

Department of Human Services
Bureau of Human Service Licensing

September 7, 2022

[REDACTED]

COLUMBIA WEGMAN TOWAMENCIN LLC
999 3RD AVE, SUITE 4550
SEATTLE, WA, 98104

RE: THE LANDING AT TOWAMENCIN
900 TOWAMENCIN AVENUE
LANSDALE, PA, 19446
LICENSE/COC#: 14533

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/21/2021, 09/23/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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 LANDING AT TOWAMENCIN* License #: *14533* License Expiration: *01/21/2022*
Address: *900 TOWAMENCIN AVENUE, LANSDALE, PA 19446*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *COLUMBIA WEGMAN TOWAMENCIN LLC*
Address: *999 3RD AVE, SUITE 4550, SEATTLE, WA, 98104*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *09/24/2019* Issued By: *Towamencin Township*
Type: *I-2* Date: *09/24/2019* Issued By: *Towamencin Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *102* Waking Staff: *77*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/23/2021*

Inspection Dates and Department Representative

09/21/2021 - On-Site: [REDACTED]
09/23/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *144* Residents Served: *65*

Secured Dementia Care Unit

In Home: *Yes* Area: *Opal* Capacity: *59* Residents Served: *31*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *64*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *37* Have Physical Disability: *0*

Inspections / Reviews

09/21/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/17/2021*

Inspections / Reviews (*continued*)

10/19/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *10/29/2021*

09/07/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25a - Written Contract and Review

1. Requirements

2600.

- 25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident #1, admitted [REDACTED] did not have a resident-home contract completed until [REDACTED]

Plan of Correction

Accept

Corporate office staff have reviewed the community's Resident Agreement Policy with the community's General Manager (GM). The resident-home contract (Resident Agreement) is to be reviewed and properly executed prior to the agreement's commencement date and/or permitting prospective residents or their belongings to occupy the apartment. The company has developed a Move-In Checklist for the community to use that identifies paperwork/tasks that must be completed prior to move-in. The GM is responsible for ensuring both the Move-In Checklist and Resident Agreement are completed as required. Corporate office staff will conduct periodic operational audits to ensure ongoing compliance.

Completion Date: 10/31/2021

Document Submission

Implemented

Corporate office staff have reviewed the community's Resident Agreement Policy with the community's General Manager (GM). The resident-home contract (Resident Agreement) is to be reviewed and properly executed prior to the agreement's commencement date and/or permitting prospective residents or their belongings to occupy the apartment. The company has developed a Move-In Checklist for the community to use that identifies paperwork/tasks that must be completed prior to move-in. The GM is responsible for ensuring both the Move-In Checklist and Resident Agreement are completed as required. Corporate office staff will conduct periodic operational audits to ensure ongoing compliance.

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 0 [REDACTED], for resident #2 was not signed by the resident.

Plan of Correction

Accept

The corporate office staff have reviewed this requirement with the GM. The GM will ensure the resident's signature line in the signature block of the Resident Agreement is signed by Resident #2 and that Agreements are properly executed for incoming residents. The corporate office staff will review Resident Agreements during the periodic operational audits to ensure ongoing compliance.

Completion Date: 10/31/2021

Document Submission

Implemented

The corporate office staff have reviewed this requirement with the GM. The GM will ensure the resident's signature line in the signature block of the Resident Agreement is signed by Resident #2 and that Agreements are properly executed for incoming residents. The corporate office staff will review Resident Agreements during the periodic operational audits to ensure ongoing compliance.

41e - Signed Statement

1. Requirements

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.

Plan of Correction

Accept

The community's Resident Agreement includes sections entitled Resident Grievance Procedures and Resident Rights. A copy of Pennsylvania's resident rights for residents of personal care homes, which includes a signature block, is included as an addendum to the Agreement. When the Agreement is signed by Resident #2 to correct violation 2600.25.b. above, the Amendment will also be reviewed with/signed by Resident #2, and a copy of the document will be provided to Resident #2. The GM will ensure that Agreements are properly executed for incoming residents. The corporate office staff will review Resident Agreements during the periodic operational audits to ensure ongoing compliance.

