



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail sfeuer@gardenhc.com
Sent via e-mail Michele.Adams@springfieldal.com
January 26, 2021

Mr. Sam Feuer
Manager
Wyndmoor Assisted Living Company, LLC
551 East Evergreen Avenue
Wyndmoor, Pennsylvania 19038

RE: Springfield Senior Living Community
License #: 14484

Dear Mr. Feuer:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on February 26, 2020 and March 2, 6, and 9, 2020 found violations with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence). The enclosed Licensing Inspection Summary (LIS) specifies the violations.

On August 3, 2020, we sent the above LIS along with a letter requesting that you complete a plan to correct the violations. On September 18, 2020, we sent an unacceptable plan of correction letter and requested an acceptable plan of correction be submitted by September 21, 2020. On September 18, 2020, we called requesting an acceptable plan of correction. To date, we have not received an acceptable plan to correct the violations; therefore, we have attached a directed plan to correct the violations.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence) must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you have any questions, please contact me at 717-580-1331 or clmendez@pa.gov.

Sincerely,

Claire Mendez

Claire Mendez
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: *Springfield Senior Living*
Address: *551 East Evergreen Ave, Wyndmoor, Pa 19038*
County: *MONTGOMERY* Region: *SOUTHEAST*

License Number: *14484*

Administrator

Name: *Abe Smilow* Phone: *2152336300* Email: *asmilow@libertycenterhc.com*

Legal Entity

Name: *Wyndmoor Assisted Living Company, LLC*
Address: *551 East Evergreen Avenue , RET, Wyndmoor, Pa, 19038*

Certificate(s) of Occupancy

Type: *C-1* Date: Issued By:
Type: *I-2* Date: *03/05/2010* Issued By: *Township of Springfield*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *93* Waking Staff: *70*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
Reason: *Complaint,Incident*

Inspection Dates and Department Representative

02/26/2020 - On-Site: Denise Gillespie, Christine Eberhart
03/02/2020 - On-Site: Denise Gillespie, Christina Eberhart
03/06/2020 - On-Site: Denise Gillespie, Christina Eberhart
03/09/2020 - On-Site: Denise Gillespie, Christina Eberhart, Michele Swisher

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *103* Residents Served: *65*

Special Care Unit

In Home: *Yes* Area: *3rd Floor* Capacity: *33* Residents Served: *16*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *65*
Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *22*
Have Mobility Need: *28* Have Physical Disability: *16*

5a1 DHS access

Requirements

2800.

5.a. The administrator, administrator designee or staff person designated under § 2800.56(c) (relating to administrator staffing) shall provide, upon request, immediate access to the residence, the residents and records to:

- 1. Agents of the Department.

Description of Violation

DHS representatives were on-site at the home on 2/26/2020, 3/2/2020, 3/6/2020, and 3/9/2020. On 2/26/2020, at 9:00 A.M., Human Services Licensing Representative, an agent of the Department, requested access to a staff list. Staff person provided the staff list on 3/6/2020 at 9:00 A.M.

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 employee list is located in the Administrator, Director of Nursing and Marketing office. It is also listed on our shared drive, where the concierge can access it in a timely manner.

Legal Entity Representative

Michele Adams

Signature

Michele Adams / Adm

Printed Name and Title

8/18/20

Date

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The above plan of correction is approved as of

1/13/2021
(Date)

Plan of correction implementation status as of

(Date)

Implemented

Not Implemented

The above plan of correction was approved by

CM
(Initials)

16c Incident reporting

Requirements

2800.

16.c. The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

Description of Violation

On 1/31/2020, Resident # 1 was missing \$40.00 from [redacted] bedroom. The residence did not report this incident to the Department.

On 2/17/2020, Resident # 2 had an unwitnessed fall [redacted]
[redacted] The residence did not report this incident to the Department.

On 1/20/2020, Resident # 3 fell [redacted]
[redacted] The residence did not report this incident to the Department.

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 employees will be re-educated on regulation 2800.16c by 8/31/20. The Administrator and/or designee will ensure compliance is maintained by reviewing 24 hour report and complaint log.

Legal Entity Representative

Michele Adams
Signature

Michele Adams / ADM
Printed Name and Title

1/18/20
Date

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(Date) (Date)

- Implemented
- Not Implemented

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

17 Record confidentiality

Requirements

2800.

- 17. Confidentiality of Records - 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 3/6/2020, at 3:31 P.M., the wellness center was unlocked, unattended, and accessible. The wellness office unlocked, unattended, and accessible. The wellness office contains resident records and medication. The treatment cart was unlocked, unattended, and accessible. The doctor's office was unlocked, unattended, and accessible. The doctor's office contains medical records for the residents. The wellness center has the treatment cart, wellness office, and doctor's office inside.

On 3/9/2020 at 12:52 P.M. The wellness center, the wellness office, and the doctor's office were all unlocked, unattended, and accessible.

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 wellness office lock was changed to an auto lock. MD's will be reminded to lock door when not in the office. The Administrator and/or Director of Nursing will monitor during the workday to ensure compliance is maintained.

