

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

December 31, 2024

[REDACTED]
PARAMOUNT SENIOR LIVING AT FAYETTEVILLE LLC
[REDACTED]

MCMURRAY, PA, 15317

RE: PARAMOUNT SENIOR LIVING AT
CHAMBERSBURG ROAD
6375 CHAMBERSBURG ROAD
FAYETTEVILLE, PA, 17222
LICENSE/COC#: 33383

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/10/2024, 09/11/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *PARAMOUNT SENIOR LIVING AT CHAMBERSBURG ROAD* License #: *33383* License Expiration: *04/16/2025*

Address: *6375 CHAMBERSBURG ROAD, FAYETTEVILLE, PA 17222*

County: *ADAMS* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *PARAMOUNT SENIOR LIVING AT FAYETTEVILLE LLC*

Address: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *11/04/2010* Issued By: *Franklin Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *49* Waking Staff: *37*

Inspection Information

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

Reason: *Renewal* Exit Conference Date: *09/11/2024*

Inspection Dates and Department Representative

09/10/2024 - On-Site: [REDACTED]

09/11/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *45*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *45*

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

Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

09/10/2024 Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/08/2024*

Inspections / Reviews (*continued*)

10/09/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/04/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 10/15/2024

10/15/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/04/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/04/2024

12/31/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/04/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

1. Agents of the Department.

Description of Violation

On [REDACTED], a sample of resident records, to include their assessment and support plans, medical evaluations, medication administration records, preadmission screenings, etc. were requested at 10:30AM on [REDACTED]. The home did not produce all requested items from resident records until after 1PM.

Plan of Correction

Accept ([REDACTED] - 10/15/2024)

1. On 10/1/24 Corporate nurse educated E.D on the need to ask for assistance or delegate duties so that requested documentation is presented in a timely manner (Documentation will be kept).
2. Starting 10/7/24 resident contracts will be kept in binders in the B.O.M office and will be presented to the surveyors within 30 minutes of being requested.
3. Starting 10/7/24 resident charts will include their assessment and service plan, medical evaluations and prescreens. Medication administration records (EMAR) will be printed from PCC. The resident chart and printed EMAR will be presented to the surveyors within 30 minutes of being requested.
4. Starting the week of 10/14/24 the RCM or ARCM will audit 5 charts weekly x4 then 5 random charts will be audited quarterly x1 year for the presence of the assessment and service plans, medical evaluations and prescreens. (Documentation will be kept).
5. Will be monitored in QA quarterly x1 year. (Documentation will be kept).

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented ([REDACTED] - 12/30/2024)

17 - Record Confidentiality

2. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED] at approximately 1:55PM, resident records (to include medical information, care plans, and personal information) were unlocked, unattended, and accessible in the nurses' station/room. The door to the room was held open by a door stop and per staff interview, the door is always kept propped open for residents and family members to enter the room anytime they need. Additionally, Resident specific information (names, medical orders, room numbers, transfer needs, DNR status, allergies, etc.) was sitting under the computer laptop screen, unattended, unlocked and accessible on medication cart B.

On [REDACTED], at 11:00 AM, the electronic resident record (laptop) was left accessible, unlocked and unattended on top of medication carts A and B.

Plan of Correction

Accept ([REDACTED] - 10/09/2024)

1. On [REDACTED] the ED and RCM educated all staff on the need to keep the nurses station door closed when no staff

17 - Record Confidentiality (continued)

member is present. (Documentation will be kept).

2. On 10/2/24 the ARCM educated all staff to lock the laptop screen along with closing the laptop so a password is needed to access resident information and to keep paperwork with resident information on their person or locked in the med cart. (Documentation will be kept).

3. On 10/17/24 all staff will be re-educated by the ED, RCM and ARCM regarding keeping resident information secure. (Documentation will be kept).

4. Starting the week of 10/7/24 an audit will be conducted daily x30 days than 3x/week x3 months than monthly 1 year making sure the nursing station door is locked when no staff member is present in the nurses station, laptops are kept closed when unattended and documentation is kept secure. (Documentation will be kept).