Completion Date: 10/31/2021

Document Submission

Implemented

The community's Resident Agreement includes sections entitled Resident Grievance Procedures and Resident Rights. A copy of Pennsylvania's resident rights for residents of personal care homes, which includes a signature block, is included as an addendum to the Agreement. When the Agreement is signed by Resident #2 to correct violation 2600.25.b. above, the Amendment will also be reviewed with/signed by Resident #2, and a copy of the document will be provided to Resident #2. The GM will ensure that Agreements are properly executed for incoming residents. The corporate office staff will review Resident Agreements during the periodic operational audits to ensure ongoing compliance. (see attached)

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff persons A, B, C, D, and E, do not have a high school diploma, GED, RN or LPN license, or active registry status on the Pennsylvania nurse aide registry .

Plan of Correction

Accept

Direct care staff persons A, B, C, D, and E were agency staff used by the community to augment direct care staff employed by the community during the COVID-19 pandemic and will no longer be assigned to provide services at the community unless their employer can verify their qualifications meet those required in 2600.54.a. To ensure agency staff meet the qualification requirements, the company has developed an Onboarding Checklist for [Direct Care] Staffing Agency. The GM will ensure the Onboarding Checklist for [Direct Care] Staffing Agency is used to document verification of credentials and that evidence of credentials are made available to the community upon request.

The GM will ensure proposed agreements/contracts with third party staffing agencies include provisions that the

54a - Direct Care Staff (continued)

employer will verify the pre-assignment items on the community's Onboarding Checklist and will submit proposals to the corporate office via the established contracts platform for approval. The corporate office staff will review Staffing Agency records during the periodic operational audits to ensure ongoing compliance.

Completion Date: 10/31/2021

Document Submission**Implemented**

Direct care staff persons A, B, C, D, and E were agency staff used by the community to augment direct care staff employed by the community during the COVID-19 pandemic and will no longer be assigned to provide services at the community unless their employer can verify their qualifications meet those required in 2600.54.a.

To ensure agency staff meet the qualification requirements, the company has developed an Onboarding Checklist for [Direct Care] Staffing Agency. The GM will ensure the Onboarding Checklist for [Direct Care] Staffing Agency is used to document verification of credentials and that evidence of credentials are made available to the community upon request.

The GM will ensure proposed agreements/contracts with third party staffing agencies include provisions that the employer will verify the pre-assignment items on the community's Onboarding Checklist and will submit proposals to the corporate office via the established contracts platform for approval. The corporate office staff will review Staffing Agency records during the periodic operational audits to ensure ongoing compliance.

65a - FS Orientation 1st Day**1. Requirements**

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff persons A, B, C, D, and E, whose first day of work is undocumented by the home, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Plan of Correction**Accept**

Direct care staff persons A, B, C, D, and E were agency staff used by the community to augment direct care staff employed by the community during the COVID-19 pandemic and will no longer be assigned to provide services at the community unless their employer can verify their qualifications meet those required in 2600.54.a.

To ensure agency staff meet the qualification requirements, the company has developed an Agency Worker Handbook that is to be provided to the employer and reviewed with the employee prior to assignment to the

65a - FS Orientation 1st Day (continued)

community. Upon assignment to the community, the GM will ensure the Onboarding Checklist for [Direct Care] Staffing Agency will be used to document and verify the pre-assignment conditions required by the community as well as "1st Day Orientation", which, in combination, include the training requirements listed in 2600.65.a. The corporate office staff will review Staffing Agency records during the periodic operational audits to ensure ongoing compliance.

Completion Date: 10/31/2021

Document Submission

Implemented

Direct care staff persons A, B, C, D, and E were agency staff used by the community to augment direct care staff employed by the community during the COVID-19 pandemic and will no longer be assigned to provide services at the community unless their employer can verify their qualifications meet those required in 2600.54.a. To ensure agency staff meet the qualification requirements, the company has developed an Agency Worker Handbook that is to be provided to the employer and reviewed with the employee prior to assignment to the community. Upon assignment to the community, the GM will ensure the Onboarding Checklist for [Direct Care] Staffing Agency will be used to document and verify the pre-assignment conditions required by the community as well as "1st Day Orientation", which, in combination, include the training requirements listed in 2600.65.a. The corporate office staff will review Staffing Agency records during the periodic operational audits to ensure ongoing compliance

101j7 - Lighting/Operable Lamp

1. 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 #3 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept

In accordance with the Furnishings section of the Resident Agreement, the community shall furnish the apartment as required by applicable law. Should the resident not have his/her own furnishings, or prefers to have items provided by the community, the company has developed a Furniture Request form. The GM will ensure a source of light as specified in 2600.101.j. will be discussed with Resident #3 and provided as mutually agreed upon using the Furniture Request form. If the resident prefers not to have a source of light, the GM will ensure that is noted in Resident #3's record but will be available should Resident #3 request a light.

