

WV DHHR, Office of Health Facility Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2023
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NAME OF PROVIDER OR SUPPLIER HARMONY AT MARTINSBURG (ALR/ALZ)	STREET ADDRESS, CITY, STATE, ZIP CODE 13857 APPLE HARVEST DRIVE MARTINSBURG, WV 25403-6195
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 102	<p>64CSR85-4.1.b. Human Resources- Qualifications</p> <p>4.1.b. The coordinator shall meet the minimum qualifications which include:</p> <p>4.1.b.1. A license or degree as a health related professional;</p> <p>4.1.b.2. A minimum of one year working directly with dementia or Alzheimer's care/patients; and</p> <p>4.1.b.3. Completion of at least a thirty (30) hour training course by a nationally recognized alzheimer's/dementia care giving resource or association, or have comparable training and experience.</p> <p>Based on documentation review and interview the licensee, Executive Director, and registered nurse failed to ensure the Memory Care Coordinator met the minimum qualifications which included: a license or degree as a health-related professional. Employee identifier #61. Census: 76 Assisted Living 33 Memory Care 33.</p> <p>Findings included:</p> <p>Documentation Review</p> <p>a) Employee #61</p> <p>A documentation review of Employee #61's employee file revealed the following information:</p> <p>Employee #61's original date of hire was 01/21/21. He was hired as Memory Care Coordinator on 01/02/23.</p>	Z 102	<p>Date of Survey: 01/24/23</p> <p>Plan of Correction:</p> <p>Z 102</p> <p>The Plan of Correction (POC) will be accomplished by ensuring that the qualifications shall be met in the following areas: The coordinator shall have a license or degree as a health related professional, have one year of experience working directly with dementia or Alzheimer's care/patients, and complete at least a 30 hour training course by a nationally recognized on dementia care giving or have comparable training and experience.</p> <p>Completion date: 03/15/23</p>	03/15/23

Office of Health Facility Licensure and Certification
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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Z 103	<p>Per the Executive Director interview (see below) this employee's Memory Care Coordinator position was rescinded on 01/17/23. The employee did not have the minimum qualifications to be hired in this position.</p> <p>The employee had received the Assistive Medication Administration Personnel (AMAP) certification and had received a General Educational Development diploma (GED).</p> <p>During an interview on 01/17/23 at approximately 1:30 PM, Employee #61 stated he had been hired for approximately three (3) weeks in his new position as coordinator, stating he was an AMAP employee.</p> <p>During an interview on 01/17/23 at approximately 4:15 PM, the Executive Director stated she had been unaware Employee #61 could not function in the capacity of Memory Care Coordinator. She immediately rescinded his position as Coordinator and placed a licensed practical nurse in that position.</p> <p>64CSR85-4.1.c. Human Resources-Orientation & Training</p> <p>4.1.c. All assigned staff members shall complete a minimum of thirty (30) hours of training on the care of residents with alzheimer's disease and related dementia. Staff shall have a minimum of fifteen (15) hours of documented training prior to supervised direct hands on resident care. An additional fifteen (15) hours of training shall be completed prior to unsupervised direct care. Supervision shall be provided by a staff person who has completed the entire training. Training</p>	Z 103	<p>Date of Survey: 01/24/23</p> <p>Plan of Correction:</p> <p>Z 103</p> <p>The Plan of Correction (POC) will be accomplished by ensuring that all new employees have received 30 hours of training on the care or residents with Alzheimer's disease and related dementia. They will have documented</p>	03/15/23

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	<p>shall include at a minimum:</p> <p>4.1.c.1. The facility's philosophy and resident care policies;</p> <p>4.1.c.2. The nature, stages, and treatment of alzheimer's disease and related dementia;</p> <p>4.1.c.3. Positive therapeutic interventions and activities;</p> <p>4.1.c.4. Communication techniques;</p> <p>4.1.c.5. Behavior management;</p> <p>4.1.c.6. Medication management;</p> <p>4.1.c.7. Therapeutic environmental modifications;</p> <p>4.1.c.8. Individualized comprehensive assessments and care plans;</p> <p>4.1.c.9. The role of the family and their need for support;</p> <p>4.1.c.10. Staff burnout prevention; and</p> <p>4.1.c.11. Abuse prevention.</p> <p>Based on documentation review and interviews the licensee, administrator and registered nurse failed to ensure that one (1) out of thirteen (13) assigned staff members completed a minimum of thirty (30) hours of training on the care of residents with Alzheimer's disease and related dementia prior to unsupervised direct care. Employee identifier: #9. Census: AL: 76. MC: 33.</p>		<p>training prior supervised direct hands on resident care. An additional 15 hours of training shall be completed prior to unsupervised direct care. An audit will be conducted by the Executive Director every quarter for one year to maintain this compliance.</p> <p>Employee #9 received her required Dementia Training on 09/16/22 and her monitor hours were completed on 03/27 and 03/28 for direct care.</p> <p>Completion date: 03/15/2023</p>	

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Z 104	<p>Findings included:</p> <p>a) Employee #9</p> <p>Employee #9 was hired on 08/15/22. A review of the record indicated fifteen (15) hours of instructional training was provided in the required areas:</p> <ul style="list-style-type: none"> -The facility's philosophy and resident care policies; -the nature, stages, and treatment of Alzheimer's disease and related dementia; -positive therapeutic interventions and activities; -communication techniques; -behavior management; -medication management; -therapeutic environmental modifications; -individualized comprehensive assessments and care plans; -the role of the family and their need for support; -staff burnout prevention -abuse prevention <p>Further documentation review revealed the required additional fifteen (15) hours of hands-on training was not received before unsupervised direct care.</p> <p>During an interview conducted at approximately 2:05 PM on 01/23/23, Executive Director (ED) stated that all training should be recorded in the employee's personnel file, the in-service training manual, or training provided by Relias. Surveyor could find no record of the training.</p> <p>64CSR85-4.1.d. Human Resources-Orientation & Training</p> <p>4.1.d. The facility shall provide a minimum of</p>	Z 104	<p>Date of Survey: 01/24/23</p> <p>Plan of Correction:</p>	04/01/23

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	<p>eight (8) hours of documented annual training to all staff on the topics in subdivision 4.1.c. of this subsection.</p> <p>Based on documentation review and interviews the licensee, administrator and registered nurse failed to ensure that ten (10) out of thirteen (13) assigned staff members completed a minimum of eight (8) hours of documented annual training to all staff on the topics in the subdivision 4.1.c of this subsection on the care of residents with Alzheimer's disease and related dementia This supervision shall be provided by a staff person who has completed the entire training, and shall include at a minimum: The facility's philosophy and resident care policies; the nature, stages, and treatment of Alzheimer's disease and related dementia; positive therapeutic interventions and activities; communication techniques; behavior management; medication management; therapeutic environmental modifications; individualized comprehensive assessments and care plans; the role of the family and their need for support; staff burnout prevention and abuse prevention. Employee identifiers: #3, #12, #14, #21, #24, #42, #46, #71, #76 and #77. Census: AL: 76. MC: 33.</p> <p>Findings included:</p> <p>A documentation review of ten (10) out of thirteen (13) records revealed the following information:</p> <p>a). Employee #3</p> <p>Employee #3 was hired on 06/09/21. A review of the record indicates training on Facility Philosophy was received on 03/04/22 for one hour in duration. Further review reflects no</p>	Z 104	<p>The Plan of Correction (POC) will be accomplished by ensuring all staff have received at least 8 hours of documented annual training on all topic mentioned in 4.1.c: The facility's philosophy and resident care policies; the nature, stages and treatments of Alzheimer's disease and related dementia; positive therapeutic interventions and activities, communication techniques; behavior management; medication management; therapeutic environmental modifications; individualized comprehensive assessments and care plans; the role of the family and their need for support; staff burnout prevention and abuse prevention. The Executive Director shall conduct a quarterly audit to ensure compliance for a period of one year.</p> <p>Employees #3, #12, #14, #21, #42, #46, #76</p> <p>Employee #24 is no longer employed at this facility.</p> <p>Employee #77 completed her training upon new hire orientation on 9/22/2022.</p> <p>Completion date: 04/01/23</p>	

