pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing date: May 27, 2022

[redacted]
[redacted]
Wyndmoor Assisted Living Company, LLC
551 East Evergreen Avenue
Wyndmoor, Pennsylvania 19038

RE: Springfield Senior Living Community
License #: 144840

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing (Department), licensing inspections on August 5, 2021 and March 18, 2022, we have found the above facility to be in compliance with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

Jamie L. Buchenauer

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *SPRINGFIELD SENIOR LIVING COMMUNITY* **License #**: *14484* **License Expiration**: *09/09/2021*

Address: *551 EAST EVERGREEN AVENUE, WYNDMOOR, PA 19038*

County: *MONTGOMERY* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: *2152336300* **Email**: [redacted]

Legal Entity

Name: *WYNDMOOR ASSISTED LIVING COMPANY LLC*

Address: *551 EAST EVERGREEN AVENUE, WYNDMOOR, PA, 19038*

Phone: *2152336300* **Email**: [redacted]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *37* **Waking Staff**: *28*

Inspection Information

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

Reason: *Renewal, Provisional* **Exit Conference Date**: *08/05/2021*

Inspection Dates and Department Representative

08/05/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *103* **Residents Served**: *35*

Special Care Unit

In Home: *Yes* **Area**: *3rd Floor* **Capacity**: *34* **Residents Served**: *10*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *34*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *21*

Have Mobility Need: *2* **Have Physical Disability**: *0*

Inspections / Reviews

08/05/2021 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/23/2021*

Inspections / Reviews *(continued)*

08/24/2021 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *09/06/2021*

05/11/2022 - Document Submission

Reviewer: [redacted] **Follow-Up Type**: *Not Required*

60a Staffing/support plan needs

1. Requirements

2800.
60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan. Residence staff or service providers who provide services to the residents in the residence shall meet the applicable professional licensure requirements.

Description of Violation

On multiple undocumented dates, resident # 1 and resident #2 report that they did not receive a response to a call bell/pendant activation. The residents report that they then have to call the front desk to ask a staff person to come to their room for assistance from care aides. According to resident interviews, these services could not be provided due to lack of available direct care staffing in the residence. Call bell alarms are stationed throughout the home but at times there are not enough staff present to monitor the call bell light boards to provide timely assistance.

Plan of Correction ***Directed***

The Home continues to advertise on Indeed for PCA position. The Home works with sister communities to cover staff call-outs and vacations. The Administrator will remind residents, at the September Resident Council meeting, to report if they feel their call bell has not been answered timely, so this can be investigated and resolved. The Administrator and/or designee will interview random residents monthly during to ensure that call bells are answered timely.

DPOC - SP - 08-24-2021

Within 10 days receipt of POC, Administrator will review all resident assessment and support plans to ensure proper staffing is provided to meet all residents needs and provide services in accordance with regulation 2800.60a. Staffing schedules will be maintained by home and made available for Department review.

Completion Date:

Document Submission ***Implemented***

See attached

60c Housekeeping/maintenance

1. Requirements

2800.
60.c. Additional staff hours, or contractual hours, shall be provided as necessary to meet the transportation, laundry, food service, housekeeping and maintenance needs of the residents.

Description of Violation

On 8/5/21, during the lunch period, there was only one server and one cook on staff. According to staff and resident interviews, the meal service was not provided timely due to a lack of staff to complete the task.

Plan of Correction ***Directed***

Currently, thirteen residents eat in the dining room. The Assistant Food Service and Marketing Director completed the direct care course. This will allow ancillary staff to assist with meal service. The Home also has an employment ad posted for dietary staff. The Administrator and/or designee will monitor and speak with residents weekly for 3 months during meal service to ensure timely service.

DPOC - SP - 08-24-2021
Within 10 days receipt of POC, Administrator will review staff schedules and determine if additional housekeeping and maintenance hours are necessary to meet the transportation, laundry, food service, housekeeping and

60c Housekeeping/maintenance (continued)

maintenance needs of the residents. Staffing schedules will be maintained by home and made available for Department review.

Completion Date:

Document Submission ***Implemented***

See attached

82c Locked poisons

1. Requirements

2800.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the residence are able to safely use or avoid poisonous materials.

Description of Violation

On 8/5/21 a bottle of Clorox Urine Remover with a manufacture's label indicating "If swallowed call a doctor or poison control center", and a bottle of Sienna cleaner and disinfectant with a manufacture's label indicating "If swallowed call a doctor or poison control center immediately for treatment advice", were unlocked, unattended, and accessible to residents in the memory care hallway closet. Not all the residents of the residence, including residents of the memory care unit, have been assessed capable of recognizing and using poisons safely.

