three months.

Completion Date: *10/22/2021*

Document Submission **Implemented**

Medication labels for resident #2 & #3 have been corrected and a picture in placed in the POC binder. Copy of the med audit has been placed in the POC binder. There is a policy in place for the pharmacy to have missing labels replaced.
Weekly medication audit placed in POC binder

184b - Resident's Meds Labeled

1. **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 6/21/21, a package of Aspirin Oral Tablet 81 MG belonging to resident #2 was in the memory care medication room and was not labeled with the resident's name.

184b - Resident's Meds Labeled *(continued)*

Plan of Correction **Accept**

OTC Medication for Resident #2 has been corrected with Resident name.
Medication cart audit will be completed by RCD/designee weekly for the next three months.

Completion Date *10/22/2021*

Document Submission **Implemented**

OTC Medication for Resident #2 has been corrected and photo in POC binder. Weekly med audits are in place and placed in POC binder

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.

Description of Violation

Resident #1 is prescribed Seroquel Oral Tablet 25 MG as needed. On 6/21/21 the medication was not available in the home.

Resident #3 is prescribed Ativan Oral Tablet 1 MG as needed. On 6/22/21 the medication was not available in the home.

Resident #4 is prescribed Ondansetran HCI Oral Tablet 4 MG as needed. On 6/21/21 the medication was not available in the home.

Plan of Correction **Accept**

Medications for Residents #1, #3, and #4 were ordered and are now on hand.
Medication aide training and in-service completed on the medication administration documentation and ordering medications completed on 7/2/2021.
Medication cart audit will be completed by RCD/designee weekly for the next three months.

Completion Date: *10/22/2021*

Document Submission **Implemented**

Medications for residents #1, 3, & 4 have been ordered A copy of the order is in the POC binder. Medication Aide training took place on July 2. Weekly Med audits are placed in the POC binder.

2. **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

On 6/21/21, the glucometer for resident #5 was not calibrated with the correct date and time.

The glucometer for resident #5 was reviewed and compared to the resident's recorded blood glucose readings. The following discrepancies were found:

On 6/19/21, the glucometer shows an evening blood glucose reading of 169, this reading was not recorded by the home.
On 6/19/21, the glucometer shows an morning blood glucose reading of 32, this reading was recorded as 134 by the home.
On 6/18/21, the glucometer shows an morning blood glucose reading of 157, this reading was not recorded by the home.
On 6/17/21, the glucometer shows an morning blood glucose reading of 133, this reading was not recorded by the home.
On 6/15/21, the glucometer shows an evening blood glucose reading of 220, this reading was not recorded by the home.
On 6/14/21, the glucometer shows an evening blood glucose reading of 249, this reading was recorded as 262 by the home.
On 6/14/21, the glucometer shows an morning blood glucose reading of 152, this reading was not recorded by the home.
On 6/12/21, the glucometer shows an evening blood glucose reading of 266, this reading was not recorded by the home.
On 6/11/21, the glucometer shows an evening blood glucose reading of 307, this reading was recorded as 303 by the home.
On 6/11/21, the glucometer shows an morning blood glucose reading of 199, this reading was not recorded by the home.
On 6/10/21, the glucometer shows an evening blood glucose reading of 185, this reading was not recorded by the home.
On 6/10/21, the glucometer shows an morning blood glucose reading of 150, this reading was not recorded by the home.
On 6/9/21, the glucometer shows an morning blood glucose reading of 241, this reading was not recorded by the home.
On 6/8/21, the glucometer shows an evening blood glucose reading of 175, this reading was not recorded by the home.
On 6/8/21, the glucometer shows an morning blood glucose reading of 225, this reading was not recorded by the home.
On 6/7/21, the glucometer shows an evening blood glucose reading of 168, this reading was not recorded by the home.
On 6/7/21, the glucometer shows an morning blood glucose reading of 194, this reading was not recorded by the home.