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	<p>additional training in the required areas of: Resident care policies; the nature, stages, and treatment of Alzheimer's disease and related dementia; positive therapeutic interventions and activities; communication techniques; behavior management; medication management; therapeutic environmental modifications; individualized comprehensive assessments and care plans; the role of the family and their need for support; staff burnout prevention and abuse prevention.</p> <p>During an interview conducted at approximately 1:15 PM on 01/23/23, Executive Director (ED) stated that all training should be recorded in the employee's personnel file, the in-service training manual or training provided by Relias. Surveyor could find no record of the training.</p> <p>b). Employee #12</p> <p>Employee #12 was hired on 01/28/22. A review of the record indicates no training was received in the required areas of: The facility's philosophy and resident care policies; the nature, stages, and treatment of Alzheimer's disease and related dementia; positive therapeutic interventions and activities; communication techniques; behavior management; medication management; therapeutic environmental modifications; individualized comprehensive assessments and care plans; the role of the family and their need for support; staff burnout prevention and abuse prevention.</p> <p>During an interview conducted at approximately 1:20 PM on 01/23/23, Executive Director (ED) stated that all training should be recorded in the employee's personnel file, the in-service training manual or training provided by Relias. Surveyor</p>			

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	<p>could find no record of the training.</p> <p>c). Employee #14</p> <p>Employee #14 was hired on 06/29/21. A review of the record indicates no training was received in the required areas of: The facility's philosophy and resident care policies; the nature, stages, and treatment of Alzheimer's disease and related dementia; positive therapeutic interventions and activities; communication techniques; behavior management; medication management; therapeutic environmental modifications; individualized comprehensive assessments and care plans; the role of the family and their need for support; staff burnout prevention and abuse prevention.</p> <p>During an interview conducted at approximately 1:25 PM on 01/23/23, Executive Director (ED) stated that all training should be recorded in the employee's personnel file, the in-service training manual or training provided by Relias. Surveyor could find no record of the training.</p> <p>d). Employee #21</p> <p>Employee #21 was hired on 12/19/19. A review of the record indicates no training was received in the required areas of: The facility's philosophy and resident care policies; the nature, stages, and treatment of Alzheimer's disease and related dementia; positive therapeutic interventions and activities; communication techniques; behavior management; medication management; therapeutic environmental modifications; individualized comprehensive assessments and care plans; the role of the family and their need for support; staff burnout prevention and abuse prevention.</p>			

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	<p>During an interview conducted at approximately 1:30 PM on 01/23/23, Executive Director (ED) stated that all training should be recorded in the employee's personnel file, the in-service training manual or training provided by Relias. Surveyor could find no record of the training.</p> <p>e). Employee #24</p> <p>Employee #24 was hired on 09/23/21. A review of the record indicates no training was received in the required areas of: The facility's philosophy and resident care policies; the nature, stages, and treatment of Alzheimer's disease and related dementia; positive therapeutic interventions and activities; communication techniques; behavior management; medication management; therapeutic environmental modifications; individualized comprehensive assessments and care plans; the role of the family and their need for support; staff burnout prevention and abuse prevention.</p> <p>During an interview conducted at approximately 1:35 PM on 01/23/23, Executive Director (ED) stated that all training should be recorded in the employee's personnel file, the in-service training manual or training provided by Relias. Surveyor could find no record of the training.</p> <p>f). Employee #42</p> <p>Employee #42 was hired on 10/21/19. A review of the record indicates no training was received in the required areas of: The facility's philosophy and resident care policies; the nature, stages, and treatment of Alzheimer's disease and related dementia; positive therapeutic interventions and activities; communication techniques; behavior</p>			

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	<p>management; medication management; therapeutic environmental modifications; individualized comprehensive assessments and care plans; the role of the family and their need for support; staff burnout prevention and abuse prevention.</p> <p>During an interview conducted at approximately 1:40 PM on 01/23/23, Executive Director (ED) stated that all training should be recorded in the employee's personnel file, the in-service training manual or training provided by Relias. Surveyor could find no record of the training.</p> <p>g). Employee #46</p> <p>Employee #46 was hired on 03/08/21. A review of the record indicates training was received for Facility Philosophy for the duration of one hour on 03/04/22. Further review shows no additional training in the required areas of: The nature, stages, and treatment of Alzheimer's disease and related dementia; positive therapeutic interventions and activities; communication techniques; behavior management; medication management; therapeutic environmental modifications; individualized comprehensive assessments and care plans; the role of the family and their need for support; staff burnout prevention and abuse prevention.</p> <p>During an interview conducted at approximately 1:45 PM on 01/23/23, Executive Director (ED) stated that all training should be recorded in the employee's personnel file, the in-service training manual or training provided by Relias. Surveyor could find no record of the training.</p> <p>h). Employee: #71</p>			

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	<p>Employee #71 was hired on 10/29/20. A review of the record indicates no training was received in the required areas of: The facility's philosophy and resident care policies; the nature, stages, and treatment of Alzheimer's disease and related dementia; positive therapeutic interventions and activities; communication techniques; behavior management; medication management; therapeutic environmental modifications; individualized comprehensive assessments and care plans; the role of the family and their need for support; staff burnout prevention and abuse prevention.</p> <p>During an interview conducted at approximately 1:50 PM on 01/23/23, Executive Director (ED) stated that all training should be recorded in the employee's personnel file, the in-service training manual or training provided by Relias. Surveyor could find no record of the training.</p> <p>i) Employee #76</p> <p>Employee #76 was hired on 03/08/21. A review of the record indicates no training was received in the required areas of: The facility's philosophy and resident care policies; the nature, stages, and treatment of Alzheimer's disease and related dementia; positive therapeutic interventions and activities; communication techniques; behavior management; medication management; therapeutic environmental modifications; individualized comprehensive assessments and care plans; the role of the family and their need for support; staff burnout prevention and abuse prevention.</p> <p>During an interview conducted at approximately 1:55 PM on 01/23/23, Executive Director (ED) stated that all training should be recorded in the</p>			

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	<p>employee's personnel file, the in-service training manual or training provided by Relias. Surveyor could find no record of the training.</p> <p>j). Employee #77</p> <p>Employee #77 was hired on 09/08/22. A review of the record indicates training was received in the required areas of: The role of family support on 12/30/22 for one hour in duration, behavior management on 12/31/22 for one hour in duration and environmental modification on 12/31/22 for one hour in duration. Further review of the record reveals no additional training in the required areas of: The facility's philosophy and resident care policies; the nature, stages, and treatment of Alzheimer's disease and related dementia; positive therapeutic interventions and activities; communication techniques; medication management; individualized comprehensive assessments and care plans; staff burnout prevention and abuse prevention.</p> <p>During an interview conducted at approximately 2:00 PM on 01/23/23, Executive Director (ED) stated that all training should be recorded in the employee's personnel file, the in-service training manual or training provided by Relias. Surveyor could find no record of the training.</p> <p>Based on documentation review and interviews the licensee, administrator and registered nurse failed to ensure that ten (10) out of thirteen (13) assigned staff members completed a minimum of eight (8) hours of documented annual training for all staff on the topics in the subdivision 4.1.c of</p>			