The GM will ensure the community's Move In Coordinator and/or other members of the sales team are aware of the furnishings requirements and incorporate furniture arrangements/preferences as part of the move in process.

Community staff will prepare the Furniture Request form, if applicable, to accompany the Resident Agreement.

Completion Date: 10/15/2021

Document Submission

Implemented

In accordance with the Furnishings section of the Resident Agreement, the community shall furnish the apartment as required by applicable law. Should the resident not have his/her own furnishings, or prefers to have items provided by the community, the company has developed a Furniture Request form. The GM will ensure a source of light as specified in 2600.101.j. will be discussed with Resident #3 and provided as mutually agreed upon using the Furniture Request form. If the resident prefers not to have a source of light, the GM will ensure that is noted in Resident #3's

101j7 - Lighting/Operable Lamp (continued)

record but will be available should Resident #3 request a light.

The GM will ensure the community's Move In Coordinator and/or other members of the sales team are aware of the furnishings requirements and incorporate furniture arrangements/preferences as part of the move in process.

Community staff will prepare the Furniture Request form, if applicable, to accompany the Resident Agreement.

103g - Storing Food

1. Requirements

2600.

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

Description of Violation

A bag of frozen hash brown patties on the top shelf of the walk in freezer was opened and unsealed.

A bag of breaded chicken cutlets on the lower shelf in the walk in freezer was opened and unsealed.

Plan of Correction

Accept

Community staff have completed a review of inventory in the freezer to ensure the items cited in the violation and other items were in closed or sealed containers. The company has developed a Sanitation Inspection Form that is to be completed on a monthly basis by different food & beverage team members during kitchen operating hours. The form includes specific elements including proper food storage practices. The form is to be reviewed by the Chef and kept for 30 days. The GM is responsible for ensuring the Sanitation Inspection Form policy is followed.

Completion Date: 10/01/2021

Document Submission

Implemented

Community staff have completed a review of inventory in the freezer to ensure the items cited in the violation and other items were in closed or sealed containers. The company has developed a Sanitation Inspection Form that is to be completed on a monthly basis by different food & beverage team members during kitchen operating hours. The form includes specific elements including proper food storage practices. The form is to be reviewed by the Chef and kept for 30 days. The GM is responsible for ensuring the Sanitation Inspection Form policy is followed. (see attached form)

103i - Outdated Food

1. Requirements

2600.

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

Description of Violation

There were 5 unlabeled, undated plastic containers of various dry cereals in the dry food storage area.

Plan of Correction

Accept

Community staff have completed a review of inventory in the dry food storage area. Items that could not be properly labeled were discarded.

The Sanitation Inspection Form and process identified in violation 2600.103.g. above also encompasses practices that will address this violation.

Completion Date: 10/01/2021

Document Submission

Implemented

Community staff have completed a review of inventory in the dry food storage area. Items that could not be properly labeled were discarded.

103i - Outdated Food (continued)

The Sanitation Inspection Form and process identified in violation 2600.103.g. above also encompasses practices that will address this violation.

107d - Procedure Emergency Management Agency Submission

1. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been submitted to the local emergency management agency since 7/21/2020.

Plan of Correction

Accept

The GM has submitted the community's written emergency procedures (Emergency Procedures Manual/EPM) to the local emergency agency. The corporate office staff have reviewed the provisions of the community's Emergency Procedures Policy with the GM specifying the GM will submit the EPM to the local emergency management agency annually and document the annual review of the EPM using the Review of Emergency Procedure Manual form located in the back of the manual. The corporate office staff will review the EPM records during the periodic operational audits to ensure ongoing compliance.

Completion Date: 10/18/2021

Document Submission

Implemented

The GM has submitted the community's written emergency procedures (Emergency Procedures Manual/EPM) to the local emergency agency. The corporate office staff have reviewed the provisions of the community's Emergency Procedures Policy with the GM specifying the GM will submit the EPM to the local emergency management agency annually and document the annual review of the EPM using the Review of Emergency Procedure Manual form located in the back of the manual. The corporate office staff will review the EPM records during the periodic operational audits to ensure ongoing compliance.