5. Starting October 2024 this process will be monitored quarterly in QA for 1 year. (Documentation will be kept).

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented [redacted] 12/30/2024)

41e - Signed Statement

3. 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 [redacted] 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 [redacted] - 10/09/2024)

1. On 10/2/24 the Corporate Nurse educated the Admissions Manager on the correct contract to be issued for a PC admission. (Documentation will be kept).

2. On 10/2/24 an audit of current resident contracts was completed by the Business Office Manager, 17 residents were given the incorrect contract (Documentation will be kept).

3. The Business Office Manager will explain why there is need for a new contract to the 17 residents and/or families and have the new contracts signed by Friday 10/11/24 (Documentation will be kept).

4. Starting the week of 10/7/24 the ED will audit all new admissions weekly x4 than 5 random audits will be completed quarterly x1 year (Documentation will be kept).

5. Starting October 2024 this process will be monitored quarterly in QA for 1 year. (Documentation will be kept).

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented [redacted] - 12/30/2024)

63a - First Aid/CPR Training

4. Requirements

63a - First Aid/CPR Training (*continued*)

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

From [REDACTED] at 9:15PM until [REDACTED] at 6:30AM, there were 43 residents present in the home. However, during this time period, there were no staff in the home that were CPR and FA certified.

Plan of Correction

Accept [REDACTED] - 10/15/2024)

1. All recently hired PC staff will be CPR/FA certified by 10/31/24 (Documentation will be kept).
2. On 10/10/24 the Corporate nurse educated the ED, RCM and ARCM that 1 CPR/FA certified staff is to be scheduled each shift for every 50 residents residing in the facility.
3. Starting 10/10/24 all new hires will be CPR/FA certified within 6 weeks of hire if needed.
4. Starting 10/11/24 the ED will audit the daily assignment sheets x30 days then 5 random days/month x3 months to make sure a CPR/FA certified staff member is scheduled every shift.
5. Starting 10/11/24 RCM or Designee will audit all new hire personnel files every Friday for CPR/FA certification and schedule training with the instructor as needed (Documentation will be kept).
6. Starting October 2024 this process will be monitored quarterly in QA for 1 year. (Documentation will be kept).

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented [REDACTED] - 12/30/2024)

65e - 12 Hours Annual Training

5. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Staff Member B, hired [REDACTED], has not completed any educational hours of training for the 2023 training year.

Plan of Correction

Accept [REDACTED] - 10/15/2024)

1. On 10/1/24 the ED and RCM were educated on required annual trainings for direct care staff, signature of completion and filing of training documents at the end of each year. (Documentation will be kept).
2. Staff member B is no longer employed at the facility
3. The ED will audit all personnel files of staff hired prior to Jan 2023 for completion of the 2023 Annual Training by 10/14/24. Any training missed for the employees identified in the audit will complete the training by 11/4/24.
4. The RCM and ARCM will conduct monthly trainings for 2024 and have staff sign for completion. (Documentation will be kept).
5. All 2024 monthly training are scheduled through December. The ED, RCM and ARCM will present the trainings to the staff.
6. After the December training is completed each year the annual training form will be filed by HR in each employee's personnel file.
7. Starting the week of 10/7/24 the ED will audit 10 random employee annual training forms for completion of monthly training, this audit will be done monthly x1 year. (Documentation will be kept).
8. In January the ED will audit 10 random employee personnel files to verify annual training forms are filed. (Documentation will be kept)

65e - 12 Hours Annual Training (continued)

9. Starting October 2024 this process will be monitored quarterly in QA for 1 year. (Documentation will be kept).

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented [REDACTED] - 12/30/2024)

81b - Resident Personal Equipment

6. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

An uncovered enabler bar located on Resident [REDACTED] bed was not affixed to the bed and was observed to wobble creating a potential fall hazard.