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	<p>this subsection on the care of residents with Alzheimer's disease and related dementia This supervision shall be provided by a staff person who has completed the entire training and shall include at a minimum: The facility's philosophy and resident care policies; the nature, stages, and treatment of Alzheimer's disease and related dementia; positive therapeutic interventions and activities; communication techniques; behavior management; medication management; therapeutic environmental modifications; individualized comprehensive assessments and care plans; the role of the family and their need for support; staff burnout prevention and abuse prevention. Employee identifiers: #3, #12, #14, #21, #24, #42, #46, #71, #76 and #77. Census: AL: 76. MC: 33.</p> <p>Findings included:</p> <p>A documentation review of ten (10) out of thirteen (13) records revealed the following information:</p> <p>a). Employee #3</p> <p>Employee #3 was hired on 06/09/21. A review of the record indicated training on Facility Philosophy was received on 03/04/22 for one hour in duration.</p> <p>-The further review reflected no additional training in the required areas of:</p> <ul style="list-style-type: none"> - Resident care policies; the nature, stages, and treatment of Alzheimer's disease and related dementia; -positive therapeutic interventions and activities; communication techniques; - behavior management; -medication management; 			

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	<p>-therapeutic environmental modifications; -individualized comprehensive assessments and care plans; -the role of the family and their need for support; staff burnout prevention and abuse prevention.</p> <p>During an interview conducted at approximately 1:15 PM on 01/23/23, Executive Director (ED) stated that all training should be recorded in the employee's personnel file, the in-service training manual, or training provided by Relias. Surveyor could find no record of the training.</p> <p>b). Employee #12</p> <p>Employee #12 was hired on 01/28/22. A review of the record indicates no training was received in the required areas of:</p> <ul style="list-style-type: none"> -The facility's philosophy and resident care policies; -the nature, stages, and treatment of Alzheimer's disease and related dementia; -positive therapeutic interventions and activities; -communication techniques; behavior management; -medication management; -therapeutic environmental modifications; -individualized comprehensive assessments and care plans; -the role of the family and their need for support; -staff burnout prevention and abuse prevention. <p>During an interview conducted at approximately 1:20 PM on 01/23/23, Executive Director (ED) stated that all training should be recorded in the employee's personnel file, the in-service training manual, or training provided by Relias. Surveyor could find no record of the training.</p>			

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NAME OF PROVIDER OR SUPPLIER HARMONY AT MARTINSBURG (ALR/ALZ)	STREET ADDRESS, CITY, STATE, ZIP CODE 13857 APPLE HARVEST DRIVE MARTINSBURG, WV 25403-6195
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	<p>c). Employee #14</p> <p>Employee #14 was hired on 06/29/21. A review of the record indicates no training was received in the required areas of:</p> <ul style="list-style-type: none"> -The facility's philosophy and resident care policies; -the nature, stages, and treatment of Alzheimer's disease and related dementia; - positive therapeutic interventions and activities; communication techniques; - behavior management; -medication management; -therapeutic environmental modifications; - individualized comprehensive assessments and care plans; -the role of the family and their need for support; -staff burnout prevention and abuse prevention. <p>During an interview conducted at approximately 1:25 PM on 01/23/23, Executive Director (ED) stated that all training should be recorded in the employee's personnel file, the in-service training manual, or training provided by Relias. Surveyor could find no record of the training.</p> <p>d). Employee #21</p> <p>Employee #21 was hired on 12/19/19. A review of the record indicates no training was received in the required areas of:</p> <ul style="list-style-type: none"> -facility's philosophy and resident care policies; - the nature, stages, and treatment of Alzheimer's disease and related dementia; positive therapeutic interventions and activities; -communication techniques; behavior management; -medication management; therapeutic environmental modifications; 			

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	<p>-individualized comprehensive assessments and care plans; -the role of the family and their need for support; staff burnout prevention and abuse prevention.</p> <p>During an interview conducted at approximately 1:30 PM on 01/23/23, Executive Director (ED) stated that all training should be recorded in the employee's personnel file, the in-service training manual or training provided by Relias. Surveyor could find no record of the training.</p> <p>e). Employee #24</p> <p>Employee #24 was hired on 09/23/21. A review of the record indicates no training was received in the required areas of: The facility's philosophy and resident care policies; the nature, stages, and treatment of Alzheimer's disease and related dementia; positive therapeutic interventions and activities; communication techniques; behavior management; medication management; therapeutic environmental modifications; individualized comprehensive assessments and care plans; the role of the family and their need for support; staff burnout prevention and abuse prevention.</p> <p>During an interview conducted at approximately 1:35 PM on 01/23/23, Executive Director (ED) stated that all training should be recorded in the employee's personnel file, the in-service training manual, or training provided by Relias. Surveyor could find no record of the training.</p> <p>f). Employee #42</p>			

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	<p>Employee #42 was hired on 10/21/19. A review of the record indicates no training was received in the required areas of: The facility's philosophy and resident care policies; the nature, stages, and treatment of Alzheimer's disease and related dementia; positive therapeutic interventions and activities; communication techniques; behavior management; medication management; therapeutic environmental modifications; individualized comprehensive assessments and care plans; the role of the family and their need for support; staff burnout prevention and abuse prevention.</p> <p>During an interview conducted at approximately 1:40 PM on 01/23/23, Executive Director (ED) stated that all training should be recorded in the employee's personnel file, the in-service training manual or training provided by Relias. Surveyor could find no record of the training.</p> <p>g). Employee #46</p> <p>Employee #46 was hired on 03/08/21. A review of the record indicates training was received for Facility Philosophy for the duration of one hour on 03/04/22. Further review shows no additional training in the required areas of: The nature, stages, and treatment of Alzheimer's disease and related dementia; positive therapeutic interventions and activities; communication techniques; behavior management; medication management; therapeutic environmental modifications; individualized comprehensive assessments and care plans; the role of the family and their need for support; staff burnout prevention and abuse prevention.</p> <p>During an interview conducted at approximately 1:45 PM on 01/23/23, Executive Director (ED)</p>			

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	<p>stated that all training should be recorded in the employee's personnel file, the in-service training manual or training provided by Relias. Surveyor could find no record of the training.</p> <p>h). Employee: #71</p> <p>Employee #71 was hired on 10/29/20. A review of the record indicates no training was received in the required areas of: The facility's philosophy and resident care policies; the nature, stages, and treatment of Alzheimer's disease and related dementia; positive therapeutic interventions and activities; communication techniques; behavior management; medication management; therapeutic environmental modifications; individualized comprehensive assessments and care plans; the role of the family and their need for support; staff burnout prevention and abuse prevention.</p> <p>During an interview conducted at approximately 1:50 PM on 01/23/23, Executive Director (ED) stated that all training should be recorded in the employee's personnel file, the in-service training manual or training provided by Relias. Surveyor could find no record of the training.</p> <p>i) Employee #76</p> <p>Employee #76 was hired on 03/08/21. A review of the record indicates no training was received in the required areas of: The facility's philosophy and resident care policies; the nature, stages, and treatment of Alzheimer's disease and related dementia; positive therapeutic interventions and activities; communication techniques; behavior management; medication management; therapeutic environmental modifications; individualized comprehensive assessments and</p>			