Legal Entity Representative

Michele Adams

Signature

Michele Adams / Adm Asst
Date

Printed Name and Title

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(Date)

Implemented

Not Implemented

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(Initials)

20b4 Use of funds

Requirements

2800.

20.b. If the residence 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

On 1/31/2020, Resident # 1 reported to the home that, on 1/28/20, [redacted] gave Staff Member A a \$5.00 tip for cleaning [redacted] room. Staff Member A accepted the tip.

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 will be re-educated on Regulation 2800.20.b by 8/31/20.
Residents will be educated on regulation 2800.20.b during September 2020
Administrator and/or designee will monitor complaint log to ensure compliance is maintained.

Legal Entity Representative

Michele Adams

Signature

Michele Adams / Adm

Printed Name and Title

8/18/20

Date

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22a1 Medical Eval - time frames

Requirements

2800.

22.a. Documentation. The following admission documents shall be completed for each resident:

- 1. Medical evaluation completed within 60 days prior to admission on a form specified by the Department. The medical evaluation may be completed within 15 days after admission if one of the following conditions applies
 - i. The resident is being admitted directly to the residence from an acute care hospital.
 - ii. The resident is being admitted to escape from an abusive situation
 - iii. The resident has no alternative living arrangement.

Description of Violation

Resident # 3 was admitted on [redacted] 2019. The resident did not get a [redacted]

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.)

Residents charts will be audited by 8/31/20 to ensure we comply with 2800.22.a.

To maintain compliance, the administrator and/or designee will ensure we adhere with regulation 2800.22a prior to move in.

Legal Entity Representative

Michele Adams

Signature

Michele Adams / Adm

Printed Name and Title

8/18/20

Date

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(Date)

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CM
(Initials)

Not Implemented

42b Abuse/Neglect

Requirements

2800.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 2/7/2020 Staff Member A was terminated for removing \$40.00 from Resident #1's room. The resident pointed out Staff Member A as to knowing where that money was kept. Resident # 1 gave Staff Member A \$5.00 for a tip on 1/28/29, which is when Staff Member A could have taken note of the location of Resident # 1's money. The resident reported the \$40.00 missing on 1/31/2020.

On 2/7/2020 Resident #5's gold necklace with a pendant was removed from the resident's room. The Resident had [redacted] 2020 and removed the pendant and earrings from [redacted] person. Resident # 5 placed the jewelry in the glass bowl on Resident # 5's dresser. The Resident did not see the pendant following [redacted] /2020 [redacted] Staff Person A was performing duties in the room after the Resident had gone for the procedure.

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.)

Employees will be re-educated on regulation 2800.42b by 8/31/20.

To ensure compliance is maintained the Administrator and/or designee will remind residents of regulation 2800.42b during monthly resident council meeting, as well as, review the complaint log.

Legal Entity Representative

Michele Adams

Signature

Michele Adams / Adm

Printed Name and Title

8/18/20

Date

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(Date)

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(Initials)

- Implemented
- Not Implemented

51 Criminal background checks

Requirements

2800.

- 51.a. Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).
- 51.b. The hiring policies shall be in accordance with the Department of Aging's Older Adult Protective Services Act policy as posted on the Department of Aging's web site.

Description of Violation

Staff Member C's date of hire was [redacted] 2020. Staff Member C's PA State criminal background check was completed [redacted] /2020.

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.)

Human Resources will complete criminal background check prior to first day.

The Administrator and/or designee will ensure criminal background check is completed prior to hire. This will ensure compliance is maintained with regulation 2800.51. a and b.

DPOC: Immediately, the administrator or designee shall review the records of all current staff members to ensure that a PA State Police criminal background check has been completed and that an FBI background check has been completed for employees who were not residents of Pennsylvania for the past two consecutive years prior to the date of hire. Documentation shall be kept in the staff records. 1/13/2020 CM

Legal Entity Representative

Michelle Adams
Signature

Michelle Adams / Adm 8/18/20
Printed Name and Title Date

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(Date) (Date)

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(Initials) Not Implemented

63a First Aid/CPR 1:35

Requirements

2800.

63.a. For every 35 residents, there shall be at least one staff person trained in first aid and certified in obstructed airway techniques and CPR present in the residence at all times to meet the needs of the residents.

Description of Violation

On 2/14/2020, from 11:00 P.M. to 7:00 A.M. , 65 residents were present in the residence. During this time only 1 staff member was present in the residence who was trained in first aid and certified in obstructed airway techniques and CPR.

On 2/17/2020, from 3:00 P.M. to 11:00 P.M. , 65 residents were present in the residence. During this time there were no staff members present in the residence who were trained in first aid and certified in obstructed airway techniques and CPR.

On 2/17/2020, from 11:00 P.M. to 7:00 A.M. , 65 residents were present in the residence. During this time only 1 staff member was present in the residence who was trained in first aid and certified in obstructed airway techniques and CPR.