Plan of Correction

Accept [REDACTED] - 10/15/2024)

1. Resident [REDACTED] enabler bar was covered [REDACTED]
2. New enabler bar was purchased for Resident [REDACTED] and placed on [REDACTED] bed [REDACTED]
3. On 10/1/24 the Corporate Nurse educated the ED, RCM and ARCM on appropriate enabler bar to order and the need for enabler bars to be covered at all times for safety (Documentation will be kept).
4. Starting the week of 10/7/24 the RCM or Designee will audit all enabler bars are stable on the beds and covered weekly x4 then quarterly x1 year (Documentation will be kept).
5. Starting October 2024 this process will be monitored quarterly in QA for 1 year. (Documentation will be kept).

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented [REDACTED] - 12/30/2024)

82c - Locking Poisonous Materials

7. Requirements

2600.

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

Description of Violation

Multiple substances that contained a manufacture's label indicating "contact poison control center if ingested", were unlocked, unattended, and accessible to residents. Not all the residents of the home, including Resident [REDACTED] have been assessed capable of recognizing and using poisons safely. Examples of unlocked poisonous substances witnessed included:

- On [REDACTED], at 1:50PM, Peroxide Multi Cleaner Surface Cleaner and Disinfectant, Out Stain Gone and 2 bottles of eye wash in the nurses' station.
- On [REDACTED] 2 bottles of eye wash and a container of Woolite laundry detergent in the laundry room next to

82c - Locking Poisonous Materials (continued)

the living room area.

Plan of Correction

Accept (█ - 10/15/2024)

1. On █ the nurses station door was closed and locked. Staff was verbally instructed the door is to be closed and locked when no staff if present.
2. On █ the laundry room door was closed and locked then staff was verbally educated by the ED on the need to keep the laundry room door and the nurses station locked when no staff member is present.
3. On █ all staff was educated by the ED and RCM to keep poisonous materials inaccessible to residents at all times for safety (Documentation will be kept).
4. All staff by be re-educated on █ by the ED and RCM to keep poisonous materials inaccessible to residents at all time for safety (Documentation will be kept).
5. Starting █ the ED or Designee will walk through the unit daily x30 days than 3x/wk x 3 months making sure poisonous materials are not accessible to residents (Documentation will be kept).
6. Starting October 2024 this process will be monitored quarterly in QA for 1 year. (Documentation will be kept).

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented (█ - 12/30/2024)

101j7 - Lighting/Operable Lamp

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

Plan of Correction

Accept (█ 10/09/2024)

1. ED placed lamp in Resident █ room after state exit on 9/11/24
2. On 10/2/24 the RCM and ARCM educated all staff on the furniture requirements for each resident (Documentation will be kept).
3. Starting the week of 10/7/24 all rooms will be audited weekly x4 than 10 rooms quarterly x1 year (Documentation will be kept).
4. Starting October 2024 this process will be monitored quarterly in QA for 1 year. (Documentation will be kept).

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented (█ 12/30/2024)

132c - Fire Drill Records

9. Requirements

2600.

132c Fire Drill Records (continued)

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill records for the drills conducted on the following dates, do not indicate the time the drill took place.

Documentation of AM or PM was absent from the records.

- [redacted] fire drill record read, 4:20.
- [redacted] fire drill record read, 1:25.
- [redacted] fire drill record read, 4:20.
- [redacted] fire drill record read, 3:00.

Repeated Violation 5/9/23, et al.

Plan of Correction

Accept [redacted] 10/09/2024)

1. Form revised on 10/2/24 to include a.m/p.m choice to be circled.
2. On 10/7/24 the ED educated the Maintenance Manager on the need to document a.m or p.m when recording monthly fire drill times (Documentation will be kept).
3. Starting in Oct 2024 the ED will audit fire drill documentation for notation of a.m/p.m monthly x1 year (Documentation will be kept).
4. Starting October 2024 this process will be monitored quarterly in QA for 1 year. (Documentation will be kept).

