



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to **CA SENIOR MCCANDLESS OPERATOR LLC**

LEGAL ENTITY

To operate **ATRIA MCCANDLESS**

NAME OF FACILITY OR AGENCY

Located at **8870 DUNCAN AVENUE, PITTSBURGH, PA 15237**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **211**

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: **Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 35**

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

**55 Pa.Code Chapter 2600: Personal Care Homes**

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **September 15, 2021** until **September 15, 2022**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **452170**

  
ISSUING OFFICER

  
DEPUTY SECRETARY

**NOTE:** This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

HS 628 – 01/21



Emailing Date: September 16, 2021

[REDACTED]  
[REDACTED]  
CA Senior McCandless Operation LLC  
300 East Market Street, Suite 100  
Louisville, Kentucky 40202

RE: Atria McCandless  
8870 Duncan Avenue,  
Pittsburgh, Pennsylvania 15237  
License #: 452170

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on 3/1/2021 and 7/16/2021, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie F. Buchenauer". The signature is written in a cursive, flowing style.

Jamie Buchenauer  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

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

**Facility Information**

Name: *ATRIA MCCANDLESS* License #: *45217* License Expiration Date: *06/10/2021*  
Address: *8870 DUNCAN AVENUE, PITTSBURGH, PA 15237*  
County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: *412-536-7001*

Email: [REDACTED]

**Legal Entity**

Name: *CA SENIOR MCCANDLESS OPERATOR LLC*  
Address: *300 EAST MARKET ST, SUITE 100, Suite 100, LOUISVILLE, KY, 40202*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *06/19/2020* Issued By: *Town of McCandless*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *33* Waking Staff: *25*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal,Provisional* Exit Conference Date: *03/01/2021*

**Inspection Dates and Department Representative**

03/01/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *211* Residents Served: *25*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *Life Guidance* Capacity: *35* Residents Served: *8*

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *25*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *8* Have Physical Disability: *0*

**Inspections / Reviews**

**03/01/2021 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/28/2021*

Inspections / Reviews (*continued*)

4/30/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *05/05/2021*

9/13/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *09/16/2021*

9/15/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

### 3c - Post Current License

#### 1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

#### Description of Violation

*A copy of 55 Pa. Code Chapter 2600 was not posted in a conspicuous and public place in the home.*

*The Licensing Inspection Summary dated 8/6/2020 was not posted in a conspicuous and public place in the home.*

#### Plan of Correction

**Accept**

*Atria McCandless submits this Plan of Correction in compliance with the Department of Human Services, 55 Pa. Code § 20.52 and 55 Pa. Code Chapter 2600 et seq. This Plan of Correction neither serves as an admission of fault nor confirmation as to the validity of the violation issued by the Department of Human Services ("DHS").*

*The Executive Director reviewed 55 Pa. Code Chapter 2600.3. A copy of 55 Pa. Code Chapter 2600 is now posted in a conspicuous and public place at the receptionist desk along with the current license inspection summary. The Executive Director or other appropriate designee will ensure compliance with 55 Pa. Code Chapter 2600.3.*

*All necessary licenses and inspection reports are posted in a conspicuous place at the reception area.*

*Postings will be monitored by the administrator or a designated staff person at least weekly to ensure the copy of Pa. Code Ch. 2600 and other required postings remain posted. - JRW 9/15/21*

**Completion Date:** 03/01/2021

#### Document Submission

**Implemented**

*All necessary licenses and inspection reports are posted in a conspicuous place at the reception area.*

### 16b - Incident Policies

#### 1. Requirements

2600.

- 16.b. The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

#### Description of Violation

*The home's reportable incidents and conditions policy does not address the prevention, notification, or investigation of reportable incidents and conditions.*

16b - Incident Policies (*continued*)

**Plan of Correction**

**Accept**

*Atria McCandless submits this Plan of Correction in compliance with the Department of Human Services, 55 Pa. Code § 20.52 and 55 Pa. Code Chapter 2600 et seq. This Plan of Correction neither serves as an admission of fault nor confirmation as to the validity of the violation issued by the Department of Human Services ("DHS").*

*Our previous Incident Reporting Policy was previously not uploaded to show that it does address the prevention, notification and investigation of reportable incidents and conditions. Please see attached policies for reference.*

*The Executive Director, Resident Services Director, Life Guidance Director, and/or other appropriate designee(s) will continue to ensure compliance with the above policies and 55 Pa. Code Chapter 2600.16.b and conduct any necessary training and/or interventions.*

**Completion Date:** 06/04/2021

**Document Submission**

**Implemented**

*Atria's Incident Policy was provided to the state on 5/13/2021 and was accepted.*

25c9 - Termination

**1. Requirements**

2600.