On 2/21/2020, from 11:00 P.M. to 7:00 A.M. , 65 residents were present in the residence.

During this time there were no staff members present in the residence who were trained in first aid and certified in obstructed airway techniques and CPR.

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 received CPR training on 8/13/20 (see attached).

The Resident Care Coordinator and/or Director of Nursing will ensure we comply with regulation 2800.63a based on our census.

The Administrator and/or designee will review schedule every 2 weeks to ensure compliance is maintained.

Legal Entity Representative

Michelle Adams

Signature

Michelle Adams / Adm

Printed Name and Title

8/18/20

Date

63a First Aid/CPR 1:35 (continued)

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(Date) (Date)

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(Initials) Not Implemented

Michelle Adams 8/15/20

85a Sanitary conditions

Requirements

2800.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 3/2/2020, at 3:45 P.M. , there was an egg carton in the fridge in the kitchen. It had 5 eggshells that were cracked. Egg was on the carton.

On 3/2/2020, at 4:15 P.M., there were two packets of Kraft barbecue sauce that were punctured and barbecue sauce was on the packet containers. The single-serve packets were located in the dry storage of the kitchen.

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.)

Kitchen staff will be re-educated on 2800.85a by 8/31/20.

Food Service Director and/or designee will ensure compliance is maintained during rounds throughout workday

Legal Entity Representative

Michelle Adams

Signature

Michelle Adams / Adm

Printed Name and Title

8/18/20

Date

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(Date)

Plan of correction implementation status as of _____
(Date)

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(Initials)

- Implemented
- Not Implemented

85d Trash cans – kitchen/bath

Requirements

2800.

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 3/2/2020, at 3:56 P.M., the trash can in the kitchen was uncovered.

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.)

Kitchen staff will be re-educated on 2800.85d by 8/31/20.

Administrator, Food Service Director and/or designee will ensure compliance is maintained during rounds throughout workday

Legal Entity Representative

Michele Adams

Signature

Michele Adams | Adm | 8/18/20

Printed Name and Title

Date

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(Date)

Plan of correction implementation status as of _____
(Date)

Implemented

Not Implemented

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

86b Bathroom ventilation

Requirements

2800.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathroom in resident bedroom 208, does not have an operable window or ventilation fan. The ventilation fan is inoperable.

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 Home will be requesting a waiver for 2800.86b.

DPOC: Immediately: The exhaust fan in resident bathroom 208 will be repaired and tested for functioning.

Within 15 days of the receipt of the Plan of Correction, a designated staff person will check all bathrooms at least weekly to ensure there is an operable outside window or an operable exhaust fan. If the exhaust fan is inoperable and there is no outside window repairs to the exhaust fan will be made immediately.

1/13/2021 *CM*

Updated DPOC: new installation of exhaust fans will be completed in all rooms that currently do not meet the requirements of 2600.86.b by no later than 2/26/2021. CM-1/26/2021

Legal Entity Representative

Michele Adams
Signature

Michele Adams / Adm
Printed Name and Title

1/18/20
Date

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The above plan of correction is approved as of 1/13/2021 (Date) Plan of correction implementation status as of _____ (Date)

The above plan of correction was approved by *CM* (Initials) Implemented Not Implemented

88a Floors, walls, ceilings, windows, doors

Requirements

2800.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 3/9/2020 at 1:15 pm, in resident bedroom 208, observed a hole in the ceiling next to the sprinkler. Tape was placed over the hole.

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 ceiling has been repaired.

Staff were re-educated on 7/8/20 (see attached) to complete a work order for items that need to be repaired.

The Maintenance and Administrator will spot check rooms to weekly and receive resident feedback during resident council, to ensure compliance is maintained.

Legal Entity Representative

Michelle Adams
Signature

Michelle Adams / Adm
Printed Name and Title
8/18/20
Date

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1/13/2021
(Date)

Plan of correction implementation status as of

(Date)

Implemented

Not Implemented

The above plan of correction was approved by

CM
(Initials)

95 Furniture & Equipment

Requirements

2800.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 3/9/2020 at 1:15 pm, in resident bedroom 208, observed the light fixture in the ceiling covered the glass of the light fixture in plastic taped with scotch tape. The light fixture was inoperable.

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 light fixture has been repaired.

Staff were re-educated on 7/8/20 (see attached) to complete a work order for items that need to be repaired.

The Maintenance and Administrator will spot check rooms to weekly and receive resident feedback during resident council, to ensure compliance is maintained.

Legal Entity Representative

Michele Adams
Signature

Michele Adams / Adm 8/18/20
Printed Name and Title Date

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The above plan of correction was approved by CM Implemented Not Implemented (Initials)

103e Leftovers

Requirements

2800.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was an unlabeled, undated container of potato salad in the refrigerator located in the kitchen.

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 were re-educated on 3/30/20 (see attached) on 2800.103e.

The Food Service Director and Administrator will ensure compliance throughout the workday.

