pennsylvania
DEPARTMENT OF HUMAN SERVICES

January 22, 2020

Ms. Alma A. Hoffman
Owner
Senior Care Plaza Associates, Inc.
624 Lysle Boulevard
Mckeesport, Pennsylvania 15132

RE: Senior Care Plaza
Certificate #: 431060

Dear Ms. Hoffman:

As a result of the Department's Bureau of Human Services Licensing annual inspection on August 6, 2019; August 7, 2019 and August 22, 2019, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

Violation Report

Facility Information

Name: *SENIOR CARE PLAZA* **License Number:** *43106*
Address: *624 LYSLE BOULEVARD,, MCKEESPORT, PA 15132*
County: *ALLEGHENY* **Region:** *WESTERN*

Administrator

Name: *Alma Hoffman* **Phone:** *4126641969* **Email:** *AAHOFFMAN@HOTMAIL.COM*

Legal Entity

Name: *SENIOR CARE PLAZA ASSOCIATES INC*
Address: *624 LYSLE BOULEVARD, MCKEESPORT, PA, 15132*

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** *05/08/1998* **Issued By:** *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *75* **Waking Staff:** *56*

Inspection

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

Inspection Dates and Department Representative

08/06/2019 - On-Site: Lisa Flinner-Alman, Amy Duncan

08/07/2019 - On-Site: Lisa Flinner-Alman, Amy Duncan

08/22/2019 - On-Site: Lisa Flinner-Alman, Amy Duncan

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* **Residents Served:** *56*

Secured Dementia Care Unit

In Home: *Yes* **Area:** *1st Floor-West Wing* **Capacity:** *20* **Residents Served:** *7*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *5*
Are 60 Years of Age or Older: *52*
Diagnosed with Mental Illness: *0*
Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *19*
Have Physical Disability: *1*

17 - Record Confidentiality

Regulations

2600.

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

Description of Violation

On 8/6/19 at approximately 10:31 a.m., the office of staff person A, the owner/administrator, was unlocked, unattended, and accessible and inside were copies of rent checks of multiple residents, including bank account numbers for residents #1, #2, #3, #4, on the copy/fax machine.

On 8/6/19 at at approximately 11:25 a.m., resident #5's blood pressure monitoring chart was posted on a bulletin board around the corner from 2nd floor elevator.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

The owner/administrator is aware of potential dangers and Hepaa violations when leaving office door open. Adm. will keep door shut ~~at~~ and locked at all times when not in office. JRW 12/23/19

Resident #5 - no longer monitoring blood pressure. B.P. monitoring sheets now kept in MAR book. Memo posted for staff to keep in MAR. See memo attached. Memo at each nurses station

Legal Entity Representative

Signature	Printed Name and Title	Date
Alma A. Hoffman	ALMA A HOFFMAN	12/11/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 12/23/19 (Date)

Plan of correction implementation status as of 12/23/19 (Date)

The above plan of correction was approved by _____ (Initials)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

20b4 - Use of Funds

Regulations

2600.
20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:
4. Resident funds and property shall only be used for the resident's benefit.

Description of Violation

Resident #6 was admitted to the home on 3/22/19 from another personal care home. The resident received a check from the state treasury on 4/24/19 in the amount of $885.25 to reimburse for first month's rent, which was paid by the resident's designated person. The check was deposited into the home's bank account on 5/2/19. The funds were not reimbursed to the resident and the resident's designated person until 8/23/19.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Resident #6 R.L. received funds. Communication at the time of admission along with check received did not state funds/portion of/or designated amount was residents. Investigated and reimbursement complete. See attached.

Legal Entity Representative

Alma A. Hoffman — Signature

ALMA A HOFFMAN — Printed Name and Title

12/12/19 — Date

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25c2 - Fee Schedule

Regulations

2600.
25.c. At a minimum, the contract must specify the following:
2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

According to staff person B, resident #7 has been paying $1000.00 per month for room and board for the past 3 months. However, the resident's contract, dated 1/15/19, indicates the resident is being charged $730.00 per month.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Contract for resident #7 will be updated to reflect changes of charges. Resident was to pay $730.00/month until SSI supplement was received. SSI supplement was received in July 2019? Effective August 2019. Rate increased. New contract will be reviewed w/in 30 days.

Other contracts in facility will be reviewed for compliance w/in 30 days.

Legal Entity Representative

Alma A. Hoffman — Alma A. Hoffman — 12/19/19

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81b - Resident Personal Equipment

Regulations

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #8's wheelchair did not have a right armrest and the metal bar was wrapped in gauze; the whole outer edge of the left armrest was cracked, exposing the fabric beneath the vinyl, posing a skin tear hazard.