25.c. At a minimum, the contract must specify the following:

9. The conditions under which the agreement may be terminated including home closure as specified in § 2600.228 (relating to notification of termination).

**Description of Violation**

*The resident-home contracts for the following residents do not indicate the conditions under which the agreement may be terminated as specified in 55 PA. Code Chapter 2600.228:*

- Resident #1, dated [REDACTED]/2020
- Resident #2, dated [REDACTED] 2021
- Resident #3, dated [REDACTED]/2021
- Resident #4, dated [REDACTED]/2020

*Rather, the resident-home contracts indicate, "We may terminate this agreement at any time and for any reason [...]"*

25c9 - Termination (continued)

Plan of Correction

Accept

*Atria McCandless submits this Plan of Correction in compliance with the Department of Human Services, 55 Pa. Code § 20.52 and 55 Pa. Code Chapter 2600 et seq. This Plan of Correction neither serves as an admission of fault nor confirmation as to the validity of the violation issued by the Department of Human Services ("DHS").*

*The Executive Director, Community Business Director, and/or other designee(s) reviewed 55 Pa. Code Chapter 2600.25c.9 and 55 Pa. Code Chapter 2600.228. The Personal Care Home Agreement ("Agreement") has been revised to comply with 55 Pa. Code Chapter 2600.25c.9 and 55 Pa. Code Chapter 2600.228. Specifically, the Agreement sets forth (1) the reasons and basis by which a residency may be terminated, (2) the method by which the residency may be terminated, and (3) that the resident may receive assistance in relocating. A copy of the revised Personal Care Home Agreement is attached. This revised Agreement will be used effective immediately. Further, the Community will supplement all current residency agreements with a communication to residents setting forth the reasons and methods a residency may be terminated. This communication is anticipated to be distributed no later than April 7, 2021.*

*The Executive Director, Community Business Director, and/or other appropriate designee(s) will continue to ensure compliance with 55 Pa. Code Chapter 2600.25c.9 and 55 Pa. Code Chapter 2600.228 and conduct any necessary training and/or interventions.*

Completion Date: 03/28/2021

Document Submission

Implemented

*Atria has updated their "Term" section of the lease and has doubled back with those residents who did not sign off on the new update. It was reviewed with these residents and signatures were obtained. See attachment.*

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

1. Requirements

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

*There were no grab bars present in the following public restroom locations:*

- *First stall in the women's restroom across from the salon*
- *Urinal in the men's restroom across from the salon*

## 102d - Grab/Hand/Assist Bar/Slip-Resistant Surface *(continued)*

### Plan of Correction

Accept

*Atria McCandless submits this Plan of Correction in compliance with the Department of Human Services, 55 Pa. Code § 20.52 and 55 Pa. Code Chapter 2600 et seq. This Plan of Correction neither serves as an admission of fault nor confirmation as to the validity of the violation issued by the Department of Human Services ("DHS").*

*Maintenance Director will install necessary grab bars in both areas to be compliant with ADA regulations.*

*The maintenance director has installed the necessary grab bars and the ED, AED and care team will do weekly checks to insure they are in place and do not become loose.*

**Completion Date:** 04/02/2021

### Document Submission

Implemented

*The maintenance director has installed the necessary grab bars and the ED, AED and care team will do weekly checks to insure they are in place and do not become loose.*

## 106 - Swimming Areas

### 1. Requirements

2600.

106. Swimming Areas - If a home operates a swimming area, the following requirements apply:

1. Swimming areas shall be operated in accordance with applicable laws and regulations.
2. Written policy and procedures to protect the health, safety and well-being of the residents shall be developed and implemented.

### Description of Violation

*The home's written policies and procedures for the swimming area do not require an assessment prior to use of the swimming area in order to protect the health, safety and well-being of the residents. Also, the written policies and procedures do not detail the physical protections that are in place to ensure safe use and supervision of this area.*



## 106 - Swimming Areas (continued)

### Plan of Correction

Accept

*Atria McCandless submits this Plan of Correction in compliance with the Department of Human Services, 55 Pa. Code § 20.52 and 55 Pa. Code Chapter 2600 et seq. This Plan of Correction neither serves as an admission of fault nor confirmation as to the validity of the violation issued by the Department of Human Services ("DHS").*