Legal Entity Representative

Michelle Adams
Signature

Michelle Adams / Adm *8/18/20*
Printed Name and Title Date

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1/13/2021
(Date)

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The above plan of correction was approved by

CM
(Initials)

Implemented

Not Implemented

103f Fridge/Freezer Temps

Requirements

2800.

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 3/9/20 at 12:12 P.M., an open container of applesauce was observed in the second floor medication cart. The applesauce was not refrigerated and was dated as being opened on 3/8/20.

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 will be educated on 2800.103.f by 8/31/20.

The Nursing Director and Administrator will spot check during the workday to ensure compliance is maintained.

Legal Entity Representative

Michele Adams
Signature

Michele Adams / Adm
Printed Name and Title

8/18/20
Date

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(Date) (Date)

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(Initials) Not Implemented

103i Outdated food

Requirements

2800.

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

Description of Violation

There was an opened jar of chocolate frosting in the kitchen that expired December 2019. There was no open date on the jar of frosting.

There were six packages of English Muffins in the dry storage that expired February 2020.

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 food was immediately discarded.

The staff will be educated on 2800.103.i by 8/31/20.

The Food Service Director and Administrator will spot check during the workday to ensure compliance is maintained.

Legal Entity Representative

Michelle Adams

Signature

Michelle Adams / Adm

Printed Name and Title

8/11/20

Date

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1/13/2021
(Date)

Plan of correction implementation status as of

(Date)

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CM
(Initials)

Implemented

Not Implemented

121a Unobstructed egress

Requirements

2800.

121.a. Stairways, hallways, doorways, passageways and egress routes from living units and from the building must be unlocked and unobstructed.

Description of Violation

On 2/26/2020 at 12:00 P.M., the exit door was locked and the doorknob handle was not present on the door which blocked egress from the residence's fire place lounge .

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 door has been repaired.

Maintenance Director and Administrator will ensure compliance is maintained during daily rounds.

Legal Entity Representative

Michelle Adams
Signature

Michelle Adams / Adm 8/18/20
Printed Name and Title Date

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(Date) (Date)

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(Initials) Not Implemented

141a Medical evaluation

Requirements

2800.

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

- 11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.

Description of Violation

The medical evaluation for Resident # 6 dated 3/11/19 indicates Resident has not had a [redacted] since 10/10/16.

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 received [redacted] on 8/13/20 (see attached).

An audit will be completed by 8/31/20.

The Nursing Director and Administrator will use audit to ensure compliance is maintained.

Legal Entity Representative

Michelle Adams
Signature

Michelle Adams / Adm 8/18/20
Printed Name and Title Date

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(Initials)

141b1 Annual medical evaluation

Requirements

2800.

141.b. A resident shall have a medical evaluation:

- 1. At least annually.

Description of Violation

Resident # 5's most recent medical evaluation was completed on 2/20/2020. The medical evaluation completed on 2/20/2020 was not completed by a physician. The second page of the medical evaluation is photocopied and the Physician's name is spelled incorrectly. The second page of the medical evaluation for 2/20/2020 matches the second page exactly for Resident # 5's medical evaluations dated: 2/20/17, 2/20/18, and 2/20/19.

Resident #6's most recent medical evaluation was completed on 3/11/2019. The medical evaluation completed on 3/11/2019 was not completed by a physician. The second page of the medical evaluation is photocopied and the Physician's name is spelled incorrectly. Resident # 6 stated that Resident # 6 would never see this physician.

Resident # 7's most recent medical evaluation was completed on 2/20/2020. The medical evaluation completed on 2/20/2020 was not completed by a physician. The second page of the medical evaluation is photocopied and the Physician's name is spelled incorrectly. The second page of the medical evaluation for 2/20/2020 matches the second page exactly for Resident # 6's medical evaluations dated: 2/9/17, 2/9/18, and 1/7/19.

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 numbers 5, 6 and 7 DME was completed (see attached).

An audit will be completed by 8/31/20, which will allow us to create a tickler file.

The Administrator and/or designee will confirm completion via tickler. This will ensure compliance is maintained. DPOC: Immediately, all forms containing a physician signature that is pre-signed by he physician will be destroyed. The administrator will review a sample of DMEs weekly to ensure the pre-signed forms are not being used. New evaluations will be completed for residents #5, #6, and #7. 1/13/2021

Legal Entity Representative

Michele Adams
Signature

Michele Adams / ADM 8/18/20
Printed Name and Title Date

CM

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- Implemented
- Not Implemented

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

162c Menus - posted

Requirements

2800.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

on 2/26/20 at 12:20 P.M., the weekly menu was not posted in a conspicuous and public place.

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.)

Menus are posted as required for 2800.162c.

Food Service Director and/or Administrator will ensure compliance is maintained during daily walkthroughs.

Legal Entity Representative

Michelle Adams

Signature

Michelle Adams / Adm 8/18/20

Printed Name and Title

Date

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(Date)

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(Date)

Implemented

Not Implemented

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

171d1 Init. pick-up time 15 min.

Requirements

2800.