185a - Implement Storage Procedures *(continued)*

Plan of Correction **Accept**

Medications for Residents #1, #3, and #4 were ordered and are now on hand.
Medication aide training and in-service completed on the medication administration documentation and ordering medications completed on 7/2/2021.
Medication cart audit will be completed by RCD/designee weekly for the next three months. Glucometer for Resident #5 has been calibrated for the correct date and time.
Electronic medication record updated for documentation of blood sugar readings.
Medication aid training on blood sugar documentation within eMAR completed on 7/2/2021.
Each resident will have their own glucometer (labeled with their name)

Completion Date: *10/22/2021*

Document Submission **Implemented**

Medications for residents #1, 3, & 4 have been ordered A copy of the order is in the POC binder. Medication Aide training took place on July 2. Weekly Med audits are placed in the POC binder.

185b - Medication Procedures

1. **Requirements**

2600.
185.b. At a minimum, the procedures must include:
1. Documentation of the receipt of controlled substances and prescription medications.
2. A process to investigate and account for missing medications and medication errors.
3. Limited access to medication storage areas.
4. Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.

Description of Violation

The narcotic count sheet for resident #3's Lorazepam 1 MG tablets does not match the number of tablets that are left. On 6/2/21, Lorazepam was administered to resident #3 at bedtime and initialed on the Medication Administration Record, however the medication was not signed out on the resident's narcotic count sheet.

The home has a blister pack of Lorazepam 0.5 MG for resident #4 with 14 ½ tablets of medication. There is no narcotic count sheet for this medication.

Resident #4 has a bottle of Lorazepam 0.5 MG in the home. There is one pill left in the bottle. According to narcotic count sheet #3 for this medication, there should be 31 pills left. However, according to narcotic count sheet #4 for this medication, there should be 1 pill left.

Plan of Correction **Accept**

Narcotic count sheet for Resident #3 and #4 have been corrected.
Controlled Medication policy reviewed with Medication Aides on 7/2/2021.
RCD/Designee will audit narcotic count log weekly for the next three months.

Completion Date: *07/22/2021*

185b - Medication Procedures *(continued)*

Document Submission **Implemented**

A correct Narcotic count for residents #3 & #4 have been corrected ans a copy placed in the POC binder. Controlled medication policy reviewed by all med-techs on July 2. Weekly narcotic count audits placed in POC binder.

187a - Medication Record

1. 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.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1's medication administration record is not current. The medication administration record lists Tacrolimus Oral Capsule 0.5 MG, take 1 capsule twice per day. This medication is not in the home and is not on resident 1's physicians' orders.

Resident #3 is being administered Lorazepam 1 MG every day according to the resident's narcotic count sheet. Resident 3's medication administration record does not have administration recorded for 6/3/21 at 8:30 pm, 6/5/21 at 8:30 pm, 6/11/21 at 9:00 pm, 6/15/21 at 9:00 pm, 6/18/21 at 8:00 pm, and 6/20/21 at 8:00 pm.

Plan of Correction **Accept**

Medication orders for Resident #1 and #3
Residents on medication management will have their medication orders reviewed and signed by their physician by Aug. 31.
eMAR-(medication record) will be reviewed by RCD/designee on an ongoing basis for missed medications for at least three months.
Medication orders will be updated every 6 months to confirm accurate orders are in place.

Completion Date: *01/22/2022*

Document Submission **Implemented**

Medication orders for resident #1 & #3 have copies placed in the POC binder. An audit was completed don all residents on medication management. EMAR is reviewed by RCD and also reviewed by the GM each week.

187b - Date/Time of Medication Admin.

1. **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

Medication administration records for residents 1#, #2, #3, #4, #5, and #6 do not include the initials of the staff persons who administered medication on several dates and times for the months of May 2021 and June 2021. Staff person A explained that staff are administering medications but are having difficulties initialing the medication administration records.

Plan of Correction **Accept**

Medication aides training and in-service completed on the medication administration documentation and ordering medications completed on 7/2/2021.
Medication aides will submit a Medication Validation Report to RCD/designee for review.
Medication dashboard will be reviewed by the RCD or designee on an ongoing basis for missed medications for at least three months.

Completion Date: *10/22/2021*

Document Submission **Implemented**

Medication training took place on July 2. All med aides will submit a medication validation report each shift to be reviewed by the RCD and GM. This will be placed in the POC binder. The medication dashboard is reviewed by the RCD.