*The swimming pool will only be accessible to residents and guests during designated hours of operation. The swimming pool area will remain locked at all times. Residents and guests seeking to access the swimming pool may do so obtaining the key fob at the front desk from the receptionist or a department director. Only residents that have been assessed by their physician to use the swimming pool safely will be allowed access to the swimming pool area. A list of residents deemed appropriate by their physician to use the swimming pool will be kept at the front desk. The list will be updated with every new move in to ensure all residents are captured or if there is a change in a resident's appropriateness to use the swimming pool as determined by their respective physician. Before access to the swimming pool area is granted, all users will review swimming pool rules and execute a Release & Waiver of Liability indicating they understand the swimming pool rules. Executed Releases & Waivers of Liability will be kept in the resident's file or in the swimming pool binder. Staff will monitor an individual's use of the swimming pool every 45 minutes to ensure safety and compliance with the swimming pool rules.*

*The approved swimmer list will be audited monthly for 100% accuracy. Resident files will be audited monthly as well to verify swimming pool rules and the Release and Waiver of Liability are current for all residents deemed safe to use the pool.*

**Completion Date:** 06/07/2021

### Document Submission

Implemented

*New policy is in place and will be followed by all staff and residents.*

## 107a - Emergency Preparedness

### 1. Requirements

2600.

107.a. The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

### Description of Violation

*The homes does not have a copy of the emergency preparedness plan for local municipality.*

### Plan of Correction

Accept

*Atria McCandless submits this Plan of Correction in compliance with the Department of Human Services, 55 Pa. Code § 20.52 and 55 Pa. Code Chapter 2600 et seq. This Plan of Correction neither serves as an admission of fault nor confirmation as to the validity of the violation issued by the Department of Human Services ("DHS"). The Executive Director, Maintenance, and/or other designee reviewed 55 Pa. Code Chapter 2600.107.a. Allegheny County is sending over their Emergency Preparedness Plan.*

**Completion Date:** 04/09/2021

## 107a - Emergency Preparedness (continued)

### Document Submission

Implemented

*The state's Emergency Preparedness Plan was added to our own plan.*

*Also, the municipality's emergency plan will be reviewed at least annually in conjunction with the review of the home's written emergency procedures in accordance with 107(d). - JRW 9/15/2021*

## 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 medical evaluation for resident #1, dated [REDACTED]/2020, is blank in the areas of height, weight, pulse rate, blood pressure, temperature, and cognitive functioning.*

*The medical evaluation for resident #2, dated [REDACTED]/2021, is blank in the area of cognitive functioning.*

*The medical evaluation for resident #3, dated [REDACTED] 2021, indicates, "attached," for medical diagnoses and, "list attached," for medications; however, there are no documents attached to the evaluation. Also, the medical evaluation does not indicate that resident #3 requires care in a Secured Dementia Care Unit (SDCU). Resident #3 was admitted to the home's SDCU on [REDACTED]/2021.*

*The medical evaluation for resident #4, dated [REDACTED]/2021, is blank in the area of "health status."*

141a 1-10 Medical Evaluation Information (continued)

**Plan of Correction**

**Accept**

*Atria McCandless submits this Plan of Correction in compliance with the Department of Human Services, 55 Pa. Code § 20.52 and 55 Pa. Code Chapter 2600 et seq. This Plan of Correction neither serves as an admission of fault nor confirmation as to the validity of the violation issued by the Department of Human Services ("DHS").*

*The Executive Director, Resident Services Director, and/or other designee reviewed 55 Pa. Code Chapter 2600.141.a. An audit was conducted of current DMEs by the Resident Services Director on 3/26/2021 and any issues found were sent to physicians for completion. Complete DMEs will be received by 4/9/2021. Divisional Director of Care Management (DDCM) to retrain Resident Services Director on the requirements of 2600.141.a 1-10 Medical Evaluation Information by 4/1/2021. New DMEs will be received by the necessary physicians to become 100% compliant. Moving forward DMEs for new and existing residents will be verified for completion and accuracy prior to move-in by the Resident Services Director and Resident Services Supervisor. The Executive or other appropriate designee will do a monthly audit for the next three months to ensure DMES are accurate and complete.*

**Completion Date:** 04/09/2021

**Document Submission**

**Implemented**

*All DME's have been reviewed and those missing information have been updated via the resident's PCP.*

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 #1 self-administers all medications with the assistance of [REDACTED] family; however, resident #1 has not been assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.*

## 181c - Self-administration Assessment (continued)

### Plan of Correction

Accept

*Atria McCandless submits this Plan of Correction in compliance with the Department of Human Services, 55 Pa. Code § 20.52 and 55 Pa. Code Chapter 2600 et seq. This Plan of Correction neither serves as an admission of fault nor confirmation as to the validity of the violation issued by the Department of Human Services ("DHS").*