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The resident #4's medical evaluation dated [REDACTED] did not include the ability to self-administer medications.

141a 1-10 Medical Evaluation Information (continued)

Plan of Correction

Accept

The community has requested that Resident #4's health care practitioner reviews Section (7) Medications of Resident #4's Documentation of Medical Evaluation (DME) and ensures it is updated to reflect the resident's ability to self-administer medications. The community's Health and Wellness Director (HWD) will ensure Part III, Section 1, Assessment-Medications, of Resident #4's Resident Assessment-Support Plan (RASP) and other supporting documents are updated accordingly.

The HWD is responsible for obtaining, reviewing, and incorporating the DME into the RASP prior to a resident's admission to the community. The GM is responsible for ensuring the overall operation of the community, including oversight of the resident admission process, is compliant with regulatory requirements. The corporate office staff have reviewed these practices with the GM and HWD and will monitor ongoing compliance periodically as a component of the community's clinical audit.

Completion Date: 10/31/2021

Document Submission

Implemented

The community has requested that Resident #4's health care practitioner reviews Section (7) Medications of Resident #4's Documentation of Medical Evaluation (DME) and ensures it is updated to reflect the resident's ability to self-administer medications. The community's Health and Wellness Director (HWD) will ensure Part III, Section 1, Assessment-Medications, of Resident #4's Resident Assessment-Support Plan (RASP) and other supporting documents are updated accordingly.

The HWD is responsible for obtaining, reviewing, and incorporating the DME into the RASP prior to a resident's admission to the community. The GM is responsible for ensuring the overall operation of the community, including oversight of the resident admission process, is compliant with regulatory requirements. The corporate office staff have reviewed these practices with the GM and HWD and will monitor ongoing compliance periodically as a component of the community's clinical audit.

Community is administering medications as prescribed on the DME dated 1/7/22

181c - Self-administration Assessment

1. Requirements

2600.

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

Description of Violation

Resident [redacted] Resident #2's most recent DME indicates that resident [redacted]

Accept

A review of Resident #2's records confirms the DME and RASP indicate that Resident #2 [redacted] their own medications. However, the review indicates that supplemental assessment and service planning documents are not consistent with the DME and RASP. The HWD or GM will meet with the resident and representatives, if resident consents, to review the requirements of 2600.181.c.

Although Resident # [redacted]

181c - Self-administration Assessment (continued)

unwilling to comply with the community's policies and regulatory requirement and therefore would not be [REDACTED] as mutually agreed upon or may no longer be eligible for residency at the community.

The HWD is responsible for ensuring documents are consistent with recommendations and requirements and the GM is responsible for overseeing the overall operation of the community. The corporate office staff have reviewed these practices with the GM and HWD and will monitor ongoing compliance periodically as a component of the community's clinical audit.

Completion Date: 10/25/2021

Document Submission**Implemented**

A review of Resident #2's records confirms the DME and RASP indicate that Resident [REDACTED] their own medications. However, the review indicates that supplemental assessment and service planning documents are not consistent with the DME and RASP. The HWD or GM will meet with the resident and representatives, if resident consents, to review the requirements of 2600.181.c.

Although Resident #2 [REDACTED] in a safe and secure location cited in violation 2600.181.d. below indicates that Resident #2 [REDACTED] to [REDACTED] Resident #2 will either need to agree to [REDACTED] as mutually agreed upon or may no longer be eligible for residency at the community.

The HWD is responsible for ensuring documents are consistent with recommendations and requirements and the GM is responsible for overseeing the overall operation of the community. The corporate office staff have reviewed these practices with the GM and HWD and will monitor ongoing compliance periodically as a component of the community's clinical audit.

181d -Storing Medication**1. Requirements**

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident #2 [REDACTED] On [REDACTED] at approximately 12:00pm, all of residents #2's [REDACTED] resident #2's bedroom. Resident #2 also reports that they do not lock their medications in a lock box and that they do not lock their door to their room when leaving.

Plan of Correction**Accept**

See plan of correction for 2600.181.c. related to this violation and plan of correction for Resident #2.