187d - Follow Prescriber's Orders

1. **Requirements**

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed Clearlax 17 grams by mouth every other day. In the month of June 2021, Resident #2 was given this medication on 6/5/21, 6/6/21, 6/7/21, 6/9/21, 6/10/21, 6/11/21, 6/12/21, 6/13/21, 6/14/21, 6/18/21, 6/19/21, 6/20/21, and 6/21/21.
Resident #2 is prescribed Lactic Acid External Lotion 10%. The home has Ammonium Lactate 12%.
Resident #4 is prescribed Levemir Subcutaneous Solution 100 Unit/ML 30 units into subcutis layer of skin one time per day, every day at 9:00 pm. . However, resident #4 was not administered this medication on 6/17/21, 6/18/21, and 6/19/21.
Resident #4 is prescribed Lorazepam 0.5 MG ½ by mouth every day at bedtime. According to the narcotic count sheets for this medication, whole tablets are being administered.
Resident #5 is ordered to have blood glucose tested twice per day, morning and evening. On 6/2/21, 6/16/21, and 6/20/21 Resident #5's blood glucose was not tested during the evening.

187d - Follow Prescriber's Orders *(continued)*

Plan of Correction **Accept**

Medication orders for Resident #2, #4 and #5 have been reviewed and signed by the physician.
Medication aides training and in-service completed on the medication administration documentation and ordering medications completed on 7/2/2021.
Residents on medication management will have their medication orders reviewed and signed by their physician by Aug 31
eMAR-(medication record) will be reviewed by RCD/designee on an ongoing basis for missed medications for at least three months.
Medication orders will be updated every 6 months to confirm accurate orders are in place.

Completion Date: *01/22/2022*

Document Submission **Implemented**

Medication orders for resident #2,4 & 5 have been reviewed and signed by the physician. Med-tech training took place on July2. An audit was competed on all residents on medication management. EMAR is reviewed each week by the RCD

2. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #6 is prescribed Imiquimod External Cream 5% . However, this medication was not administered to resident #6 on 5/18/21 because the medication was not available in the home.

Plan of Correction **Accept**

Medication aides training and in-service completed on the medication administration documentation and ordering medications completed on 7/2/2021.
Residents on medication management will have their medication orders reviewed and signed by their physician by Aug. 31
eMAR-(medication record) will be reviewed by RCD/designee on an ongoing basis for missed medications for at least three months.
Medication orders will be updated every 6 months to confirm accurate orders are in place.
Medication for Resident #6 has been ordered and is now on hand.
Medication aides training and in-service completed on the medication administration documentation and ordering medications completed on 7/2/2021.
Residents on medication management will have their medication orders reviewed and signed by their physician by Aug 31
eMAR-(medication record) will be reviewed by RCD/designee on an ongoing basis for missed medications for at least three months.

Completion Date: *01/22/2022*

Document Submission **Implemented**

Medication orders for resident #2,4 & 5 have been reviewed and signed by the physician. Med-tech training took place on July2. An audit was competed on all residents on medication management. EMAR is reviewed each week by the RCD

188b - Medication Error Reporting

1. Requirements

2600.
188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #1 is prescribed Tacrolimus Oral Capsule 0.5 MG twice per day. Resident #1 ran out of this medication and did not receive at least three doses. According to staff member A, the doses were missed in May 2021. The medication error was not reported to the resident and resident's designated person. The medication error was not reported to the resident's physician until 6/8/21.

Plan of Correction **Accept**

Medication incident reporting policy reviewed with Medication Aides on 7/2/2021.

Completion Date: *07/22/2021*

Document Submission **Implemented**

A copy of the incident reporting policy was reviewed during the Med-tech training on July 2.

188c - Medication Error Documentation

1. Requirements

2600.
188.c. Documentation of medication errors and the prescriber's response shall be kept in the resident's record.

Description of Violation

Resident #1 is prescribed Tacrolimus Oral Capsule 0.5 MG twice per day. Resident #1 ran out of this medication and did not receive at least three doses. According to staff member A, the doses were missed in May 2021. There is no documentation of the error in the resident's record.