*The Executive Director, Resident Services Director, and/or other designee reviewed 55 Pa. Code Chapter 2600.181.c. An audit was conducted of current DMES by the Resident Services Director On 3/26/2021 to ensure that the physician assessed for self-administration. A new DME stating the resident can self-administer will be received from their physician by 4/9/2021. The Divisional Director of Care Management (DDCM) to retrain Resident Services Director on the requirements of 2600.181.c Self-Administration by 4/1/2021. Moving forward DMEs for new and existing residents will be verified for completion and accuracy upon receipt by the Resident Services Director, Resident Services Supervisor, or designee. The Executive Director or appropriate designee will do a monthly audit for the next three months to ensure all DMES are accurate and complete.*

**Completion Date:** 04/09/2021

### Document Submission

Implemented

*All residents have been reassessed on whether they can self administer their meds and have received physician authorization as well.*

## 183f - Discontinued Medications

### 1. Requirements

2600.

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

### Description of Violation

*There was a card of Pantoprazole 40mg for resident #2 in the medication cart; however, this medication was discontinued on 2/26/2021.*

183f - Discontinued Medications (*continued*)

**Plan of Correction**

**Accept**

*Atria McCandless submits this Plan of Correction in compliance with the Department of Human Services, 55 Pa. Code § 20.52 and 55 Pa. Code Chapter 2600 et seq. This Plan of Correction neither serves as an admission of fault nor confirmation as to the validity of the violation issued by the Department of Human Services ("DHS").*

*The Executive Director, Resident Services Director, and/or other designee reviewed 55 Pa. Code Chapter 2600.183.f. The discontinued medication has been removed. An audit was conducted by the Resident Services Director on 3/26/2021 to ensure all discontinued medications had been removed from the medication cart. Any issues found were corrected immediately. The Divisional Director of Care Management will retrain the Resident Services Director on the requirements of 55 Pa. Code Chapter 2600.183.f. This training will be completed by April 1, 2021. In turn, the Resident Services Director will retrain the medication staff on 55 Pa. Code Chapter 2600.183.f and internal policies which require periodic auditing of the medication carts. In addition, the Resident Services Director or Resident Services Supervisor will do a weekly medication administration and medication cart audit to ensure compliance. The Executive Director or designee will complete a monthly audit for three months to ensure all medication is current.*

**Completion Date:** 04/02/2021

**Document Submission**

**Implemented**

*All discontinued meds will be taken from the med cart and put in it's proper place.*

184a - Labeling OTC/CAM

**1. Requirements**

2600.

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

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

**Description of Violation**

*Resident #2 is ordered Gabapentin 100mg, take 4 caps at bedtime; however, the prescription label for this medication indicates "take 3 caps by mouth at bedtime."*

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

### Plan of Correction

Accept

*Atria McCandless submits this Plan of Correction in compliance with the Department of Human Services, 55 Pa. Code § 20.52 and 55 Pa. Code Chapter 2600 et seq. This Plan of Correction neither serves as an admission of fault nor confirmation as to the validity of the violation issued by the Department of Human Services ("DHS").*

*The Executive Director, Resident Services Director, and/or other designee reviewed 55 Pa. Code Chapter 2600.184.a. An audit was conducted by the Resident Services Director on 3/26/2021 of current medications to ensure compliance with proper labeling. Any issues found were corrected immediately. The Divisional Director of Care Management will retrain the Resident Services Director to the requirements of 55 Pa. Code Chapter 2600.184.a and internal policies on medication labeling by 4/1/2021. In turn, the Resident Services Director will retrain the medication staff to both 55 Pa. Code Chapter 2600.184.a and internal policies which require both order validation and periodic auditing of the medication carts. In addition, the Resident Services Director, or Resident Services Supervisor will review new medication orders for order verification and do a weekly medication administration and medication cart audit to ensure compliance. The Executive Director or designee will do a monthly audit for three months to ensure compliance.*

**Completion Date:** 04/02/2021

### Document Submission

Implemented

*The RSD will insure all medication is labeled properly for all residents with the aid of all Med Techs.*

## 187a - Medication Record

### 1. Requirements

2600.