Residents who are permitted [REDACTED] must comply with the community's policies and regulatory requirements regarding medication storage. As a matter of course, various community staff are generally aware whether a resident is locking their apartment door and/or securing medications appropriately inside their apartment and are responsible for reporting and documenting potentially unsafe situations. Should it come to be known or observed that a resident is unwilling or unable to comply with medication storage requirements, the HWD or GM will address the unsafe situation with the resident and resident representative, if appropriate, to resolve and document/monitor the resolution of the unsafe situation.

181d - Storing Medication (continued)

The GM will review/document medication storage standards with HW staff and other staff who enter and provide services inside apartments, and is responsible for ensuring compliance with medication storage requirements.

Completion Date: 10/25/2021

Document Submission

Implemented

See plan of correction for 2600.181.c. related to this violation and plan of correction for Resident #2.

Residents who are [REDACTED] their own medications must comply with the community's policies and regulatory requirements regarding medication storage. As a matter of course, various community staff are generally aware whether a resident is locking their apartment door and/or securing medications appropriately inside their apartment and are responsible for reporting and documenting potentially unsafe situations. Should it come to be known or observed that a resident is unwilling or unable to comply with medication storage requirements, the HWD or GM will address the unsafe situation with the resident and resident representative, if appropriate, to resolve and document/monitor the resolution of the unsafe situation.

The GM will review/document medication storage standards with HW staff and other staff who enter and provide services inside apartments, and is responsible for ensuring compliance with medication storage requirements.

See med tech training description, including storage requirements. Training completed by 8/12/22, see attached.

181f - Record of Medication

1. Requirements

2600.

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

On [REDACTED] resident #2's record did not include a current list of medications.

Plan of Correction

Accept

Although Resident #2 [REDACTED] Community staff will obtain a current medication list for Resident #2.

Corporate office staff have reviewed this requirement with the HWD and GM, who are responsible for ensuring resident records are complete. Corporate office staff will monitor content of resident records periodically as a component of the clinical audit process.

Completion Date: 10/31/2021

Document Submission

Implemented

Although Resident #2 will [REDACTED] Community staff will obtain a current medication list for Resident #2.

Corporate office staff have reviewed this requirement with the HWD and GM, who are responsible for ensuring resident records are complete. Corporate office staff will monitor content of resident records periodically as a component of the clinical audit process.

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 [REDACTED] a bottle of [REDACTED] belonging to Resident #5 is present on the Opal Medication cart. The homes medication record does not show a current order for this medication since resident was admitted to the community.

Plan of Correction**Accept**

Community staff will contact Resident #5's health care practitioner (HCP) to clarify the status of this medication. Should the HCP indicate there is no current order, the HWD will ensure the medication is not kept in the community and document the disposition of the medication.

The company has created a Medication Intake Inventory form that shall be used when a resident is placed on medication services and has their own medications that are to be used. The HWD will verify current orders for medications listed on the form and will not keep medications that do not have current orders in the community. Corporate office staff will monitor medication records periodically as a component of the clinical audit process.

Completion Date: 10/31/2021

Document Submission**Implemented**

Community staff will contact Resident #5's health care practitioner (HCP) to clarify the status of this medication. Should the HCP indicate there is no current order, the HWD will ensure the medication is not kept in the community and document the disposition of the medication.

The company has created a Medication Intake Inventory form that shall be used when a resident is placed on medication services and has their own medications that are to be used. The HWD will verify current orders for medications listed on the form and will not keep medications that do not have current orders in the community. Corporate office staff will monitor medication records periodically as a component of the clinical audit process.

183e - Storing Medications

1. 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 [REDACTED] 3 loose pills, were observed on the 2nd drawer of the PC medication cart, 1 loose pill was observed in the medication bin belonging to resident 6, and 1 loose pill was observed in the 2nd drawer of the Opal Unit medication cart.

Plan of Correction**Accept**

Although the loose pills are indicative of reportable medication errors, verifying which resident(s) were affected or what staff may have been involved is not possible. The HWD and GM will destroy the loose pills in accordance with the community's medication services policy.

The HWD and GM will provide re-training to those staff responsible the provision of medication services, documenting their acknowledgment of the community's policies including the reporting of medication errors. The GM and HWD will periodically inspect the medication storage areas to ensure medications are stored properly. The community's electronic incident reporting platform has been set to send immediate notifications to the HWD and GM when a medication error is documented. The GM and HWD are responsible for investigating incidents within 24 hours of the completion of the report. Corporate office staff will monitor medication records/incident reports periodically as a component of the clinical audit process.