Plan of Correction **Accept**

Medication errors was reported to the prescriber (on June 8) , and documentation will be included in Resident's chart.

Completion Date: *07/22/2021*

Document Submission **Implemented**

A copy of the medication error to the prescriber was sent on June 8. A copy of this document is in the POC binder. The GM is reviewing all incident report at least weekly.

188d - System to Document Medication Errors

1. Requirements

2600.
188.d. There shall be a system in place to identify and document medication errors and the home's pattern of error.

Description of Violation

The home does not have a system to identify and document medication errors and patterns of errors. Neither the administrator, nor staff person A, who is responsible for medication administration, are able to describe such a system.

188d - System to Document Medication Errors *(continued)*

Plan of Correction **Accept**

Medication dashboard will be reviewed by the RCD or designee on an ongoing basis for missed medications for at east three months.
Medication dashboard will be reviewed by RCD and General Manager weekly for three months, and then monthly for 3 months.

Completion Date: *10/22/2021*

Document Submission **Implemented**

The medication dashboard is reviewed by the RCD and GM on an ongoing basis.

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 #2, admitted [redacted], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #3, admitted [redacted], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction **Accept**

Resident contracts were audited to verify that the resident signed the Resident Rights which includes the "Right to Refuse" statement. Future resident contracts will be audited by the BOD or designee using the resident contract checklist for at least 3 months.

Completion Date: *10/22/2021*

Document Submission **Implemented**

a complete audit of all resident contract was completed to verify that all signed a "right to refuse" on the resident rights. All future contracts will be audited by the BOM to assure that they are also signed.

201 - Positive Interventions

1. Requirements

2600.
201. Safe Management Techniques - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

Description of Violation

Residents #2 and #3 have documented aggressive behaviors that occur on a daily basis. The home has not implemented positive interventions to modify or eliminate the behaviors. On 6/17/21, staff person B broke up a fight between these two residents. Resident #2 sustained injuries as a result of this fight.

201 - Positive Interventions *(continued)*

Plan of Correction **Accept**

Care Staff training completed with Director of Memory Care on engagements & redirection of combative residents.

Completion Date: *07/22/2021*

Document Submission **Implemented**

An in-service on "engagement and redirection of combative residents has been scheduled for August 13. All MC care staff will attend this in-service.

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1 was admitted to the home on [redacted] however, the resident's preadmission screening form was not completed.

Resident #2 was admitted to the home on [redacted] however, the resident's preadmission screening form was not completed.

Resident #3 was admitted to the home on [redacted]; however, the resident's preadmission screening form was not completed.

Plan of Correction **Accept**

Resident chart audit complete. Preadmission screens have been completed and filed in resident's chart. Pre-Admission and Cognitive screens will be audited by Guest Services Director or designee for completion monthly for the next 3 months.

Completion Date: *10/22/2021*

Document Submission **Implemented**

A complete audit of all State required forms has taken place and all resident forms are in compliance

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1 was admitted on [redacted] however, the resident's assessment was not completed until 3/17/21.

Plan of Correction **Accept**

Resident chart audit complete. Initial RASP and service plans assessment printed from EHR and filed in chart.

RCD/designee will verify that the completed support plans are printed and filed in resident's chart.

Guest Services Director or designee will audit new Resident charts for completion monthly for the next 3 months.

Completion Date: *10/22/2021*

225a - Assessment 15 Days *(continued)*

Document Submission **Implemented**

A complete audit of all State required forms has taken place and all resident forms are in compliance

227a - Support Plan 30 Days

1. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #1 was admitted on [redacted] however, the resident's initial support plan was not completed until 3/17/21.

Plan of Correction **Accept**

Resident chart audit complete. Initial Support Plan printed from EHR and filed in chart.

RCD/designee will verify that the completed support plans are printed and filed in resident's chart.

Guest Services Director or designee will audit new Resident charts for completion monthly for the next 3 months.