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented [redacted] - 12/30/2024)

132g - Fire Drills Days/Times

10. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

On [redacted] the observed fire drill by a fire safety expert was conducted at 1:25PM. There were [redacted] residents in the building and a total of 37 staff that participated in the fire drill. This is not a realistic representation of the actual number of staff present during 1st shift in the person care home.

Plan of Correction

Accept [redacted] - 10/15/2024)

1. On 10/7/24 all SNF staff were educated by the Administrator that moving forward only PC staff will participate in monthly PC fire drills (Documentation will be kept).
2. Starting no later than October 31, 2024 ED or Designee will audit fire drill documentation monthly x1 year to make sure only appropriate staff participates in fire drills (Documentation will be kept).
3. Starting October 2024 this process will be monitored quarterly in QA for 1 year. (Documentation will be kept).

132g Fire Drills Days/Times (continued)

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented [REDACTED] - 12/30/2024)

141b1 - Annual Medical Evaluation

11. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [REDACTED] annual medical evaluation, completed on [REDACTED], did not include the resident's health status or cognitive function.

Plan of Correction

Accept [REDACTED] - 10/09/2024)

1. On 10/7/24 a new DME was completed for Resident #2 including health status and cognitive function.
2. On 10/2/24 the Corporate Nurse educated the RCM and ARCM on the DME completion requirements (Documentation will be kept).
3. Starting the week of 10/7/24 the ED will audit 5 DME's for completeness weekly x4 than 5 quarterly x1 year (Documentation will be kept).
4. Starting October 2024 this process will be monitored quarterly in QA for 1 year. (Documentation will be kept).

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented [REDACTED] - 12/30/2024)

171b4 - Staff Training

12. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

4. At least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff training and orientation).

Description of Violation

Staff Member A provides transportation for residents without another staff member accompanying the residents and has not completed the Department approved direct care training or competency test.

Plan of Correction

Accept [REDACTED] - 10/09/2024)

1. On 9/19/24 the Transportation Coordinator and one maintenance assistance/driver completed direct caregiver training (Documentation will be kept).
2. On 9/24/24 one activities assistant that drives for resident outings completed direct caregiver training (Documentation will be kept).
3. The remaining maintenance staff/drivers will complete direct caregiver training by 11/4/24 (Documentation will be kept).

171b4 - Staff Training (continued)

be kept).

4. Moving forward all maintenance assistants and activities assistants that will be transporting residents will complete direct caregiver training at time of hire (Documentation will be kept).
5. Starting the week of 10/7/24 the ED will audit all new drivers personnel files for completion of direct caregiver training x1 year (Documentation will be kept).
6. Starting October 2024 this process will be monitored quarterly in QA for 1 year. (Documentation will be kept).

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented [REDACTED] - 12/30/2024)

183b - Meds and Syringes Locked**13. 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 [REDACTED] at 2PM, 7, 30-day supply medication blister packs belonging to Resident [REDACTED], were unlocked, unattended, and accessible in the nurses' station.

Plan of Correction

Accepted [REDACTED] 10/09/2024)

1. On 9/10/24 the ED verbally educated the staff on the need for the nurses station to be locked at all times when no staff is present in the nurses station.
2. On 9/26/24 the ED and RCM educated all staff on the need to keep the nurses station door closed and locked when no staff is present in the nurses station (Documentation will be kept).
3. On 10/17/24 the ED and RCM will re-educate all staff on the need to keep the nurses station door closed and locked when no staff is present in the nurses station (Documentation will be kept).
4. Starting the week on 10/7/24 The RCM or Designee will audit that the nurses station door is closed and locked if no staff is present daily x30 days then 3x/week x3 months (Documentation will be kept).
5. Starting October 2024 this process will be monitored quarterly in QA for 1 year. (Documentation will be kept).

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented [REDACTED] - 12/30/2024)

183e - Storing Medications**14. 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.