Plan of Correction (POC)

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Resident #8 wheelchair was discarded. Resident received another wheelchair in good condition and good working order. Will be added to a new QI to be done in early 2020 to check resident wheelchairs monthly

Legal Entity Representative

Alma A. Hoffman — Signature

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82c - Locking Poisonous Materials

Regulations

2600.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 8/6/19 at approximately 10:15 a.m., a can of roach killer and a can of stainless steel polish, with manufacturers' instructions indicating "If swallowed, call a poison control center or doctor immediately" were in an unlocked, unattended and accessible cabinet in the hallway between the activities room and the maintenance/environmental office.

On 8/6/19 at approximately 11:00 a.m., a can of WD 40, with a manufacturer's label indicating, "If swallowed, do not induce vomiting. Call physician", a bottle of glass cleaner and a box of Oxyclean stain remover, with manufacturers' labels indicating, "If swallowed call poison control center or physician." were in the unlocked utility room to the right of the door leading to the rear smoking area.

Not all residents of the home, including resident #9, have been assessed capable of recognizing and using poisons safely.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

All poisonous materials are in locked cabinet with access by key or code as per maintenance. Understands liability and safety for residents

BY 1/31/20 - A designated staff person will monitor the home on each shift to ensure poisonous materials are not accessible to residents. - JRW 12/23/19

Daryl Schoen - maintenance supervisor

Legal Entity Representative

Alma A. Hoffman — ALMA A. HOFFMAN — 12/12/19

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85a - Sanitary Conditions

Regulations

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 8/6/19 at 10:53 a.m. and throughout the day on 8/22/19, there were no paper towels, mechanical air blower, other means of sanitary hand-drying in the shower room off the lobby.

On 8/7/19 at 10:20 a.m., there were no paper towels, mechanical air blower, individual cloth towels or other means of sanitary hand-drying at the sink to left of the refrigerator in the 1st floor dining area.

Repeat Violation: 8/17/18 et al

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

A mechanical blower will be installed in the shower room off lobby. See attached.

1st floor dining area will have a second paper towel holder seeing it is a high used area. Housekeeping Supervisor was instructed to have staff check beginning of shift and end of shift.

Legal Entity Representative

Alma A. Hoffman — ALMA A. HOFFMAN — 12/12/19

Signature — Printed Name and Title — Date

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85d - Trash Receptacles

Regulations

2600.
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 8/6/19 at approximately 9:56 a.m., there was a 1/3 full, large, uncovered garbage can and a partially filled small blue trash can in the main kitchen.

On 8/6/19 at approximately 10:53 a.m., there was an uncovered garbage can in the shower room off the lobby.

Repeat Violation: 8/17/18 et al

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

New trash cans will be ordered for kitchen area. Lids will be attached with electrical ties to keep in place. See attached invoice. Trash cans purchased on 12/26/19. - JRW 12/23/19

Trash can in shower room will now be a step on / lifted lid so lid will never be removed. See attached.

By 1/31/20 - All staff will be reeducated on keeping lids on trash cans. - JRW 12/23/19

Legal Entity Representative

Alma A. Hoffman — Signature

ALMA A. HOFFMAN — Printed Name and Title

12/12/19 — Date

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91 - Telephone Numbers

Regulations

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

On 8/6/19, there were no emergency telephone numbers posted on or nearby the telephone at the 2nd floor nurse's desk.

On 8/6/19, 8/7/19 and 8/22/19, there were no emergency telephone numbers posted on or nearby the telephone in the lobby of the home.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Emergency numbers were posted in both areas. In near future, 5x7 frames with emergency numbers will be permantly attached by all common phones so they cannot be removed.

Legal Entity Representative

Alma A. Hoffman — Alma A. Hoffman — 12/12/19

Signature — Printed Name and Title — Date

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92 - Windows

Regulations

2600.
92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

There were no screens in multiple windows, including bedrooms 105, 107, 109.

Repeat Violation: 8/17/18 et al

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Screens were in house. Maintenance Supervisor has installed. See attached receipt for thread self drilling screws to attach. Previous clips for window screens unable to be found. Work completed 12/13/19 by maintenance.

Legal Entity Representative

Alma A. Hoffman — Signature

ALMA A. HOFFMAN — Printed Name and Title

12/12/19 — Date

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103f - Refrigerator/Freezer Temps

Regulations

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 8/6/19 at 10:13 a.m., there were three thermometers in the walk-in freezer located in the main kitchen measuring 10 degrees Fahrenheit, 11 degrees Fahrenheit and 18 degrees Fahrenheit. At 2:11 p.m., the temperatures measured 12 degrees Fahrenheit, 22 degrees Fahrenheit, and 18 degrees Fahrenheit.