Completion Date: 10/15/2021

183e - Storing Medications (continued)

Document Submission

Implemented

Although the loose pills are indicative of reportable medication errors, verifying which resident(s) were affected or what staff may have been involved is not possible. The HWD and GM will destroy the loose pills in accordance with the community's medication services policy.

The HWD and GM will provide re-training to those staff responsible the provision of medication services, documenting their acknowledgment of the community's policies including the reporting of medication errors. The GM and HWD will periodically inspect the medication storage areas to ensure medications are stored properly. The community's electronic incident reporting platform has been set to send immediate notifications to the HWD and GM when a medication error is documented. The GM and HWD are responsible for investigating incidents within 24 hours of the completion of the report. Corporate office staff will monitor medication records/incident reports periodically as a component of the clinical audit process.

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 #5's [redacted] is not calibrated to the correct date and time, the meter has a set date and time of [redacted] at 10:31am, the actual time is 11:31am.

On [redacted] for resident #5 has a [redacted] however it is recorded on the log as [redacted]

Resident #6's [redacted] is not calibrated to the correct date and time. The meter has a set date and time of [redacted] at 7:59pm, the actual date and time is [redacted] at 11:03am.

The following instances of readings not matching the [redacted] were observed for Resident #6:

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

Resident #7 is prescribed [redacted] AND [redacted] [redacted] is not present on the medication cart on [redacted]

Resident #7's [redacted] is not calibrated to correct date and time. The meter has a set date and time of [redacted] at 9:36am, the actual date and time [redacted] at 10:38am.

Plan of Correction

Accept

Community staff have recalibrated [redacted] for Residents #5, 6 and 7 respectively, to reflect the correct date and time. Community staff will verify any other residents [redacted] are properly calibrated.

The HWD and GM will provide re-training to those staff responsible the provision of medication services, documenting their acknowledgment of the community's practices, including the [redacted] Management Policy. The HWD is responsible for oversight of the community's medication services program and will conduct periodic audits

185a - Implement Storage Procedures (continued)

to verify those staff who provide medication services, including the task of [REDACTED] are verifying calibration, and documenting accurately. Corporate office staff will monitor records periodically as a component of the clinical audit process.

Completion Date: 10/31/2021

Document Submission

Implemented

Community staff have recalibrated the [REDACTED] for Residents #5, 6 and 7 respectively, to reflect the correct date and time. Community staff will verify any other residents' [REDACTED] are properly calibrated. The HWD and GM will provide re-training to those staff responsible the provision of medication services, documenting their acknowledgment of the community's practices, including [REDACTED] Management Policy. The HWD is responsible for oversight of the community's medication services program and will conduct periodic audits to verify those staff who provide medication services, including the task of [REDACTED] testing, are verifying calibration, and documenting accurately. Corporate office staff will monitor records periodically as a component of the clinical audit process.

Community currently has 4 residents with [REDACTED], nurse will calibrate by 9/2/22

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #5 is prescribed to have a [REDACTED] completed once daily.

- [REDACTED]
- [REDACTED]
- [REDACTED]

Resident #6 is prescribed to have a [REDACTED] done 4 times a day, before meals and at bedtime.

- [REDACTED]
- [REDACTED]

Resident #7 is prescribed to have a [REDACTED] done 3 times a week on Monday, Wednesday, and Friday.

- [REDACTED]

Plan of Correction

Accept

The staff associated with the deficient practices identified in the violation have been identified and corrective action plans have been enacted, with the expectation that there is immediate and sustained improvement and, should the documented monitoring plan, other infractions or violations occur, further disciplinary action will be taken.

The HWD will use the community's electronic assessment and service planning tool to schedule tasks and services

187d - Follow Prescriber's Orders (continued)

according to the prescriber's directions. The HWD or designee is responsible for reviewing the electronic platform's "dashboards" daily and taking appropriate action to address changes to and/or omissions in service delivery. The GM is responsible for reviewing the dashboard on a monthly basis as part of the community's quality management practices.

Completion Date: 10/25/2021

Document Submission**Implemented**

The staff associated with the deficient practices identified in the violation have been identified and corrective action plans have been enacted, with the expectation that there is immediate and sustained improvement and, should the documented monitoring plan, other infractions or violations occur, further disciplinary action will be taken.