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	<p>care plans; the role of the family and their need for support; staff burnout prevention and abuse prevention.</p> <p>During an interview conducted at approximately 1:55 PM on 01/23/23, Executive Director (ED) stated that all training should be recorded in the employee's personnel file, the in-service training manual or training provided by Relias. Surveyor could find no record of the training.</p> <p>j). Employee #77</p> <p>Employee #77 was hired on 09/08/22. A review of the record indicates training was received in the required areas of, the role of family support on 12/30/22 for one hour in duration, behavior management on 12/31/22 for one hour in duration, and environmental modification on 12/31/22 for one hour in duration. Further review of the record reveals no additional training in the required areas of the facility's philosophy and resident care policies; the nature, stages, and treatment of Alzheimer's disease and related dementia; positive therapeutic interventions ' And activities; communication techniques; medication management; individualized comprehensive assessments and care plans; staff burnout prevention and abuse prevention.</p> <p>During an interview conducted at approximately 2:00 PM on 01/23/23, Executive Director (ED) stated that all training should be recorded in the employee's personnel file, the in-service training manual, or training provided by Relias. Surveyor could find no record of the training.</p>			

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Z 124	<p>64CSR85-7.4. Behavioral Management</p> <p>7.4. A registered professional nurse or other appropriate licensed health care professional shall evaluate all residents receiving psychotropic or behavioral modifying medications monthly to assess the resident's functional level, identify potential adverse effects of the medication and consult with the resident's physician to determine if the medication should be continued.</p> <p>Based on documentation review and interview the licensee, Executive Director, and the registered nurse failed to ensure a registered professional nurse or other appropriate licensed health care professional evaluated a resident receiving psychotropic or behavioral modifying medications monthly to assess the resident's functional level, identify potential adverse effects of the medication and consult with the resident's physician to determine if the medication should be continued for one (1) applicable resident. Memory Care Resident identifier #10. Census: Assisted Living 76 Memory Care 33</p> <p>Findings included:</p> <p>a) Resident #10</p> <p>A documentation review of Memory Care Resident #10's medical record revealed the following information:</p> <p>Resident #10's date of admission was 04/24/20. The resident's diagnoses included: Dementia, and Alzheimer's related.</p> <p>Resident's medications included: Seroquel 50 milligram (mg) tablet, take one (1)</p>	Z 124	<p>Date of Survey: 01/24/23</p> <p>Plan of Correction:</p> <p>Z 124</p> <p>The Plan of Correction (POC) will be accomplished by documenting on all residents received psychotropic or behavior modifying medications each month by the RN- Healthcare Director to assess the resident's functional level, identify potential adverse effects of the medication and consult with the resident physician to determine its effectiveness or if the medication should be continued.</p> <p>Completion date: 03/15/23</p>	03/15/23

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	<p>tablet by mouth twice daily for agitation, Seroquel 50 mg. tablet, take one-half (1/2) tablet by mouth at bedtime for agitation. , and Haldol 1 mg. tablet; take one (1) tablet by mouth twice daily for agitation.</p> <p>A documentation review of the "Behavior and Medication Monitoring" form dated November 2022 revealed resident had a minimum of ten (10) episodes of verbal aggression on the day shift and no episodes on the night shift.</p> <p>A documentation review of the "Behavior and Medication Monitoring" form dated December 2022 revealed resident had no episodes of behaviors on the day shift and a total of three (3) episodes of physical and verbal aggression on the night shift.</p> <p>Documentation review of the "Behavior and Medication Monitoring" form dated January 2023 revealed resident had no episodes on the day shift and a minimum of fifteen (15) episodes of restlessness and wandering on the night shift as of 01/22/23.</p> <p>Documentation was unavailable for the surveyor to review to ensure the registered nurse had evaluated the resident's functional level, identified potential adverse effects of the medication taken, and consulted with the resident's physician to determine if the medication should be continued.</p> <p>During an interview on 01/17/23 at approximately 10:50 AM, Health Care Director #9 stated she was unaware she was required to complete monthly evaluations on residents receiving medications for behaviors. She was also unaware the physician was to be consulted to</p>			

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Z 125	<p>determine if the medications should be continued.</p> <p>64CSR85-7.5. Behavioral Management</p> <p>7.5. The resident's physician shall document in the resident's medical record every six (6) months a reassessment and determination for the continued use of the medications and reasons a dose reduction would be contraindicated.</p> <p>Based on documentation review and interview the licensee, Executive Director, and registered nurse failed to ensure the resident's physician documented in the resident's medical record every six (6) months a reassessment and determination for the continued use of the medications and reasons a dose reduction would be contraindicated for one (1) applicable resident. Memory Care Resident identifier #10. Census Assisted Living 76 Memory Care 33</p> <p>Findings included:</p> <p>a) Resident #10</p> <p>A documentation review of Memory Care Resident #10's medical record revealed the following information:</p> <p>Resident #10's date of admission was 04/24/20. The resident's diagnoses included: Dementia, and Alzheimer's related.</p> <p>Resident's medications included: Seroquel 50 milligram (mg) tablet, take one (1) tablet by mouth twice daily for agitation, Seroquel 50 mg. tablet, take one-half (1/2) tablet</p>	Z 125	<p>Date of Survey: 01/24/23</p> <p>Plan of Correction:</p> <p>Z 125</p> <p>The Plan of Correction (POC) will be accomplished by documenting on all residents received psychotropic or behavior modifying medications every 6 months by their PCP. The physician will determine if the medication should be continued or if a dose reduction would be contraindicated and reasons why. This documentation shall be kept on file in resident's chart.</p> <p>Resident #10 has been charted on monthly.</p> <p>Completion date: 03/15/23</p>	03/15/23

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	<p>by mouth at bedtime for agitation. and Haldol 1 mg. tablet; take one (1) tablet by mouth twice daily for agitation.</p> <p>A documentation review of the "Behavior and Medication Monitoring" form dated November 2022 revealed resident had a minimum of ten (10) episodes of verbal aggression on the day shift and no episodes on the night shift.</p> <p>A documentation review of the "Behavior and Medication Monitoring" form dated December 2022 revealed resident had no episodes of behaviors on the day shift and a total of three (3) episodes of physical and verbal aggression on the night shift.</p> <p>Documentation review of the "Behavior and Medication Monitoring" form dated January 2023 revealed resident had no episodes on the day shift and a minimum of fifteen (15) episodes of restlessness and wandering on the night shift as of 01/22/23.</p> <p>Documentation was unavailable for the surveyor to review to indicate physician had documented in the resident's medical record every six (6) months a reassessment and determination for the continued use of the medications and reasons a dose reduction would be contraindicated.</p> <p>During an interview on 01/17/23 at approximately 10:50 AM, Health Care Director #9 stated she was unaware she was required to complete monthly evaluations on residents receiving medications for behaviors and the physician was to be consulted to determine if the medications should be continued. In addition, she was unaware of the required documentation every six</p>			

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E 276	<p>(6) months by a physician to determine if medications should be reduced, continued, or discontinued. Moving forward, she said would complete evaluations and consult with a physician to ensure all requirements were met.</p> <p>Personnel Records.</p> <p>A health record containing the results of a pre-employment and annual screening for tuberculosis and other communicable diseases as indicated by exposure, prevalence, or currently accepted medical practice in congregate living situations as indicated by the Secretary. (Class III)</p> <p>Based on documentation review and interview, the licensee, administrator, and registered nurse failed to ensure an annual screening for tuberculosis (TB) and other communicable diseases as indicated by exposure, prevalence, or currently accepted medical practice in congregate living situations as indicated by the secretary. Employee identifiers: #3 and #12. Census: AL: 76. MC: 33.</p> <p>Findings included:</p> <p>a) Employee #3</p> <p>Employee #3 was hired on 06/09/21. A review of the record revealed the absence of a current screening for tuberculosis (TB).</p> <p>During an interview at approximately 9:00 AM on 01/24/23, Executive Director (ED) #4 stated that she was unaware that the screening was not in the record and would strive to ensure all</p>	E 276	<p>Date of Survey: 01/24/23</p> <p>Plan of Correction:</p> <p>E 276</p> <p>This Plan of Correction (POC) will be accomplished by maintain confidential records for each employee or volunteer who provide personal assistance to more than one resident. Each record shall contain the following: a health record contain results of pre-employment and annual screening for TB and other communicable diseases as indicated by exposure, prevalence, or currently accepted medical practice in congregate living situations as indicated by the Secretary. These records will be reviewed every 6 months by the business office manager to ensure accuracy of these records.</p> <p>Employee #12 and #13 have completed their assessment screenings.</p> <p>Resident #2, #10, #12, #26 and #68 all are current with their TB screenings.</p> <p>Completion date: 04/15/23</p>	04/15/23