Completion Date: *10/22/2021*

Document Submission **Implemented**

A complete audit of all State required forms has taken place and all resident forms are in compliance

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #2, dated 5/26/21, indicates the resident has a need for behavioral issues with disruptive and socially inappropriate behavior. The resident's support plan, dated 5/26/21 does not document how this need will be met.

The assessment for resident #2, dated 5/12/21, indicates the resident has a need for behavioral issues with disruptive and socially inappropriate behavior. The resident's support plan, dated 5/12/21 does not document how this need will be met.

Plan of Correction **Accept**

Resident Chart audit complete. Service Plans updated to reflect intervention and service for resident's behavioral disturbances.

Completion Date: *07/22/2021*

Document Submission **Implemented**

A complete audit of all State required forms has taken place and all resident forms are in compliance

227g -Support Plan Signatures

1. **Requirements**

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1 participated in the development of his/her support plan on 3/17/21. However, the resident did not sign the support plan until 6/16/21. The support plan was not signed by the assessor.
Resident #2 participated in the development of his/her support plan on 5/26/21. and 6/16/21 However, the resident did not sign either support plan. The support plans were not signed by the assessor.
Resident #3 participated in the development of his/her support plan on 5/12/21. However, the resident did not sign the support plan until 6/16/21. The support plan was not signed by the assessor.

Plan of Correction **Accept**

Resident Charts audit complete. Support plans printed from EHR signed by Resident and filed in chart.
RCD/designee will verify that the completed support plans are signed and filed in resident's chart.
Guest Services Director or designee will audit new Resident charts for completion monthly for the next 3 months.

Completion Date: *10/22/2021*

Document Submission **Implemented**

A complete audit of all State required forms has taken place and all resident forms are in compliance

231c - Preadmission Screening

1. **Requirements**

2600.
231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] *However, the resident #1's written cognitive preadmission screening was not completed.*
Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]*. However, the resident #2's written cognitive preadmission screening was not completed.*
Resident #3 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]*. However, the resident #3's written cognitive preadmission screening was not completed.*

Plan of Correction **Accept**

Resident Chart audit complete. Preadmission screens signed and filed in chart.
RCD/designee will verify that the completed support plans are signed and filed in resident's chart.
Guest Services Director or designee will audit new Resident charts for completion monthly for the next 3 months.

Completion Date: *10/22/2021*

Document Submission **Implemented**

A complete audit of all State required forms has taken place and all resident forms are in compliance

231e - No Objection Statement

1. **Requirements**

231e - No Objection Statement *(continued)*

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] The home has no documentation that the resident and the resident's designated person have not objected to the admission.
Resident #3 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Plan of Correction **Accept**

Resident contracts audit complete. "No objection to admission to the Dementia Unit" statements are present in chart.
Guest Services Director or designee will audit new Resident charts for completion monthly for the next 3 months.

Completion Date: *10/22/2021*

Document Submission **Implemented**

All MC resident's contracts have been audited to assure they all have the ""No objection to admission" statement in the file. All are compliant.

234a - Admission Support Plan

1. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted] However, the resident's initial support plan was completed on 3/17/21.

Plan of Correction **Accept**

Resident chart audit complete. Initial assessment/ support plan signed and filed in charts.
RCD/designee will verify that the completed support plans are completed within 72 hours signed and filed in resident's chart.
Guest Services Director or designee will audit new Resident charts for completion monthly for the next 3 months.

Completion Date: *10/22/2021*

Document Submission **Implemented**

A complete audit of all State required forms has taken place and all resident forms are in compliance

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:
1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
10. A record of incident reports for the individual resident.

252 - Record Content *(continued)*

Description of Violation

Resident 3's record does not include the incident report dated 6/17/21.

Plan of Correction **Accept**

Resident Record Management Policy reviewed by Resident Care Director and General Manager.
Inservice and training completed with care staff on incident reporting, specific to notification and documentation.
Incident reports will be reviewed by RCD and approved by General Manager weekly.
training and sign off?

Completion Date: *07/22/2021*

Document Submission **Implemented**

A copy of resident #3's incident report is located in the POC binder. All resident's Incident reports will be placed in the resident's chart.