171.d.1. The residence shall schedule a pick-up time to transport the resident to the medical or social appointment. The residence shall make every reasonable effort to pick-up the resident within 15 minutes before or after the scheduled pick-up time.

Description of Violation

On 2/26/2020, Resident # 8 had a scheduled pick-up time of 10:00 A.M. to transport the resident to a medical appointment; however, the residence did not pick up the resident. Resident # 8, had refused the ride when it was late and was still in the lobby at 10:23 A.M.

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.)

Future appointments will be scheduled to allow sufficient time, so that the Home can adhere to 2800171.d.

The receptionist will notify nursing and/or family members if an appointment needs to be rescheduled to allow for sufficient time.

DPOC: Immediately, the administrator will review resident appointment/transportation logs and interview at least one resident per week to ensure that residents are being transported to appointments timely.

1/13/2021 *CM*

Legal Entity Representative

Michele Adams
Signature

Michele Adams / Adv *1/13/21*
Printed Name and Title Date

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(Date) (Date)

The above plan of correction was approved by *CM* Implemented
(Initials) Not Implemented

183b Medications and syringes locked

Requirements

2800.

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 living unit.

Description of Violation

On 3/6/2020, at 3:31 P.M., Resident # 9's [redacted] was unlocked, unattended, and accessible in the wellness office.

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 wellness office lock was changed to an auto lock.

The Administrator and/or designee will conduct periodic checks to ensure wellness door is locked.

Legal Entity Representative

Michelle Adams

Signature

Michelle Adams / Adm 8/18/20

Printed Name and Title

Date

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(Date)

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(Date)

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(Initials)

- Implemented
- Not Implemented

183d Current medications

Requirements

2800.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the residence.

Description of Violation

On 3/9/2020, [redacted] prescribed for Resident # 1 was in the first floor medication cart. The medication was discontinued on 2/14/2020.

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.)

Medication cart audit will be completed by 8/31/20 to ensure compliance with 2800.183.d.

The Medication Administrators will be re-educated to remove any discontinued medications.

The Administrator and/or Designee will check medication carts weekly times four weeks and then monthly, beginning 10/1/20 to ensure compliance is maintained.

Legal Entity Representative

Michelle Adams

Signature

Michelle Adams/Adm

Printed Name and Title

8/13/20

Date

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1/13/2021
(Date)

Plan of correction implementation status as of

(Date)

The above plan of correction was approved by

CM
(Initials)

Implemented

Not Implemented

183e Storing Medications

Requirements

2800.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 3/9/2020, at approximately 11:20 am, an insulin syringe filled with approximately 10 units of a clear liquid was present in the top drawer of the 1st floor medication cart. The syringe was not labeled with a resident's name, and the date and time the medication was drawn was not indicated.

On 3/9/2020 a bottle of [redacted] belonging to Resident #1 was present in the first floor medication cart. This medication expired 1/2020.

On 3/9/2020, a [redacted] was present belonging to Resident # 9 was present in the second floor medication cart with no open date.

3 1/2 unidentified loose pills were observed in the drawer of the st floor medication cart: 1 small oval peach tablet, 1 small round white tablet, 1/2 of a small white round tablet, and 1 small round peach tablet.

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.)

Medication cart audit will be completed by 8/31/20 to ensure compliance with 2800.183.e.

The Medication Administrators will be re-educated to ensure that medication is stored per regulation 2800.183.e

The Administrator and/or Designee will check medication carts weekly times four weeks and then monthly, beginning 10/1/20 to ensure compliance is maintained.

Legal En

Michelle Adams
Signature

Michelle Adams / Adm 8/18/20
Printed Name and Title Date

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The above plan of correction was approved by CM (Initials) Implemented Not Implemented

184a Labeling

Requirements

2800.

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

Description of Violation

Resident # 1's medication orders for [redacted] indicates "take one by mouth twice daily". Pharmacy label on the medication blister package reads [redacted] "take one by mouth once daily". There is no indication on the label that the orders had changed.

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.)

Medication cart audit will be completed by 8/31/20 to ensure compliance with 2800.184.a.

The Medication Administrators will be re-educated to ensure that medication is stored per regulation 2800.184.a

The Administrator and/or Designee will check medication carts weekly times four weeks and then monthly, beginning 10/1/20 to ensure compliance is maintained.

Legal Entity Representative

Michele Adams

Signature

Michele Adams / Adm

Printed Name and Title

8/18/20

Date

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(Date)

Implemented

Not Implemented

The above plan of correction was approved by

CM
(Initials)

184b Resident meds labeled

Requirements

2800.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 3/6/2020, a package of [redacted] and [redacted] belonging to Resident # 10 found was present in the 3rd floor medication cart and was not labeled with the resident's name.

On 3/9/2020, clopidogrel 75mg, present in the 2nd floor medication cart without a resident's name on the label.

On 3/9/2020, Fish Oil 1000mg capsules, Vitamin D3 2000unit tablets, Acetaminophen 325mg tablets, Vitamin B12 tablets, and Melatonin 3mg tablets were present on the first floor medication cart without a resident's name.