On 8/6/19 at 11:28 a.m., the temperature in the refrigerator freezer located in the 3rd floor dining room measured 6 degrees Fahrenheit. At 4:18 p.m., the temperature measured 8 degrees Fahrenheit.

On 8/6/19 at 11:35 a.m., there was no thermometer in the refrigerator freezer located in the SDCU dining room.

Repeat Violation: 8/17/18

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See attached
Dietary supervisor immediately contacted vendor to service the freezers. Freezer defrosted, freon added. - JRW 12/23/19
Thermometer purchased for SDCU dining room. on 12/26/19. - JRW 12/23/19

A designated staff person will record freezer and refrigerator temperatures daily to ensure they remain in safe range. - JRW 12/23/19

See Page 11A of 24

Legal Entity Representative

Signature	Printed Name and Title	Date
Alma A. Hoffman	ALMA A. HOFFMAN	12/12/19

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103f - Refrigerator/Freezer Temps

Regulations

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 8/6/19 at 10:13 a.m., there were three thermometers in the walk-in freezer located in the main kitchen measuring 10 degrees Fahrenheit, 11 degrees Fahrenheit and 18 degrees Fahrenheit. At 2:11 p.m., the temperatures measured 12 degrees Fahrenheit, 22 degrees Fahrenheit, and 18 degrees Fahrenheit.

On 8/6/19 at 11:28 a.m., the temperature in the refrigerator freezer located in the 3rd floor dining room measured 6 degrees Fahrenheit. At 4:18 p.m., the temperature measured 8 degrees Fahrenheit.

On 8/6/19 at 11:35 a.m., there was no thermometer in the refrigerator freezer located in the SDCU dining room.

Repeat Violation: 8/17/18

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

[redacted] can you write how this was fixed

[redacted] REFRIGERATION CAME IN IMMEDIATELY AND FIXED The Problem, Fixing A Sensor IN The Freezer Defrost System, AND ALSO checked The ENTIRE Freezer From Top To Bottom To make SURE That The Temperature Went Down To A SATISFACTORY Temperature.

Legal Entity Representative

Alma A. Hoffman — ALMA A. HOFFMAN — 12/12/19

Signature — Printed Name and Title — Date

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- ☐ Not Implemented

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105g - Lint Removal and Duct Cleaning

this dryer destroyed removed from building 11/4

Regulations

2600.
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 8/6/19 at approximately 10:55 a.m., there was an accumulation of approximately ¼ inch of lint in the lint trap of the dryer in the old laundry room

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See attached.
Charts for checking dryers are posted by all dryers in facility. House Keeping Supervisor understands safety issues and has spoken to her staff

* We do not use this dryer at all. This room is locked. D use the big dryer in another room. * D have my papers for where i use. *

* ATTACHED

Legal Entity Representative Dammy P.

Alma A. Hoffman — ALMA A. HOFFMAN 12/13/19

Signature — Printed Name and Title — Date

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- ☐ Not Implemented

107a - Emergency Preparedness

Regulations

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 home does not have a copy of the emergency preparedness plan for the local municipality.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Municipal building / mayors office was called several times. 12/12/19 recalled and awaiting return call.

Copy of municipal emergency plan for the City of McKeesport obtained by the home. The administrator will review it and be familiar with the plan. - JRW 12/23/19

Legal Entity Representative

Alma A. Hoffman — Signature

ALMA A. HOFFMAN — Printed Name and Title

12/13/19 — Date

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- [ ] Not Implemented

107c - Food/Water 3 Day Supply

Regulations

2600.
107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 8/6/19, the home served 60 residents, requiring a minimum of 180 gallons of emergency drinking water. However, there were only 51 gallons of drinking water on-site. The home does not have a contractual agreement with a vendor to deliver drinking water in the event of an emergency.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See attached

Water is also always kept in building in water bottles.