183e - Storing Medications (continued)

Description of Violation

On [REDACTED], a [REDACTED] was found to be popped out of Resident [REDACTED] 54-day pill packet supply, then placed back in the packet and held in with tape.

Resident [REDACTED], indicated to discard 28 days after opening. Staff opened the pen on [REDACTED] and it was used for administration at 9AM on [REDACTED] and 9AM and 9PM on [REDACTED]

Plan of Correction

Accept [REDACTED] 10/09/2024)

1. On 10/2/24 the RCM and ARCM educated the nurses and med techs not to tape narcotics back into the blister pack that they are to destroy the medication (Documentation will be kept).
2. On 9/11/24 Resident [REDACTED] Lantus pen was wasted, reordered and received from the pharmacy.
3. On 9/26/24 The ED and RCM educated the nurses and med techs on dating medications when opening and medication expiration dates (Documentation will be kept).
4. On 10/17/24 the ED and RCM will re-educate nurses and med techs regarding not taping narcotics into the blister packs, dating medications when opening and expiration dates (Documentation will be kept).
5. Starting the week of 10/7/24 the RCM or Designee will audit med carts weekly x4 then monthly x1 year (Documentation will be kept).
6. Starting October 2024 this process will be monitored quarterly in QA for 1 year. (Documentation will be kept).

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented ([REDACTED] - 12/30/2024)

184a - Resident's Meds Labeled

15. Requirements

2600.

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

4. The prescribed dosage and instructions for administration.

Description of Violation

The pharmacy label for Resident [REDACTED] does not include their prescribed, sliding scale order or a sticker placed on the medication that reads, see current medication administration record (mar) for all current orders.

Repeated Violation - 5/9/23, et al

Plan of Correction

Accept [REDACTED] - 10/15/2024)

1. On 9/11/24 Resident [REDACTED]'s routine dose of Lantus was available and ED re-ordered sliding scale dose of Lantus from the pharmacy so each dose would have a separate label and insulin pen.
2. On 10/2/24 the RCM and ARCM educated the nurses and med techs on the proper way to reorder medications from the pharmacy that are not on the monthly automatic cycle fill and to make sure if the resident has 2 doses of the same insulin both doses will need ordered from the pharmacy when needed (Documentation will be kept).
3. On 10/17/24 the ED and RCM will re-educate the nurse and meds regarding proper reordering of medications from the pharmacy that are not on the monthly automatic cycle fill (Documentation will be kept).

184a - Resident's Meds Labeled (continued)

4. Starting the week of 10/7/24 the RCM or Designee will audit med carts weekly x4 then monthly x1 year to make sure sliding scale and routine doses of insulin have two separate pens with their own labels (Documentation will be kept).

5. Starting October 2024 this process will be monitored quarterly in QA for 1 year. (Documentation will be kept).

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented [redacted] - 12/30/2024)

185a - Implement Storage Procedures

16. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident [redacted] is prescribed metoprolol twice daily, but to hold if their blood pressure is less than 110/60. The home was not documenting the resident's blood pressure readings twice daily from [redacted] until [redacted]

Resident [redacted] was not calibrated to the correct date and time as evidenced by the [redacted] readings and their documented [redacted] readings on the resident's medication administration record (mar) not matching. The following was identified during the inspection:

Glucometer	time	date	mar	time	date
[redacted]	1:48AM	[redacted]	[redacted]	11AM	[redacted]
[redacted]	10:28PM	[redacted]	[redacted]	7AM, 8AM	[redacted]
[redacted]	11:44AM	[redacted]	[redacted]	9PM	[redacted]
[redacted]	10AM	[redacted]	[redacted]	4PM	[redacted]
[redacted]	7:10AM	[redacted]	[redacted]	4PM	[redacted]
[redacted]	2:43AM	[redacted]	[redacted]	11AM	[redacted]
[redacted]	10:49AM	[redacted]	[redacted]	7AM, 8AM	[redacted]

Plan of Correction

Accept [redacted] - 10/09/2024)