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

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

### Description of Violation

*Resident #2 is ordered Atorvastatin 20mg, take 1 daily; however, this medication does not appear on the resident's Medication Administration Record.*

187a - Medication Record (continued)

**Plan of Correction**

**Accept**

*Atria McCandless submits this Plan of Correction in compliance with the Department of Human Services, 55 Pa. Code § 20.52 and 55 Pa. Code Chapter 2600 et seq. This Plan of Correction neither serves as an admission of fault nor confirmation as to the validity of the violation issued by the Department of Human Services ("DHS").*

*The Executive Director, Resident Services Director, and/or other designee reviewed 55 Pa. Code Chapter 2600.187.a. An audit was conducted by the Resident Services Director on 3/26/2021 of current medications to ensure compliance with proper documentation on the MAR. Any issues found were corrected immediately. The Divisional Director of Care Management will retrain the Resident Services Director to the requirements of 55 Pa. Code Chapter 2600.187.a and internal policies regarding order verification by 4/1/2021. In turn, the Resident Services Director will retrain the medication staff to both the 55 Pa. Code Chapter 2600.187.a and internal policies on order validation. Resident Services Director, Resident Services Director, or designee will review new medication orders for order verification to ensure compliance. The Executive Director or designee will do a monthly audit for three months to ensure 100% compliance.*

**Completion Date:** 04/02/2021

**Document Submission**

**Implemented**

*Med Techs and RSD will insure all orders are contained and listed on the eMAR.*

187d - Follow Prescriber's Orders

**1. Requirements**

2600.

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

**Description of Violation**

*Resident #2 is ordered Atorvastatin 20mg, take 1 daily; however, this medication was not administered from 2/19/2021 to 3/1/2021.*

*Resident #2 is ordered Famotidine F/C 40mg, take 1 daily; however, this medication was not administered on 2/28/2021 or 3/1/2021, as it was not available in the home.*

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Accept

*Atria McCandless submits this Plan of Correction in compliance with the Department of Human Services, 55 Pa. Code § 20.52 and 55 Pa. Code Chapter 2600 et seq. This Plan of Correction neither serves as an admission of fault nor confirmation as to the validity of the violation issued by the Department of Human Services ("DHS").*

*The Executive Director, Resident Services Director, and/or other designee reviewed 55 Pa. Code Chapter 2600.187.d. This violation was immediately reported as a state reportable. The resident, family and physician were notified Resident Service Director, [REDACTED], on 3/1/2021. An audit was conducted by the Resident Services Director on 3/26/2021 of current medications to ensure compliance with proper documentation on the MAR to ensure residents are receiving medications as ordered. Any issues found were corrected immediately. The Divisional Director of Care Management will retrain the Resident Services Director on 55 Pa. Code Chapter 2600.187.d and internal policies on order verification by 4/1/2021. In turn, the Resident Services Director will retrain the medication staff to both 55 Pa. Code Chapter 2600.187.d and internal policies on order validation. Resident Services Director, Resident Services Supervisor or designee will review new medication orders for order verification to ensure compliance. The Executive Director or designee will do a monthly audit for three months to ensure compliance.*

Completion Date: 04/02/2021

Document Submission

Implemented

*Med Techs and RSD will follow all orders from the resident's physician on all medication.*

225a - Assessment 15 Days

1. Requirements

2600.

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

Description of Violation

*The assessment for resident #1, dated 12/20/2020, indicates that resident #1 is capable of independently self-administering all medications; however, the medical evaluation for resident #1, dated [REDACTED]/2020, indicates that the resident cannot self-administer medications.*



225a - Assessment 15 Days (continued)

**Plan of Correction**

**Accept**

*Atria McCandless submits this Plan of Correction in compliance with the Department of Human Services, 55 Pa. Code § 20.52 and 55 Pa. Code Chapter 2600 et seq. This Plan of Correction neither serves as an admission of fault nor confirmation as to the validity of the violation issued by the Department of Human Services ("DHS").*

*The Executive Director, Resident Services Director, and/or other designee reviewed 55 Pa. Code Chapter 2600.225.a. The DME for resident #1 was clarified with the physician to ensure the physician was in agreement with the resident's self-administration of medication. An audit was conducted, by the Resident Services Director on 3/26/2021 comparing current DMEs to Resident Assessments to ensure accuracy. Any issues found were addressed immediately. The Divisional Director of Care Management will retrain the Resident Services Director to the requirements of 55 Pa. Code Chapter 2600.225.a by 4/1/2021. Moving forward, the Resident Services Director will ensure that assessments accurately reflect the physician assessment on the DME. The Executive Director or designee will do a monthly audit for three months to ensure compliance.*

**Completion Date:** 04/02/2021

**Document Submission**

**Implemented**

*All assessments will be done within 15 days of admission to the community by the RSD, LGD and/or ED.*