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E 372	<p>screenings were kept current moving forward.</p> <p>b) Employee #12</p> <p>Employee #12 was hired on 01/28/22. A review of the record revealed the absence of a current screening for tuberculosis (TB).</p> <p>During an interview, at approximately 9:05 AM on 01/24/23, Executive Director (ED) #42 stated that she was unaware that the screening was not in the record and would strive to ensure all screenings were kept current moving forward. ED #42 subsequently sent what she thought was a current screening to the surveyor via email, however, the document was not current.</p> <p>Records.</p> <p>Copies of all documents granting legal authority to a representative.</p> <p>Based on documentation review and interview the licensee, Executive Director, and registered nurse failed to ensure copies of all documents granting legal authority to a representative were present in two (2) applicable residents' medical records. Two (2) residents had been deemed incapacitated, but the medical power of attorney paperwork for these residents was unavailable in resident files. Resident identifier #'s' Assisted Living #20 and Memory Care #32. Census: Assisted Living: 76. Memory Care 33.</p> <p>Findings included:</p> <p>a) Resident #20</p> <p>A documentation review of Assisted Living</p>	E 372	<p>Date of Survey: 01/24/23</p> <p>Plan of Correction:</p> <p>E 372</p> <p>This Plan of Correction (POC) will be accomplished by ensuring that upon resident's admission, we shall obtain copies of all documents granting legal authority to a representative for residents who are deemed incapacitated. The Executive Director shall review new admission to ensure that copies are obtained. A review of current resident records shall be completed to ensure we have a legal representative on file for those who are incapacitated.</p> <p>Resident #32 is obtaining a MPOA, and resident #20 is expired.</p>	05/01/23

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	<p>Resident #20's medical record revealed the following information:</p> <p>Resident #20's date of admission was 12/20/22.</p> <p>Documentation review of the form titled: "Physician's Determination of Capacity" dated 12/15/22 revealed resident demonstrated incapacity related to medical decisions.</p> <p>b) Resident #32</p> <p>A documentation review of Memory Care Resident #32's medical record revealed the following information:</p> <p>Resident #32's date of admission was 05/02/22.</p> <p>Documentation review of form title: "Physician's Determination of Capacity" dated 01/03/22 revealed resident demonstrated incapacity related to medical decisions.</p> <p>Copies of all documents granting legal authority to representatives for Assisted Living Resident #20 and Memory Care Resident #32 were unavailable for the surveyor to review.</p> <p>During the interview on 01/24/22 at approximately 11:30 AM, the Executive Director stated she had contacted the family of Memory Care Resident #32, but the paperwork had not been provided to her as of this time. She would contact Assisted Living Resident #20's medical power of attorney regarding legal paperwork. She stated they always asked for any legal representative paperwork upon admission to the facility and were uncertain as to why the paperwork was not in the residents' medical records.</p>		Completion date: 05/01/23	
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NAME OF PROVIDER OR SUPPLIER HARMONY AT MARTINSBURG (ALR/ALZ)	STREET ADDRESS, CITY, STATE, ZIP CODE 13857 APPLE HARVEST DRIVE MARTINSBURG, WV 25403-6195
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E 381	<p>Medications and Treatments.</p> <p>The licensee shall ensure that resident care is provided by appropriately licensed health care professionals, and that medications and treatments given to residents are administered as required by applicable federal and state law, including W. Va. Code §§16-5O-1, et seq. and Department of Health and Human Resources rule, "Medication Administration and Performance of Health Maintenance Tasks by Approved Medication Assistive Personnel," W. Va. Code R. §§64-60-1, et seq. (Class I)</p> <p>Based on documentation review and interview the licensee, administrator, and registered nurse failed to ensure medications and treatments given to residents were administered as required by applicable federal and state law, including W.Va. Code \a7\716-5O-1, et seq. and Department of Health and Human Resources rule, "Medication Administration and Performance of Health Maintenance Tasks by Approved Medication Assistive Personnel," W. Va. Code R. \a7\764-60-1, et seq. for ten (10) of ten (10) applicable employees. AMAPS were administering insulin via insulin pens. Policies and procedures had not been submitted for approval prior to implementing proposed changes. The training was unavailable for the surveyor to review. Employee identifiers: #3, #12, #14, #21, #24, #40, #44, #46, #61, and #77. Census: Assisted Living: 76. Memory Care: 33.</p> <p>Findings included:</p> <p>a) Delegation of Medication Administration and Health Maintenance Tasks to Approved</p>	E 381	<p>Date of Survey: 01/24/23</p> <p>Plan of Correction:</p> <p>E 381</p> <p>This Plan of Correction (POC) will be accomplished by ensuring that resident care is provided appropriately license health care professionals and the medications and treatment given to residents are administered as required by applicable federal and state law. Medication Administration and Performance of the health maintenance tasks by approved AMAP's shall include training on how to use an Insulin Pen along with using a glucometer. The AMAP RN will ensure that all AMAP's shall have the proper training on file in their record of such training.</p> <p>Completion date: 03/15/23</p>	03/15/23

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	<p>Medication Assistive Personnel</p> <p>\a764-60-7.1.6.</p> <p>Facilities or single specific agencies with approved policies and procedures must submit any proposed changes to the authorizing agency thirty (30) days prior to implementing proposed changes.....</p> <p>Documentation review of the Employee Roster revealed a total of ten (10) AMAPs, including #3, #12, #14, #21, #24, #40, #44, #46, #61, and #77.</p> <p>Employee #3's date of hire was 06/09/21. AMAP certification date was 06/01/22.</p> <p>Employee #12's date of hire was 01/28/22. AMAP certification date was 06/13/22.</p> <p>Employee #14's date of hire was 06/29/21. AMAP certification date was 08/04/21.</p> <p>Employee #21's date of hire was 02/19/19. AMAP certification date was 06/16/20.</p> <p>Employee #24's date of hire was 09/23/21. AMAP certification date was 01/25/22.</p> <p>Employee #40's date of hire was 08/16/22. AMAP certification date was 02/20/17.</p> <p>Employee #44's date of hire was 11.15/22. AMAP certification date was 04/13/22.</p> <p>Employee #46's date of hire was 03/08/21. AMAP certification date was 06/09/22.</p> <p>Employee 61's date of hire was 01/21/21. AMAP</p>			

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	<p>certification date was 10/07/20.</p> <p>Employee #77's date of hire was 09/08/22. AMAP certification date was 12/01/21.</p> <p>Facility's AMAP policy titled: "Limitations on Functions of AMAP "dated 02/01/18 revealedAMAPs are not permitted to administer gastrostomy tube feedings, administer enemas, administer any type of insulin, perform tracheostomy care or ventilator care."</p> <p>An updated AMAP policy titled: "Limitations on Functions of AMAP's dated 05/21 revealed.....Insulin pens can be injected by AMAPs.....</p> <p>The policy also stated.....AMAPs are not permitted to administer gastrostomy tube feedings, administer enemas, administer any type of insulin, perform tracheostomy care or ventilator care.....</p> <p>The policy was contradictory as it stated AMAPs could administer insulin via insulin pens, and it also stated AMAPs' were not permitted to administer any type of insulin within the same policy.</p> <p>AMAP employees were administering insulin via insulin pens. Policies and procedures had not been submitted to the authorizing agency thirty (30) days prior to implementing proposed changes. In addition, training for AMAPs' to administer insulin via insulin pen was unavailable for the surveyor to review.</p> <p>During an interview on 01/18/23 at approximately 1:15 PM the Executive Director stated they had</p>			