- Starting on 4/12/24 the nurses and med techs started documenting Resident [redacted] blood pressure twice daily.
- On 10/2/24 Resident [redacted] glucometer was calibrated correctly by the ARCM (Documentation will be kept).
- On 10/2/24 the RCM and ARCM educated the nurses and med techs on the need to make sure the date and time is correct on each resident's glucometer when checking blood sugars (Documentation will be kept).
- On 10/17/24 the ED and RCM will re-educate nurse and med techs the need to document vital signs when parameters are in the medication order and the need for the correct date/time on the resident glucometers when checking blood sugars (Documentation will be kept).
- Starting the week of 10/7/24 the RCM or Designee will audit new orders daily x30 days then 1x/weekly for 1 year (Documentation will be kept).
- Starting October 2024 this process will be monitored quarterly in QA for 1 year. (Documentation will be kept).

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented [redacted] - 12/30/2024)

187a - Medication Record

17. Requirements

2600.

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

6. Dose.

Description of Violation

Resident [REDACTED] is prescribed 2 additional units of [REDACTED] if their blood glucose measures between [REDACTED] and [REDACTED]. Resident [REDACTED] was [REDACTED] at 4PM on 9/2/24 and [REDACTED] at 8AM on [REDACTED]. However, Resident [REDACTED] medication administration record does not indicate the dose of [REDACTED] that was administered.

Plan of Correction

Accept [REDACTED] - 10/15/2024)

1. The ED reported medication errors for Resident [REDACTED] and Resident [REDACTED] on [REDACTED] (Documentation will be kept).
2. The ED reported medication errors were report to the Department 9/12/24 and to the MD 9/22/24 with no new orders.
3. The ED clarified parameters in Metoprolol order for Resident [REDACTED] with MD and order was rewrote on 10/8/24.
4. On 9/12/24 the ED educated the RCM and ARCM that the nurse on-call must confirm orders from home so medications may be given by staff if there is not a nurse at the facility (Documentation will be kept).
5. On 10/2/24 the RCM and ARCM educated the nurses and med techs on the need to document why medications are not administered, the need to notify their supervisor if an order has unclear parameters and to make sure they are entering units administered with sliding scale insulin sign off (Documentation will be kept).
6. On 10/10/24 the ED educated the nurses and med techs to make sure they are entering the units of insulin they are administering with the sliding scale in PCC. (Documentation will be kept).
7. On 10/10/24 an audit of sliding scale insulin was completed and all units were entered when insulin was administered. (Documentation will be kept).
8. On 10/17/24 the ED and RCM will re-educate nurses and med techs the need to document why medications are not administered and the need to notify their supervisor if an order has unclear parameters (Documentation will be kept).
9. Starting the week of 10/7/24 the RCM or Designee will monitor daily for missed medication documentation.
10. Starting the week of 10/7/24 the ED will audit all new orders daily x30 days to make sure they were confirmed timely then 10 random new orders will be audited monthly x1 year (Documentation will be kept).
11. Starting 10/11/24 the RCM or Designee will audit sliding scale orders to make sure units are documented when signing off insulin daily x30 days then 3x/week for 3 months (Documentation will be kept).
12. Starting October 2024 this process will be monitored quarterly in QA for 1 year. (Documentation will be kept).

Proposed Overall Completion Date: 11/04/2024

187a - Medication Record (continued)

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented [redacted] - 12/30/2024)

187d - Follow Prescriber's Orders

18. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted], take 1 tablet orally daily. Resident [redacted] was not administered this medication on [redacted], and [redacted].

Resident [redacted] is prescribed [redacted], take 1 tablet orally twice daily, hold for blood pressure less than 110/60. The resident's blood pressure was [redacted] at 8AM on [redacted] and staff administered metoprolol to Resident [redacted].

Resident [redacted] is prescribed [redacted] if their blood glucose measures between 201 and 400. Resident [redacted] was [redacted] at 4PM on [redacted] and 4 units of [redacted] was not administered.