48 cases of water purchased on 8/14/19.
The administrator will monitor water supply at least monthly to ensure there is adequate water available for at least 24 hours. - JRW 12/23/19

The home has a contract with Turner Dairy Farms and Jordan Banana Company to deliver water in within 24 hours of request. - JRW 12/23/19

Legal Entity Representative

Alma A. Hoffman — Signature

ALMA A. HOFFMAN — Printed Name and Title

12/13/19 — Date

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107d - Procedure Emergency Management Agency Submission

Regulations

2600.
107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's emergency procedures were not reviewed in 2018.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

New emergency procedures were retyped and revised. New binder and sign off sheet completed. Reviewed by Adm. See attached Completed 10/10/19. - JRW 12/23/19

Legal Entity Representative

Alma A Hoffman — Signature
ALMA A. HOFFMAN — Printed Name and Title
12/13/19 — Date

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132c - Fire Drill Records

Regulations

2600.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drills conducted on 1/15/19, 2/21/19, 3/11/19, 4/24/19, 5/10/19, 6/18/19 and 7/17/19 does not indicate if the fire alarm was activated and operable.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See attached - all columns of fire drill log is being completed. New administrator/RN has been hired and starting 12/16/19. It will be her responsibility to monitor and complete form. Fire safety expert was notified as to reassessing maximum time for evacuation.

The record for fire drills conducted on 8/27/19, 9/11/19, 1025/19 and 11/26/19 are completed in full, including the alarm activated and operating. - JRW 12/23/19

Legal Entity Representative

Alma A. Hoffman — ALMA A HOFFMAN — 12/12/19

Signature | Printed Name and Title | Date

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- ☐ Not Implemented

132d - Evacuation

Regulations

2600.
132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

Three minutes, 15 seconds is the home's maximum safe evacuation time as determined by a fire safety expert on 10/28/18. On 5/10/19 at 4:30 a.m., the fire drill evacuation took three minutes, 40 seconds.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Fire dept / fire safety expert has been contacted re: maximum time for evacuation. Adm. reviewed with residents on 12/16/19 impertance of evacuating in a timely manner.

Fire drills were conducted on 8/27/19, 9/11/19, 10/25/19 and 11/26/19 and all evacuation times were under the designated safe evacuation time of 3 minutes, 15 seconds. The 10/25/19 fire drill was supervised by the McKeesport Fire Department and fire inspection was also completed on that date. - JRW 12/23/19

Legal Entity Representative

Alma A. Hoffman — Signature

ALMA A. HOFFMAN — Printed Name and Title

12/13/19 — Date

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Plan of correction implementation status as of 12/23/19 (Date)

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- ☐ Fully Implemented
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- ☐ Partially Implemented - Inadequate Progress
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144c1 - Smoking Area Guidelines

Regulations

2600.
144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

On 8/7/19, at 11:17 a.m., there were approximately 20 cigarette butts scattered on the indoor/outdoor carpeting of the exterior SDCU courtyard. There were multiple burn holes in the carpeting near the door. This is not the designated smoking area.

On 8/6/19, in the home's outside designated smoking area, there was a large, uncovered garbage can that was half full of trash.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Carpeting in SDCU courtyard was removed to prevent further burn holes. See attached as to signs for the courtyard. Also see picture as to covered trash can in that area.

No smoking sign ordered in September 2019 and posted in this area. - JRW 12/23/19

By 1/15/20 - All staff will be educated on location of smoking area and the prohibition of smoking in the SDCU courtyard. - JRW 12/23/19

Legal Entity Representative

Signature	Printed Name and Title	Date
Alma D. Hoffman	ALMA HOFFMAN Adm.	12/12/19

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183b - Meds and Syringes Locked

Regulations

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 8/6/19 at approximately 10:15 a.m., the maintenance and environmental services office was unlocked, unattended and accessible to residents and there were multiple medications, including 4 Dramamine tablets, 2 pill cases containing approximately 35 unidentified tablets and a bottle of Venlafaxine HCL ER 150mg.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Maintenance person and administrator spoke regarding unlocked area and personal medications in work area. See attached letter and write up. Maintenance person understands severity and liability issues.

By 1/15/20 _The administrator or designee will monitor the home, including maintenance room, to ensure no medications are left unlocked and unattended. - JRW 12/23/19

Legal Entity Representative

Alma A. Hoffman — Signature

ALMA A HOFFMAN — Printed Name and Title

12/9/19 — Date

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184a - Labeling OTC/CAM

Regulations

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #10 is ordered Risperidone 0.25mg, 1 tablet daily, however the label indicates Risperidone 0.25mg, 1 tablet twice a day.

Resident #10 is ordered Fluticasone 50mcg SPR 120, 1 spray in each nostril daily. However, the medication was not labeled with the resident's name, date the prescription was issued, the prescribed dosage and instructions for administration, and the name and title of the prescriber.