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E 268	<p>implemented a new policy dated 05/21, but she did not realize the policy was contradictory and did not realize any new AMAP policies had to be submitted to the authorizing agency for approval prior to implementing changes.</p> <p>During the survey process, the Executive Director presented an updated policy that stated AMAPs could administer insulin via an insulin pen. In addition, she stated training would be completed for all AMAPs' regarding the instructions for administering insulin.</p> <p>Employee Orientation and Training</p> <p>The licensee shall provide and maintain a record of training to new employees prior to scheduling them to work unsupervised, and no later than within the first 15 days of employment, in accordance with a written plan that includes, at a minimum, emergency procedures and disaster plans; the residence's policies and procedures; resident rights; confidentiality; abuse prevention and reporting requirements; the ombudsmen's role; complaint procedures; specialty care based on individualized resident needs and service plans; the provision of group and individual resident activities; and infection control. (Class II)</p> <p>Based on documentation review and interviews the licensee, administrator and registered nurse failed to ensure that one (1) out of thirteen (13) new employees were provided training before scheduling them to work unsupervised, and no later than the first fifteen (15) days of employment, by a written plan that includes, at a minimum, emergency procedures and disaster</p>	E 268	<p>Date of Survey: 01/24/23</p> <p>Plan of Correction:</p> <p>E 268</p> <p>This Plan of Correction (POC) will be accomplished by maintain a record of all staff training to new employees prior to scheduling them to work unsupervised, and no later than within the first 15 days of employment. This shall include; emergency procedure and disaster plans, resident's policies and procedures, resident rights, confidentiality, abuse prevention and reporting requirements, the ombudsman role, complaint procedures, specialty care based upon individualized resident needs and service plans, the provision of group and individual resident activities and infection control. The training or in-services will be documented and maintained on all staff.</p>	05/15/23

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E 247	<p>plans; the residence's policies and procedures; residence rights; confidentiality; abuse prevention and reporting requirements; the ombudsman's role; complaint procedures; specialty care based on individualized resident needs and service plans; the provision of group and individual resident activities; and infection control. Employee identifier: #9. Census: AL: 76. MC: 33.</p> <p>Findings included:</p> <p>a) Employee #9</p> <p>Employee #9 was hired on 08/15/22.</p> <p>Employee #9 did not receive the following training before being scheduled to work unsupervised and no later than the first fifteen days of employment.</p> <ul style="list-style-type: none"> -Emergency procedures and disaster plans; - review of service plans; -policies and procedures; -Ombudsman's role - provision of group and individual activities. <p>During an interview conducted at approximately 10:00 AM on 01/18/23, Executive Director (ED) #42 was asked about training and orientation for new employees. ED #42 stated that all training available was in the employee's personnel chart and training provided by Relias.</p> <p>The Licensee.</p> <p>The licensee shall maintain accurate records and reports required by this rule. (Class II)</p>	E 247	<p>Employee #9 has a training summary to include Emergency Preparedness and disaster, also Ombudsman role in their personnel file.</p> <p>Completion date: 05/15/23</p> <p>Date of Survey: 01/24/23</p> <p>Plan of Correction:</p>	03/03/23

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	<p>Based on documentation review and interview the licensee, Executive Director, and registered nurse failed to maintain accurate records for one (1) applicable resident. In addition, the resident roster did not accurately reflect the number of residents currently residing in the facility. Memory Care Resident identifier #29 Census: Assisted Living 76 Memory Care 33</p> <p>Findings included:</p> <p>Documentation Review</p> <p>Documentation review of Memory Care Resident #29's medical record revealed the following information:</p> <p>Documentation review of Resident #29's face sheet revealed date of admission was 04/24/21.</p> <p>Documentation review of nursing note dated 01/02/23 revealed resident was a new admission.</p> <p>After conducting an interview with the Health Care Director, this surveyor discovered the resident was a new admission that had come from another facility. She thought the date was either 12/26/22 or 12/27/22. Surveyor was unable to determine resident's date of admission to the facility.</p> <p>Documentation review of resident roster presented to surveyors upon arrival to the facility revealed the following information:</p> <p>The roster contained a name of a resident in Assisted Living, #48, that had passed away in</p>	E 247	<p>This Plan of Correction (POC) will be accomplished by the Executive Director reviewing the resident roster (s) to ensure the roster(s) contain accurate number of residents that are currently residing in the community. A monthly review of this roster shall be conducted on a regular basis by the Executive Director to ensure accuracy.</p> <p>Completion date: 03/3/23</p>	

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E 269	<p>August 2022 per registry documentation.</p> <p>Interview</p> <p>During interview on 01/18/23 at approximately 10:50 AM, Employee #9, the Health Care Director stated Resident #29 had come from another facility, where there had been an evacuation of some residents due to an emergency situation. She thought the resident had come either on 12/26/22 or 12/27/22. She was unaware the medical record did not reflect an accurate time/date of admission.</p> <p>During interview on 01/18/23 at approximately 11:30 AM, the Executive Director stated she knew the resident had been an emergency admission, but was unaware there was no documentation as to when the resident had arrived at the facility. She was going to review resident's admission paperwork and provide a date of admission to surveyor. In addition, she was unaware a resident who was listed on the current roster had passed away in August 2022. She was uncertain how this had occurred, and immediately removed the resident's name from the roster.</p> <p>At time of exit, surveyor was unable to determine Memory Care Resident #29's date of admission to the facility.</p> <p>Employee Orientation and Training.</p> <p>The licensee shall provide and maintain a record of in-service training annually to all staff on the topics of resident rights, confidentiality, abuse prevention and reporting requirements, the</p>	E 269	<p>Date of Survey: 01/24/23</p> <p>Plan of Correction:</p> <p>E 269</p>	04/15/23

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	<p>provision of resident activities, infection control, fire safety and evacuation plans, and specialty care based on individual resident needs and service plans. (Class II)</p> <p>Based on documentation review and interviews the licensee, administrator and registered nurse failed to ensure that seven (7) out of thirteen (13) employees were provided annual in-service training and a record maintained on the topics of resident rights, confidentiality, abuse prevention, and reporting requirements, the provision of resident activities, infection control, fire safety and evacuation plans and specialty care based on individual resident needs and service plans. Employee identifiers: #3, #14, #24, #42, #46, #71, and #76. Census: AL: 76. MC: 33.</p> <p>Findings included:</p> <p>a). Employee #3</p> <p>Employee #3 was hired on 06/09/21.</p> <p>The following in-service training was reflected as not being up to date:</p> <ul style="list-style-type: none"> -Resident rights, - abuse prevention, -reporting requirements, -provision of resident activities. <p>During an interview conducted at approximately 3:00 PM on 01/25/23, Executive Director (ED) stated that all training should be in the in-service training manual that was provided to the surveyor, the employee's personnel file, and by training provided by Relias. Surveyor could not locate the required training.</p>		<p>This Plan of Correction (POC) will be accomplished by providing in person training along with on-line training in the following topics: resident rights, confidentiality, abuse and prevention reporting requirements, the provision of resident activities, infection control, fire safety and evacuation plans, specialty care based on individual resident needs and service plans. This record of such training shall be maintained in staff records for review and monitored by the Healthcare Director.</p> <p>Completion date: 04/15/23</p>	