Resident [redacted] is prescribed [redacted], apply topically to buttocks twice daily. The cream was only applied once on [redacted].

On [redacted], Resident [redacted] was prescribed a sliding scale for [redacted], to add 1 additional unit of [redacted] for every 50 points blood sugars over 100. The residents blood sugars were documented as the following on their August 2024 medication administration record (mar): [redacted]

The home did not initiate a sliding scale administration to the resident until 8/9/24.

Repeated Violation - 5/9/23, et al.

Plan of Correction

Accept [redacted] - 10/09/2024)

1. The ED reported medication errors for Resident [redacted] and Resident [redacted] on [redacted]. (Documentation will be kept).
2. The ED clarified parameters in [redacted] order for Resident [redacted] with MD and order was rewrote on [redacted]
3. On 9/12/24 the ED educated the RCM and ARCM that the nurse on-call must confirm orders from home so medications may be given by staff if there is not a nurse at the facility (Documentation will be kept).
4. On 10/2/24 the RCM and ARCM educated the nurses and med techs on the need to document why medications are not administered and the need to notify their supervisor if an order has unclear parameters (Documentation will be kept).
5. On 10/17/24 the ED and RCM will re-educate nurses and med techs the need to document why medications are not administered and the need to notify their supervisor if an order has unclear parameters (Documentation will be kept).
6. Starting the week of 10/7/24 the RCM or Designee will monitor daily for missed medication documentation.
7. Starting the week of 10/7/24 the ED will audit all new orders daily x30 days to make sure they were confirmed timely then 10 random new orders will be audited monthly x1 year (Documentation will be kept).
8. Starting October 2024 this process will be monitored quarterly in QA for 1 year. (Documentation will be kept).

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

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented [REDACTED] - 12/30/2024)

191 - Resident Right to Refuse

19. 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 [REDACTED], 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 [REDACTED] - 10/15/2024)

1. On 10/2/24 the Corporate Nurse educated the Admissions Manager on the correct contract to be issued for a PC admission. (Documentation will be kept).
2. On 10/2/24 an audit of current resident contracts was completed by the Business Office Manager, 17 residents were given the incorrect contract (Documentation will be kept).
3. The Business Office Manager will explain the need for a new contract to the 17 residents and/or families and have the new contracts signed by Friday 10/11/24.
4. All new contracts were signed by 10/10/24 and the new contract includes the education for a resident's right to refuse medication if the resident believes there may have been a medication error.
5. Starting the week of 10/7/24 the ED will audit all new admissions weekly x4 then 5 random audits will be completed quarterly x1 year (Documentation will be kept).
6. Starting October 2024 this process will be monitored quarterly in QA for 1 year. (Documentation will be kept).

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented [REDACTED] 12/30/2024)

224a - Preadmission Screen Form

20. 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 [REDACTED] preadmission screening form, dated [REDACTED], does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept [REDACTED] - 10/09/2024)

1. On 10/2/24 the Corporate Nurse educated the Admission Manager on the requirements of completing all sections of the Preadmission Screen Form (Documentation will be kept).
2. Starting the week of 10/7/24 the ED will audit all Preadmission Screen Forms weekly x4 then 10 random Preadmission Screen Forms quarterly x1 year (Documentation will be kept).
3. Starting October 2024 this process will be monitored quarterly in QA for 1 year. (Documentation will be kept).

224a - Preadmission Screen Form (continued)

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented [redacted] - 12/30/2024)

225a - Assessment 15 Days

21. 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 [redacted] has the following diagnoses: [redacted]. Resident [redacted] annual assessment and support plan, dated [redacted] only includes the following diagnoses and a plan to support the resident with the following: [redacted].

Resident [redacted] medical evaluation indicates the resident is to use a rollator walker for ambulation. Resident [redacted] assessment and support plan does not include the resident's need for this assistive device.