The HWD will use the community's electronic assessment and service planning tool to schedule tasks and services according to the prescriber's directions. The HWD or designee is responsible for reviewing the electronic platform's "dashboards" daily and taking appropriate action to address changes to and/or omissions in service delivery. The GM is responsible for reviewing the dashboard on a monthly basis as part of the community's quality management practices.

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, 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**

A resident's right to question or refuse a medication if the resident believes there may have been a medication error is a component of the Resident Rights Addendum to the community's Resident Agreement. When the Agreement is signed by Resident #2 to correct violation 2600.25.b. above, the Amendment will also be reviewed with/signed by Resident #2, and a copy of the document will be provided to Resident #2. The GM will ensure that Agreements are properly executed for incoming residents. The corporate office staff will review Resident Agreements during the periodic operational audits to ensure ongoing compliance.

Completion Date: 10/31/2021

Document Submission**Implemented**

A resident's right to question or refuse a medication if the resident believes there may have been a medication error is a component of the Resident Rights Addendum to the community's Resident Agreement. When the Agreement is signed by Resident #2 to correct violation 2600.25.b. above, the Amendment will also be reviewed with/signed by Resident #2, and a copy of the document will be provided to Resident #2. The GM will ensure that Agreements are properly executed for incoming residents. The corporate office staff will review Resident Agreements during the periodic operational audits to ensure ongoing compliance.

225a - Assessment 15 Days**1. Requirements**

2600.

225a - Assessment 15 Days (continued)

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 [REDACTED].

Plan of Correction**Accept**

Corporate office staff have reviewed this requirement and company policies with the GM and HWD. The HWD will use the community's electronic assessment and service planning tool to schedule assessment dates that meet the required time frames. The GM will review the Move-In Checklist to verify the RASP is completed for each prospective resident prior to move-in, per company policy. Corporate office staff will review these processes periodically as part of the clinical and operational audits.

Completion Date: 10/15/2021

Document Submission**Implemented**

Corporate office staff have reviewed this requirement and company policies with the GM and HWD. The HWD will use the community's electronic assessment and service planning tool to schedule assessment dates that meet the required time frames. The GM will review the Move-In Checklist to verify the RASP is completed for each prospective resident prior to move-in, per company policy. Corporate office staff will review these processes periodically as part of the clinical and operational audits

225c - Additional Assessment**1. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #2's most recent assessment was completed on [REDACTED]

Plan of Correction**Accept**

The company's policy specifies that an assessment using the company's electronic assessment and service planning tool is completed at least every six months and the RASP must be completed annually and upon a significant change of condition. An assessment of Resident #2 using the company's tool was completed on [REDACTED]. However, the RASP was not completed. The HWD will complete a RASP for Resident #2. The HWD will use the community's electronic platform to schedule the completion of both RASPs and the company's assessment and service planning tool. The GM will monitor reporting dashboards on a monthly basis to ensure the timely completion of assessments. Corporate office staff will review these processes periodically as part of the clinical and operational audits.

Completion Date: 10/31/2021

Document Submission**Implemented**

The company's policy specifies that an assessment using the company's electronic assessment and service planning tool is completed at least every six months and the RASP must be completed annually and upon a significant change of condition. An assessment of Resident #2 using the company's tool was completed on [REDACTED]. However, the RASP was not completed. The HWD will complete a RASP for Resident #2.

225c - Additional Assessment (continued)

The HWD will use the community's electronic platform to schedule the completion of both RASPs and the company's assessment and service planning tool. The GM will monitor reporting dashboards on a monthly basis to ensure the timely completion of assessments. Corporate office staff will review these processes periodically as part of the clinical and operational audits.

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, [redacted] indicates the resident is capable of [redacted] their own medications, however the residents most recent DME indicates that the resident [redacted] their own medications. Resident is currently [redacted] their medications on [redacted]

Plan of Correction

Accept

As referenced above in the Plan of Corrections for violations of 2600.141.a., 2600.181.c. and 2600.183.e., Resident #2 will either need to agree to having assistance with medications as mutually agreed upon or may no longer be eligible for residency at the community.

The HWD is responsible for reviewing the DME and discussing service planning options with a resident prior to moving in and with each subsequent assessment. The HWD is responsible for documenting what assistance is to be provided for residents and by whom, including care coordination with outside care providers and/or family service providers, in the resident's support plan. Should a mutually agreeable/compliant agreement for assistance with Resident #2s medications not be reached, the GM will be notified to evaluate and disseminate communications for the Resident #2s transfer/discharge, if necessary.