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.)

Medication cart audit will be completed by 8/31/20 to ensure compliance with 2800.184.b.

The Medication Administrators will be re-educated to ensure that medication is stored per regulation 2800.184.b.

The Administrator and/or Designee will check medication carts weekly times four weeks and then monthly, beginning 10/1/20 to ensure compliance is maintained.

Legal Entity Representative

Michele Adams

Signature

Michele Adams / ADM

Printed Name and Title

8/18/20

Date

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(Date)

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(Initials)

- Implemented
- Not Implemented

185a Storage procedures

Requirements

2800.

185.a. The residence 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 # 1 is prescribed [redacted] as needed. On 3/9/2020, this medication was not available.

Resident #4 is prescribed [redacted] on Mondays and Thursdays at 9 :00 A.M. and 5:00 P.M. On Monday, 3/2/20 at 5:00 P.M., here was no reading [redacted] The medication administration record (MAR) recorded an [redacted]

On 3/5/2020 at 9:00 A.M., an [redacted] was recorded on Resident #4's MAR. However, the [redacted] shows a reading at 10:35 A.M. of [redacted]

On 3/5/2020 at 5:00 P.M., Resident #4's [redacted] showed a reading of [redacted] However, this reading was not recorded on the resident's MAR.

Resident # 11's glucometer was not set to the correct date and time on 3/6/2020.

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 were re-educated on 3/27/0 to ensure glucometers are properly calibrated (see attached).

The Administrator and/or Nursing Director will spot check monthly to ensure compliance is maintained.

DPOC: Immediately, the administrator or nursing director will conduct weekly audits of glucometers and corresponding documentation to ensure that glucometer readings are recorded accurately. 1/13/2021 CM

Legal Entity Representative

Michele Adams

Signature

Michele Adams / Adm

Printed Name and Title

8/18/20

Date

185a Storage procedures (continued)

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(Date) (Date)

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(Initials) Not Implemented

Michelle Adams
8/18/20

185b Medication procedures

Requirements

2800.

185.b. At a minimum, the procedures must include:

Description of Violation

Resident # 12 is prescribed [redacted] one tablet by mouth every 6 hours as needed for [redacted] Medication was filled and received from the pharmacy on 12/11/19 in two blister packages for a total of 120 tablets. 5 tablets of [redacted] were administered from blister card 1 of 2. 3/12/2020 55 tablets of [redacted] were destroyed by water from blister card 1 of 2 in water. Blister card 2 of 2 with tablets 61 through 120 are not present on the cart and there is no documentation of the destruction of blister card 2 of 2 containing tablets 61 through 120.

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 Home had a drug diversion incident which is being handled by Springfield Police Department.

The Administrator and Nursing Director will ensure narcotic destruction policy is followed.

The Administrator and/or Nursing Director will spot check to ensure compliance is maintained.

DPOC: Within 30 days of receipt of the plan of correction: The administrator will review and update if necessary the home's procedures for the safe storage, access, security, distribution and use of medications, including the procedures for medication accountability. All staff persons qualified to administer medications will be reeducated on the home's policy and procedures. Documentation of education shall be kept. A count all of all narcotics and controlled substances will be conducted by the administrator weekly. The count will include that all narcotics are properly stored in the labeled container from the pharmacy for the resident that the medication is prescribed. Documentation will be kept. The administrator or designated staff person will monitor the destruction of controlled substances/medications at least monthly to ensure the home's policy and procedures are followed.

Legal Entity Representative

1/13/2021 CM

Michele Adams
Signature

Michele Adams / Adm 8/18/20
Printed Name and Title Date

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(Date)

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- Not Implemented

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

187a Medication record

Requirements

2800.

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

Description of Violation

Resident # 1 has [redacted] and [redacted] present on the 1st floor medication cart. Resident # 1's Medication Administration Record does not list these medications.

Resident # 13's Medication Administration record does not list the diagnosis and purpose of the following medications: [redacted] and [redacted]

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 #7 no longer resides at the Home.

Resident #13 Medication Record has been updated.

Staff were re-educated on regulation 2800.187a on 3/27/20 (see attached).

The Nursing Director and/or Administrator will spot check monthly to ensure compliance is maintained.

DPOC: Immediately: A staff person qualified to administer medications will review all current resident MARs to ensure all required information specified in regulation 2600.187(a) is present on each MAR, including the proper documentation of medication administration, medication refusals, medications not available for administration and a purpose or diagnosis for each medication. 11/13/2021 CM
Legal Entity Representative

Michelle Adams
Signature

Michelle Adams / Adv 8/19/20
Printed Name and Title Date

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1/13/2021
(Date)

Plan of correction implementation status as of

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CM
(Initials)

- Implemented
- Not Implemented

187b Date/time of med admin

Requirements

2800.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #14 was administered

[Redacted]

at 9:00 A.M. The staff person did not sign the medication administration record that these medications were administered.

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 #1 no longer resides at the Home.

Staff will be re-educated on regulation 2800.187.b by 8/31/20.