Resident [redacted] has the following diagnoses: [redacted]. However, their [redacted] assessment and support plan only list the following diagnoses and a plan to support the resident with the following: [redacted] with other specified complication, and [redacted].

Plan of Correction

Accept [redacted] - 10/15/2024)

1. On [redacted] assessment and support plans were corrected for Resident [redacted] and Resident [redacted] by the RCM.
2. On 10/1/24 the Corporate Nurse educated the ED, RCM and ARCM on the correct practice of addressing all diagnosis on the assessment and service plan (Documentation will be kept).
3. Starting the week of 10/7/24 the ED will audit all assessments/service plan completed the prior week to make sure they include all diagnosis and assistive devices for abulation x4 weeks then 10 random assessments/service plans quarterly x1 year (Documentation will be kept).
4. On 10/10/24 the Corporate Nurse educated the ED, RCM and ARCM regarding the need to include any assistive devices for ambulation in the resident assessment and service plan (Documentation will be kept).
5. Starting October 2024 this process will be monitored quarterly in QA for 1 year. (Documentation will be kept).

Licensee's Proposed Overall Completion Date: 11/04/2024

225a - Assessment 15 Days (continued)

Implemented [REDACTED] 12/30/2024)

225c - Additional Assessment

22. Requirements

2600.

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

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

Description of Violation

Resident [REDACTED] most recent assessment was completed on [REDACTED]. On [REDACTED] Resident [REDACTED] was provided with an enabler bar for [REDACTED] bed. The resident's assessment was not updated to reflect the specific need for the device, the intended use and any risks associated with the use, the resident's ability to use the device safely for the purpose it was intended, and identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

Resident [REDACTED]'s most recent assessment was completed on [REDACTED] and indicates the resident is to follow a pureed diet with thin liquids.

On [REDACTED], the resident's diet was changed from pureed to mechanical soft. On 8/16/24, orders to discontinue the pureed diet were obtained with instruction to start ground meats texture. On 9/6/24, the resident's dietary plan was changed to puree due to the resident declining and having problems swallowing. Resident [REDACTED]'s assessment and support plan was never updated to include an assessment and support plan for the resident's dietary needs as they changed.

Plan of Correction

Accept ([REDACTED] - 10/09/2024)

1. On [REDACTED] Resident [REDACTED] assessment/service plan was correctly updated.
2. On [REDACTED] the Corporate Nurse educated the ED, RCM and ARCM were educated on the need to update the resident assessment/service plan with new orders (Documentation will be kept).
3. Starting 10/7/24 the RCM or Designee will review new orders daily and update the resident's assessment/service plans as needed (Documentation will be kept).
4. Starting the week of 10/7/24 the ED will audit all resident assessment/service plans for needed updates x30 days then 10 random assessment/service plans quarterly x1 year (Documentation will be kept).
5. Starting October 2024 this process will be monitored quarterly in QA for 1 year. (Documentation will be kept).

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented [REDACTED] - 12/30/2024)

252 - Record Content

23. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

3. A photograph of the resident that is no more than 2 years old.

Description of Violation

At the time the [REDACTED] inspection, the photograph in Resident [REDACTED] record was last updated on [REDACTED]

Plan of Correction

Accept ([REDACTED] - 10/09/2024)

1. As of 9/11/24 all resident photos were current.
2. On 10/1/24 the Corporate Nurse educated the ED, RCM and ARCM regarding the need to update all resident

252 Record Content (continued)

photos every 2 years (Documentation will be kept).

3. All resident photos will be taken on admission and yearly in January by the ED or Designee.

4. Starting the week of 10/7/24 the ED will audit all new admissions for their photo x30 days then 10 random new admissions for photos quarterly x1 year (Documentation will be kept).

5. By 2/28/25 the ED will audit all residents for current photo as of Jan 2025 (Documentation will be kept).

6. Starting October 2024 this process will be monitored quarterly in QA for 1 year. (Documentation will be kept).

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented [REDACTED] - 12/30/2024)