The corporate office staff will review resident records to ensure service plans are consistent with supporting the information identified in the DME as a component of the community's periodic clinical audits.

Completion Date: 10/31/2021

Document Submission

Implemented

As referenced above in the Plan of Corrections for violations of 2600.141.a., 2600.181.c. and 2600.183.e., Resident #2 will either need to agree to having assistance with medications as mutually agreed upon or may no longer be eligible for residency at the community.

The HWD is responsible for reviewing the DME and discussing service planning options with a resident prior to moving in and with each subsequent assessment. The HWD is responsible for documenting what assistance is to be provided for residents and by whom, including care coordination with outside care providers and/or family service providers, in the resident's support plan. Should a mutually agreeable/compliant agreement for assistance with Resident #2s medications not be reached, the GM will be notified to evaluate and disseminate communications for the Resident #2s transfer/discharge, if necessary.

The corporate office staff will review resident records to ensure service plans are consistent with supporting the information identified in the DME as a component of the community's periodic clinical audits.

231b - Medical Evaluation

1. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #8 was admitted to the [REDACTED]; however, the resident's medical evaluation was completed on [REDACTED]

Plan of Correction**Accept**

Corporate office staff have reviewed this requirement and company policies related to this violation with the GM and HWD. The GM shall not admit a resident without the required documentation. The community's electronic assessment and service planning platform and Move In Checklist will be used to track completion of the DME within 60 days prior to admission. Corporate office staff will monitor compliance with these processes during the periodic clinical and operational audits.

Completion Date: 10/31/2021

Document Submission**Implemented**

Corporate office staff have reviewed this requirement and company policies related to this violation with the GM and HWD. The GM shall not admit a resident without the required documentation. The community's electronic assessment and service planning platform and Move In Checklist will be used to track completion of the DME within 60 days prior to admission. Corporate office staff will monitor compliance with these processes during the periodic clinical and operational audits.

233c - Key-Locking Devices**1. Requirements**

2600.

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

Description of Violation

On 9/22/21, The directions for operating the home's locking mechanism are not conspicuously posted near any of the doors or the courtyard gates to the Secure Dementia Care Unit (SDCU).

Plan of Correction**Accept**

The GM will coordinate the required posting of directions near affected doors and gates. The GM is responsible for conducting daily walk throughs of the community to observe environmental conditions and correct any deficient practices. Corporate office staff will monitor compliance with this company standard during periodic operational audits and general site visits.

Completion Date: 10/31/2021

Document Submission**Implemented**

The GM will coordinate the required posting of directions near affected doors and gates. The GM is responsible for conducting daily walk throughs of the community to observe environmental conditions and correct any deficient practices. Corporate office staff will monitor compliance with this company standard during periodic operational audits and general site visits.

251b - Record Entries Legible**1. Requirements**

251b - Record Entries Legible (*continued*)

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 or a cut a paste of the resident's signature was used on resident 1's contract.

Plan of Correction**Accept**

The GM will review Resident #1's Resident Agreement with Resident #1, payor, if other than Resident #1, and the authorized representatives of Resident #1, if acceptable to Resident #1. A note of clarification, including dates and signatures, shall be made to the affected area of the Agreement, with a copy provided to the resident.

The GM will review the provisions of this requirement and the community's Documentation Standards Policy with staff involved with/responsible for preparing, reviewing and executing Resident Agreements and document their acknowledgment of understanding. The GM is responsible for reviewing each Resident Agreement to ensure it is properly executed. Corporate office staff will monitor compliance with documentation standards during periodic clinical and operational audits.

Completion Date: 10/31/2021

Document Submission**Implemented**

The GM will review Resident #1's Resident Agreement with Resident #1, payor, if other than Resident #1, and the authorized representatives of Resident #1, if acceptable to Resident #1. A note of clarification, including dates and signatures, shall be made to the affected area of the Agreement, with a copy provided to the resident.

The GM will review the provisions of this requirement and the community's Documentation Standards Policy with staff involved with/responsible for preparing, reviewing and executing Resident Agreements and document their acknowledgment of understanding. The GM is responsible for reviewing each Resident Agreement to ensure it is properly executed. Corporate office staff will monitor compliance with documentation standards during periodic clinical and operational audits.