The Nursing Director and/or Administrator will spot check monthly to ensure compliance is maintained.

DPOC: Immediately - The administrator or designee qualified to administer medications will complete an initial audit of all resident MARs to ensure all prescribed medications are available, administered as prescribed, and the administration of the medication is documented on the MARs in accordance with regulation 2600.187(b).

Immediately: The administrator or designee qualified to administer medications will review all resident MARs at least weekly and observe at least two medication passes of each staff person qualified to administer medications for two months to ensure the proper documentation of medication administration at the time of administration. Documentation of reviews shall be kept.

1/13/2021 *CM*

Legal Entity Representative

Michelle Adams

Signature

Michelle Adams / Adm

Printed Name and Title

8/18/20

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(Date)

Plan of correction implementation status as of _____ (Date)

Implemented

Not Implemented

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(Initials)

187c Refusal to take medication

Requirements

2800.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On 3/1/2020 and 3/3/2020 Resident # 11 refused to take a scheduled dose of all medications. The residence signed that medication administration record that all medications were administered on 3/1/2020 and 3/3/2020 but on the back of the medication administration record recorded all of the medications were refused.

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 will be re-educated on regulation 2800.187.c. by 8/31/20.

The Nursing Director and/or Administrator will spot check monthly to ensure compliance is maintained.

DPOC: The administrator or designated staff person will conduct a weekly audit of the MAR to ensure all resident medication refusals are documented accurately and the required procedures are followed. 1/13/2021 *CM*

Legal Entity Representative

Michele Adams
Signature

Michele Adams / Adm 8/18/20
Printed Name and Title Date

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(Date) (Date)

The above plan of correction was approved by *CM* Implemented
(Initials) Not Implemented

187d Follow prescriber's orders

Requirements

2800.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident # 1 is prescribed to have [redacted] twice daily for 7 days starting 2/27/2020. However, [redacted] readings were not taken on 3/4/2020.

Resident # 4 was ordered to have [redacted] completed twice daily on Mondays and Thursdays at 9:00 A.M. and 5:00 P.M. There is no documentation that this was completed on 3/9/20 at 9:00 A.M.

Resident #10 was prescribed [redacted] take one tablet by mouth once daily. On 3/6/2020 this medication was not available.

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 were re-educated on regulation 2800.187.d. on 3/27/20 (see attached).

The Nursing Director and/or Administrator will spot check monthly to ensure compliance is maintained.

DPOC: Immediately, the administrator will develop a system for tracking blood glucose levels and insulin administration for any resident who is insulin-dependent. This system will include proper documentation of blood glucose levels taken prior to administration of insulin, insulin administration according to physician's order and following a sliding scale, and recording the dose of insulin administered. 1/13/2021 CM

Legal Entity Representative CM

Michele Adams
Signature

Michele Adams / Adm 8/18/20
Printed Name and Title Date

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(Date) (Date)

- Implemented
- Not Implemented

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

190a Completion of course—meds

Requirements

2800.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Member D's medication administration training expired 1/23/2020. This staff member worked on 2/14/2020, 2/15/2020, 2/16/2020, 2/18/2020, 2/21/2020, 2/23/2020, and 2/26/2020 and passed medications to residents.

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 member D is no longer employed at The Home.

The Nursing Director and/or Administrator will ensure that medication administrators meet the criteria of 2800.190.a.

DPOC: Immediately: Only staff persons who have met the requirements of regulation 2600.190(a) shall be permitted to administer medications and the required documentation of training is in the staff person's record. If no staff persons in the home are qualified to administer medications, the administrator shall arrange for medication administration by an outside agency or person whom meets the requirements of regulation 2600.182(b). Documentation of qualifications of any person administering medications in the home shall be kept.

Immediately - The administrator shall review all staff person training records to ensure all staff persons administering medications are qualified to administer medications in accordance with regulation 2600.190(a) and the documentation is present in the staff person's record. 1/13/2021

Legal Entity Representative

Michelle Adams

Signature

Michelle Adams / Adm

Printed Name and Title

2/18/20

Date

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(Date)

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(Date)

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

Implemented
 Not Implemented

202 Prohibitions

Requirements

2800.

202. The following procedures are prohibited:

- 4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.

Description of Violation

Resident # 15 is prescribed [redacted] According to staff communication log, on 2/21/2020 at 10:30 P.M. [redacted] was administered to Resident # 15 to [redacted] The [redacted] noted were that the resident was [redacted]

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 #15 [redacted] was corrected to administer for [redacted]

The Medication Technicians will be re-educated on 2800.202 by 8/31/20.

The Nursing Director and/or Administrator will review medication records weekly for 4 weeks then monthly, beginning 10/1/20 to ensure compliance is maintained.

DPOC: Immediately, the administrator or designee will contact Resident #15's physician for specific orders as to the administration of medication for medical purposes in accordance with 2600.202.

Immediately: The administrator or designee will conduct weekly audits of Resident #15's MAR to verify that administration of medication is in accordance with physician orders.