Resident #11 is ordered Haloperidol 2mg/ml, 0.125ml daily, however, the label indicates 0.25ml at bedtime.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Nasal spray was removed from original container and not returned to box. Med aides were retested and retrained in medication administration and impertance of keeping in original containers
Designated staff to complete med cart audits monthly.
Redline report to be ran daily and all new orders will be checked for compliance

All medications & labels indicated in violation were corrected. - JRW 12/23/19

Legal Entity Representative

Alma A. Hoffman — Signature

ALMA A HOFFMAN — Printed Name and Title

12/13/19 — Date

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185a - Implement Storage Procedures

Regulations

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #11 is ordered blood sugar readings daily. Staff person E, did not record the resident's blood sugar readings on 8/2/19, 8/3/19 and 8/4/19 on the August 2019 medication administration record (MAR).

Resident #11's glucometer indicated the resident had a blood sugar reading 233 on 8/7/19; however, 120 was indicated on the MAR.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

All medication aides were retrained by a certified Diabetic educator on 11/19/19. JRW 12/23/19 ^ See attached. Administrator RN was hired and will start 12/16/19. As part of a QI process, a system will be established for checking glucometers for errors.

By 1/15/20 - Glucometers and record of blood sugar readings will be monitored at least weekly by designated staff person to ensure accuracy of documentation. - JRW 12/23/19

Legal Entity Representative

Alma A. Hoffman — Signature

ALMA A HOFFMAN — Printed Name and Title

12/12/19 — Date

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187a - Medication Record

Regulations

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

Staff interviews indicate that staff regularly use electronic login information belonging to other staff to record medication administration when there are computer problems.

On 8/5/19, staff person F was not scheduled to work at 9:00 p.m. However, staff person F's initials were indicated on the August 2019 MAR on 8/5/19 at 9:00 p.m. for resident #12's prescribed Rivastigmine 4.6mg/24 HR patch.

On 8/6/19, staff person F was not scheduled to work in the home. However, staff person F's initials were indicated on the August 2019 MAR on 8/6/19 at 9:00 a.m. and 9:00 p.m. for multiple medications for resident #12, including: Divalproex ER 250mg, 1 tablet twice a day, Divalproex ER 500mg, 1 tablet at bedtime, Quetiapine 50 mg, ½ tablet in the morning, Quetiapine 50 mg, 1 tablet at bedtime, Venlafaxine ER 75mg, 1 capsule daily.

Staff person H entered staff person G's initials on 8/20/19 at 9:00 p.m. on the MAR for multiple medications for resident #12, including:
Divalproex ER 500mg, Melatonin 3mg, Quetiapine 50 mg, and Rivastigmine 4.6mg/24 HR patch.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Staff person F was asked to come in to cover for shift. She was not written in on schedule. Staff doing schedule now daily adds any changes to reflect accurate staffing. (8/5 + 8/6)

Staff person H did use staff person G initals using her log in of electronic MAR. All staff were retrained in medication class to understand importance, liability and regulations and procedures

See attached

By 1/31/20 - A designated staff person will review the MAR at least weekly to ensure accurate documentation of staff administering medications, - JRW 12/23/19

08/06/2019 12/23/19

187a - Medication Record *(continued)*

Legal Entity Representative

Alma A. Hoffman — ALMA A. HOFFMAN — 12/12/19

Signature | Printed Name and Title | Date

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187d - Follow Prescriber's Orders

Regulations

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

Description of Violation

Resident #11 is ordered Haloperidol 2mg/ml, 0.125ml daily, at 9:00 a.m. Staff person I signed the MAR on 8/7/19 at 9:00 a.m., as having administered the medication; however, she did not administer the medication to the resident.

Resident #12 is ordered Rivastigmine 4.6mg/24-hour patch, apply 1 patch topically daily. Staff failed to remove the old patch on 8/6/19, as there was a patch dated 8/2/19, on the resident's right upper arm and another patch on her back.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Resident #12 patch: Staff who applied patch from 8/2 thru 8/6 was given a written warning. See attached. One staff person no longer employed. Staff retrained in med class. See attached

- Order entered into QuickMAR to alert staff to remove old patch prior to putting new patch ON.

Staff retrained on proper medication administration and documentation by a train the trainer. - JRW 12/23/19

By 2/15/20 - A medication administration pass for each staff person who administers medication will be oberved by the administrator or staff qualified to administer medications. Documentation will be kept. - JRW 12/23/19

A designated staff person will review medication administration at least weekly, to ensure medications are administered properly. - JRW 12/23/19

Legal Entity Representative

Alma A. Hoffman — Signature

ALMA A HOFFMAN — Printed Name and Title

12/12/19 — Date

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