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	<p>b) Employee #14</p> <p>Employee #14 was hired on 06/29/21.</p> <p>The following in-service training was reflected as not being up to date:</p> <ul style="list-style-type: none"> - Resident rights, - confidentiality abuse prevention, and reporting requirements - provision of resident activities, -infection control, -specialty care based on resident care needs, -service plans. <p>During an interview conducted at approximately 3:05 PM on 01/25/23, Executive Director (ED) stated that all training should be in the in-service training manual that was provided to the surveyor, the employee's personnel file, and by training provided by Relias. Surveyor could not locate the required training.</p> <p>c) Employee #24</p> <p>Employee #24 was hired on 09/23/21.</p> <p>The following in-service training was reflected as not being up to date:</p> <ul style="list-style-type: none"> -Abuse prevention and reporting - infection control. <p>During an interview conducted at approximately 3:10 PM on 01/25/23, Executive Director (ED) stated that all training should be in the in-service training manual that was provided to the surveyor, the employee's personnel file, and by training provided by Relias. Surveyor could not locate the required training.</p>			

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	<p>d). Employee #42</p> <p>Employee #42 was hired on 10/21/19.</p> <p>The following in-service training was reflected as not being up to date:</p> <ul style="list-style-type: none"> - Service plans, -abuse prevention, and reporting requirements, -specialty care based on resident needs, -confidentiality. <p>During an interview conducted at approximately 3:15 PM on 01/25/23, Executive Director (ED) stated that all training should be in the in-service training manual that was provided to the surveyor, the employee's personnel file, and by training provided by Relias. Surveyor could not locate the required training.</p> <p>e). Employee #46</p> <p>Employee #46 was hired on 03/08/21.</p> <p>The following in-service training was reflected as not being up to date:</p> <ul style="list-style-type: none"> - Resident rights, -confidentiality, -abuse prevention, and reporting requirements, - provision of resident activities, and infection control. <p>During an interview conducted at approximately 3:20 PM on 01/25/23, Executive Director (ED) stated that all training should be in the in-service training manual that was provided to the surveyor, the employee's personnel file, and by training provided by Relias. Surveyor could not locate the required training.</p>			

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	<p>f). Employee #71</p> <p>Employee #71 was hired on 10/29/20. The following in-service training was reflected as not being up-to-date:</p> <ul style="list-style-type: none"> -Resident rights, abuse prevention, and reporting requirements, -the provision of resident activities, -infection control, - confidentiality, -service plans. <p>During an interview conducted at approximately 3:25 PM on 01/25/23, Executive Director (ED) stated that all training should be in the in-service training manual that was provided to the surveyor, the employee's personnel file, and by training provided by Relias. Surveyor could not locate the required training.</p> <p>g) Employee #76</p> <p>Employee #76 was hired on 03/08/21.</p> <p>The following in-service training was reflected as not being up-to-date:</p> <ul style="list-style-type: none"> -Specialty care based on resident care needs, -confidentiality, -service plans. <p>During an interview conducted at approximately 3:30 PM on 01/25/23, Executive Director (ED) stated that all training should be in the in-service training manual that was provided to the surveyor, the employee's personnel file, and by training provided by Relias. Surveyor could not locate the required training.</p>			

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E 270	<p>Employee Orientation and Training.</p> <p>The licensee shall provide training to all new employees within 15 days of employment and annually thereafter on Alzheimer's disease and related dementias. The licensee shall maintain an employee training record. The training shall be a minimum of two hours in duration and shall include all the following: basic understanding of Alzheimer's disease and other dementias; communication approaches and techniques for use when interacting with persons with Alzheimer's disease or a related dementia; prevention and management of problem behaviors; and activities and programming appropriate for these individuals. (Class II)</p> <p>Based on documentation review and interviews the licensee, administrator and registered nurse failed to ensure that eight (8) out of thirteen (13) employees were provided annual training on Alzheimer's disease and related dementias for a minimum of two hours duration in all of the following areas of basic understanding of Alzheimer's disease and other dementias: Communication approaches and techniques for use when interacting with persons with Alzheimer's disease or related dementia; prevention and management of problem behaviors; and activities and programming appropriate for these individuals. Further, the licensee failed to ensure that an employee training record was maintained. Employee identifiers: #3, #12, #14, #24, #42 #46, #71 and #76. Census: AL: 76. MC: 33</p> <p>Findings included:</p> <p>a) Employee: #3</p>	E 270	<p>Date of Survey: 01/24/23</p> <p>Plan of Correction:</p> <p>E 270</p> <p>This Plan of Correction (POC) will be accomplished by providing training to all new employees within 15 days of employment and annually thereafter on Alzheimer's disease and related dementias. This record shall be maintained on the employee training records and shall be a minimum of two hours in duration including the following topics: basic understanding for Alzheimer's disease or related dementia; communication approaches and techniques when interacting with persons with dementia; prevention and management of problem behaviors; activities and programming as appropriate for these individuals. This record of such training shall be maintained on all staff and reviewed by the Executive Director every 6 months.</p> <p>Completion date: 04/15/23</p>	04/15/23

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NAME OF PROVIDER OR SUPPLIER HARMONY AT MARTINSBURG (ALR/ALZ)	STREET ADDRESS, CITY, STATE, ZIP CODE 13857 APPLE HARVEST DRIVE MARTINSBURG, WV 25403-6195
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	<p>Employee #3 was hired on 06/09/21. A documentation review of the record revealed no up-to-date training in all areas of the required two (2) hours of Alzheimer/Dementia training which included: Basic information, communication techniques, prevention/management of behaviors, and activities/programs for residents with dementia.</p> <p>During an interview at approximately 11:00 AM on 01/18/23, Executive Director (ED) #42 stated that all training should be in the in-service training manual, the employee's personnel file, or the training provided by Relias. Surveyor could not locate the required training.</p> <p>b) Employee #12</p> <p>Employee #12 was hired on 01/28/22. A documentation review of the record revealed no orientation training within fifteen (15) days of hire in all areas of the required two (2) hours of Alzheimer/Dementia training which included: Basic information, communication techniques, prevention/management of behaviors, and activities/programs for residents with dementia.</p> <p>During an interview at approximately 11:05 AM on 01/18/23, Executive Director (ED) #42 stated that all training should be in the in-service training manual, the employee's personnel file, or the training provided by Relias. Surveyor could not locate the required training.</p> <p>c) Employee #14</p> <p>Employee #14 was hired on 06/29/21. A documentation review of the record revealed no up-to-date training in all areas of the required two</p>			

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	<p>(2) hours of Alzheimer/Dementia training except for Basic information. Training not up-to-date includes Communication techniques, prevention/management of behaviors, and activities/programs for residents with dementia.</p> <p>During an interview, at approximately 11:10 AM on 01/18/23, Executive Director (ED) #42 stated that all training should be in the in-service training manual, the employee's personnel file, or the training provided by Relias. Surveyor could not locate the required training.</p> <p>d). Employee #24</p> <p>Employee #24 was hired on 09/23/21. A documentation review of the record reveals no up-to-date training in all areas of the required two (2) hour Alzheimer/Dementia training except for: Basic information, communication/techniques, and activities/programs for residents with dementia. Training not up to date includes Prevention/Management of behaviors.</p> <p>During an interview at approximately 11:15 AM on 01/18/23, Executive Director (ED) #42 stated that all training should be in the in-service training manual, the employee's personnel file, or the training provided by Relias. Surveyor could not locate the required training.</p> <p>e). Employee #42</p> <p>Employee #42 was hired on 10/21/19. A documentation review of the record reveals no up-to-date training in all areas of the required two (2) hour Alzheimer/Dementia training which includes: Basic information, communication techniques, prevention/management of</p>			