Within 30 days of the receipt of the Plan of Correction, All staff persons will receive training related to the provision of services to people with mental illness including behavioral management and positive behavioral modification techniques from a professional trainer or mental health professional approved by the Department. Documentation of education will be kept. 1/13/2021

Legal Entity Representative

Michelle Adams
Signature

Michelle Adams / Adm
Printed Name and Title

8/18/20
Date

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- Implemented
- Not Implemented

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

225a1 Assessment – annually

Requirements

2800.

225.a.1. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department’s assessment form. Additional written assessments shall be completed as follows: Annually.

Description of Violation

Resident # 3’s most recent assessment was completed on 1/16/2020. The resident’s previous assessment was completed on 12/27/18.

Resident # 5's most recent assessment was completed on 12/10/18. The resident does not have an assessment completed for 2019.

Resident #7's most recent assessment was completed on 1/11/2019. The resident does not have an assessment completed for 2020.

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 #3 no longer resides at The Home.

Resident #5 and #7 assessments were completed on 3/4/20 (see attached).

An audit of assessments will be completed by 8/31/20.

The Administrator and/or designee will review audit monthly and ensure compliance is maintained.

See attached:

Legal Entity Representative

Michelle Adams

Signature

Michelle Adams / Adm

Printed Name and Title

3/4/20

Date

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Plan of correction implementation status as of _____
(Date)

The above plan of correction was approved by CM
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Implemented
 Not Implemented

DPOC: Immediately: The administrator or designee will review all resident medical evaluations, assessments and support plans to ensure proper documentation of all resident diagnoses, needs, care and services including behavioral problems, exit seeking behaviors and the proper level of supervision to protect each resident. The review will include a determination if the home can meet the needs of each resident based on the resident's diagnosis, needs and the care and services the home is capable of providing. Any inaccurate assessments will be immediately updated. If there is a determination that the home cannot meet the needs of any resident, the resident will be discharged in accordance with regulation 2600.228.

1/13/2021 *CM*

227c Final support plan - revision

Requirements

2800.

227.c. The final support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment. The residence shall review each resident's final support plan on a quarterly basis and modify as necessary to meet the resident's needs.

Description of Violation

Human Services Licensing Representatives interviewed Resident # 4 on 3/9/2020 and Resident # 4 reported needing assistance with getting dressed and assistance with showering. Staff had not assisted resident until 4:00 P.M. and was wearing night dress from the night before. Staff Member B reported that Resident # 4 does need assistance with dressing and bathing. Staff Member B reported 1st shift staff does not always remember to provide that assistance. Resident # 4's support plan from 3/18/19 does not indicate Resident # 4 has a need for assistance with dressing and showering.

Resident # 5's support plan has not been reviewed on a quarterly basis, the last review was completed on 3/10/19 and 6/10/19.

Resident #6's support plan has not been reviewed on a quarterly basis, the last review was completed on 3/2/19 and 6/2/19.

Resident #8's support plan has not been reviewed on a quarterly basis, the last review was completed on 5/14/19 and 8/14/19.

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

Resident # 4 support plan was updated to reflect [redacted] current needs.

Resident #6 support plan was updated on 7/28/20 (see attached).

Resident #5 support plan was updated on 6/15/20 (see attached).

Resident #8 support plan was updated 8/11/20 (see attached).

An audit of assessments will be completed by 8/31/20.

The Administrator and/or designee will review audit monthly and ensure compliance is maintained.

See attached

Legal Ent

Michelle Adams

Signature

Michelle Adams /ADM

Printed Name and Title

8/18/20

Date

DPOC: Within 30 days of the receipt of the Plan of Correction, all staff persons involved with the completion of support plans will be educated on the proper completion of support plans including the required signature of persons involved with the development of support plans. Documentation of education will be kept. 1/13/2021 *CM*

227c Final support plan - revision (continued)

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The above plan of correction is approved as of 1/13/2021 Plan of correction implementation status as of _____
(Date) (Date)

The above plan of correction was approved by CM Implemented
(Initials) Not Implemented

Christine Adams 8/18/20

227g Support plan - signatures

Requirements

2800.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Staff Member E was the assessor who completed Resident # 6's support plan dated 3/2/19. Staff Member E did not sign the support plan.

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 Member E is no longer employed at The Home.

An audit of assessments will be completed by 8/31/20.

The Administrator and/or designee will review audit monthly and ensure compliance is maintained.

DPOC: Within 30 days of the receipt of the Plan of Correction, all staff persons involved with the completion of support plans will be educated on the proper completion of support plans including the required signature of persons involved with the development of support plans. Documentation of education will be kept. 1/13/2021 *CM*

Legal Entity Representative

Michele Adams

Signature

Michele Adams / Adm

Printed Name and Title

8/15/20

Date

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The above plan of correction is approved as of

1/13/2021
(Date)

Plan of correction implementation status as of

(Date)

The above plan of correction was approved by

CM
(Initials)

- Implemented
- Not Implemented