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	<p>behaviors, and activities/programs for residents with dementia.</p> <p>During an interview at approximately 11:20 AM on 01/18/23, Executive Director (ED) #42 stated that all training should be in the in-service training manual, the employee's personnel file, or the training provided by Relias. Surveyor could not locate the required training.</p> <p>f). Employee #46</p> <p>Employee #46 was hired on 03/08/21. A documentation review of the record reveals no up-to-date training in all areas of the required two (2) hour Alzheimer/Dementia training which includes: Basic information, communication techniques, prevention/management of behaviors, and activities/programs for residents with dementia.</p> <p>During an interview at approximately 11:25 AM on 01/18/23, Executive Director (ED) #42 stated that all training should be in the in-service training manual, the employee's personnel file, or the training provided by Relias. Surveyor could not locate the required training.</p> <p>g). Employee #71</p> <p>Employee #71 was hired on 10/29/20. A documentation review of the record reveals no up-to-date training in all areas of the required two (2) hour Alzheimer/Dementia training which includes: Basic information, communication techniques, prevention/management of behaviors, and activities/programs for residents with dementia.</p> <p>During an interview at approximately 11:30 AM</p>			

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E 376	<p>on 01/18/23, Executive Director (ED) #42 stated that all training should be in the in-service training manual, the employee's personnel file, or the training provided by Relias. Surveyor could not locate the required training.</p> <p>h). Employee #76</p> <p>Employee #76 was hired on 03/08/21. A documentation review of the record reveals no up-to-date training in all areas of the required two (2) hour Alzheimer/Dementia training except for Basic information and prevention/management of behaviors. Training not up to date includes Communication/techniques and activities/programs for residents with dementia.</p> <p>During an interview at approximately 11:35 AM on 01/18/23, Executive Director (ED) #42 stated that all training should be in the in-service training manual, the employee's personnel file, or the training provided by Relias. Surveyor could not locate the required training.</p> <p>Assessment and Service Plans.</p> <p>Each resident shall have a written, signed, and dated health assessment by a physician or other licensed health care professional, authorized under state law to perform this assessment, not more than 60 days prior to the resident's admission, or no more than five working days following admission, and at least annually after that. The admission and annual health assessment shall include screening for tuberculosis and other communicable diseases if indicated by exposure, prevalence, or risk according to current medical practice to congregate living situations as indicated by the</p>	E 376	<p>Date of Survey: 01/24/23</p> <p>Plan of Correction:</p> <p>E 376</p> <p>This Plan of Correction (POC) will be accomplished by ensuring that each resident have a written, signed dated health assessment by a physician or other licensed health care professional, authorized under the state law to perform this assessment, not more than 60 days prior to resident admission and not more</p>	05/01/23

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	<p>Secretary. The licensee shall maintain documentation of the assessment in the resident's medical record. (Class II)</p> <p>Based on documentation review and interview, the licensee, Executive Director, and registered nurse failed to ensure a written, signed, and dated health assessment by a physician or other licensed healthcare professional, authorized under state law to perform this assessment annually had been completed for six (6) of twelve (12) residents whose records were reviewed. Resident identifiers: #2, #10, #12, #26, #68, and #27. Census: Assisted Living: 76. Memory Care: 33.</p> <p>Findings included:</p> <p>a) Resident #2</p> <p>A "Resident Assessment" was completed and contained a physician's signature and date of 08/30/21.</p> <p>An additional "Resident Assessment" was found in the resident's medical record. The third page, which would contain signatures and dates, was not found in the assessment. In addition, the first page, which included the date the medical/health assessment portion was completed had been left blank. The medical portion of the assessment had not been completed.</p> <p>Surveyor was unable to determine when the assessment had been completed. It did not contain the signature page and the first page of the assessment which included the medical/health assessment portion of the</p>		<p>than 5 working days following each admission and at least annually after that</p> <p>The admission and annual health screening shall include screening for TB and any other communicable diseases if indicated by exposure, prevalence, or risk according to current medical practice to congregate living situations as indicated by the Secretary. The assessment shall be maintained in the resident medical record. A review of the current residents shall be reviewed and medical appointments shall be made for any residents who are out of compliance. Resident records shall be reviewed every 6 months to ensure accuracy of these records.</p> <p>Residents #2, #10 and #68 are all current with their health assessments.</p> <p>Residents #12 and #26 do not yet have current health assessments on file however, this facility has made several attempts to obtain appointments and has documentation of such attempts.</p> <p>TB assessments have also been corrected.</p> <p>Completion date: 05/01/23</p>	

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	<p>assessment had been left blank.</p> <p>A complete Resident Assessment had not been updated since 08/30/21. The assessment was past due by approximately one (1) year and four (4) and one-half (1/2) months.</p> <p>b) Resident #10</p> <p>A "Resident Assessment" was completed and contained a physician's signature and date of 02/25/20.</p> <p>Additional assessments were unavailable for the surveyor to review.</p> <p>The assessment was past due by approximately three (3) years.</p> <p>c) Resident #12</p> <p>A "Resident Assessment" which contained a physician's signature and date of 10/5/22 was in the resident's medical record. The Medical/Health Assessment portion, which was to be completed by the physician had not been completed. Written in the section was "See Notes". Notes were unavailable for the surveyor to review.</p> <p>A documentation review of Memory Care Resident #27's medical record revealed the following information:</p> <p>A "Resident Assessment" which contained a physician's signature and date of 08/01/22 was located in the resident's medical record. The Medical/Health Assessment portion, which was to be completed by the physician had not been completed. The section had been left blank.</p>			

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	<p>d) Resident #26</p> <p>A documentation review of Assisted Living Resident #26's medical record revealed the following information:</p> <p>A "Resident Assessment" was completed and contained a physician's signature and date of 12/21/21.</p> <p>An annual assessment was due by 12/21/22. A current assessment was unavailable for the surveyor to review. The assessment was past due by approximately twenty-two (22) days.</p> <p>e) Resident #68</p> <p>A documentation review of Assisted Living Resident #68's medical record revealed the following information:</p> <p>A "Resident Assessment" had been completed and contained a physician's signature and date of 06/18/20.</p> <p>Additional assessments were unavailable for the surveyor to review.</p> <p>The annual assessment was past due by approximately two (2) and one-half (1/2) years.</p> <p>During an interview, on 01/24/22 at approximately 2:30 PM, the Executive Director stated she was unaware the assessments were not current. In addition, she was unaware some of the assessments did not contain the medical assessment by the physician. She was going to get assessments completed as quickly, as possible.</p>			

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E 001	<p>Initial Comments</p> <p>Annual Survey</p> <p>Start/End Date: 01/17/23 8:00 AM - 01/24/23 2:45 PM</p>	E 001	<p>Date of Survey: 01/24/23</p> <p>Plan of Correction:</p> <p>E 376</p> <p>This Plan of Correction (POC) will be accomplished by ensuring that each resident have a written, signed dated health assessment by a physician or other licensed health care professional, authorized under the state law to perform this assessment, not more than 60 days prior to resident admission and not more than 5 working days following each admission and at least annually after that The admission and annual health screening shall include screening for TB and any other communicable diseases if indicated by exposure, prevalence, or risk according to current medical practice to congregate living situations as indicated by the Secretary. The assessment shall be maintained in the resident medical record. A review of the current residents shall be reviewed and medical appointments shall be made for any residents who are out of compliance. Resident records shall be reviewed every 6 months to ensure accuracy of these records.</p> <p>Residents #2, #10 and #68 are all current with their health assessments.</p> <p>Residents #12 and #26 do not yet have current health assessments on file however, this facility has made several attempts to obtain appointments and has</p>	05/01/23

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			<p>documentation of such attempts.</p> <p>TB assessments have also been corrected.</p> <p>Completion date: 05/01/23</p>	