Plan of Correction ***Accept***

The items were immediately removed. A new auto closing key pad lock was placed on the door (attachment #1). The staff will be re-educated by 8/31/21 to make sure door is locked at all times. The Administrator and/or designee will ensure the door is locked during daily rounds.

Completion Date: *08/31/2021*

Document Submission ***Implemented***

See attached

85d Trash cans – kitchen/bath

1. 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 8/5/21, at approximately 2;00pm, there was a uncovered, unattended trash can in the main kitchen area.

Plan of Correction ***Accept***

A new trash can lid was ordered (attachment #2). The dining staff will be re-educated by 8/31/21 to ensure the trash can is covered at all times. The Food Service Director and/or Administrator will monitor for compliance throughout the workday.

Completion Date: *08/31/2021*

Document Submission ***Implemented***

See attached

88a Floors, walls, ceilings, windows, doors

1. Requirements

2800.

88a Floors, walls, ceilings, windows, doors *(continued)*

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

Description of Violation

On 8/5/21 the following was observed in the home:

- *Carpeting in 3rd floor hall there are several areas where dust and what appears to be dry wall debris have collected in corners and along baseboards.*
- *In the 2nd Floor hallway, the wall outside of room C208 is stained with dried drips of liquid/water stains, some appearing rusty in color.*
- *There are several stained ceiling tiles outside of the linen closet across from room B 213.*
- *First Floor hallway across from the Recreation Hall, there is a piece of floor tile that is peeling up and creating a tripping hazard.*

Plan of Correction ***Accept***

The Maintenance and Housekeeping Teams are working to correct by 9/15/21. The Administrator, Maintenance and Housekeeping Director will monitor floors, walls, ceilings, windows, doors and other surfaces during the workday. The staff will be educated by 8/31/21 to report areas that need to be repaired to the administrator and/or maintenance.

Completion Date: *09/15/2021*

Document Submission ***Implemented***

See attached

90b Staff commnication

1. Requirements

2800.

90.b. For a residence serving nine or more residents, there shall be a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.

Description of Violation

The residence does not have a system of communication that allows staff in different parts of the residence to communicate with each other in an emergency.

Plan of Correction ***Accept***

Two way radios were purchased for The Home (attachment #3). The wellness, housekeeping, maintenance and administrator will use throughout their workday. To ensure compliance, the administrator and/or designee will monitor employees throughout the day to ensure they are carrying their radio.

Completion Date: *08/16/2021*

Document Submission ***Implemented***

See attached

95 Furniture & Equipment

1. Requirements

2800.

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

Description of Violation

On 8/5/21 the sink in the 2nd bathroom in the 1st floor hallway appears to be pulling away from the wall and the walls surrounding the sink and vanity are in need of repair of wall paper and paint.

95 Furniture & Equipment (continued)

The home has a motion activated automatic sliding door that permits entrance and exit to the back courtyard and smoking area. On 8/5/21 at several times throughout the day, the sensor to the door malfunctioned when residents/guests attempted to re-enter the building from the courtyard. The doors would not slide open automatically from outside until someone inside the lobby area walked near the doorway. Residents/Guests had to knock or bang on the door to get someone's attention to be let back into the building.

Plan of Correction ***Accept***

The sink in the employee bathroom will be repaired by 8/30/21. The door was repaired on 8/13/21 (attachment 4). A door bell was also placed in the event the door would not open (attachment #5).

Completion Date: *08/30/2021*

Document Submission ***Implemented***

See attached

105g Dryer lint removal

1. Requirements

2800.
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 8/5/21, there was an approximate 1/4 inch accumulation of lint in the lint trap of the 3rd dryer. There were no clothes in the dryer at the time.

Plan of Correction ***Accept***

The dryer is coin operated and located in our Adult Care, and used by Adult Day Care Staff (attachment #8). The Adult Day Care Staff will be re-educated by 8/31/21 to check dryers for lint daily.

Completion Date: *08/31/2021*

Document Submission ***Implemented***

See attached

107d Procedure EMA submission

1. Requirements

2800.
107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The residence's written emergency procedures have not been submitted to the local management agency since 2019.

Plan of Correction ***Accept***

The Emergency Plan was sent to The Township on 8/9/2021 (attachment #9). The Administrator set a digital reminder to resubmit annually. The Administrator will also resubmit if changes occur.

Completion Date: *08/09/2021*

Document Submission ***Implemented***

See attached

144d Smoking outside

1. Requirements

2800.
144.d. Smoking outside of the smoking room is prohibited.

Description of Violation

On 8/5/21, resident #2 and resident #4 were smoking in their individual rooms which is not the residence's designated smoking area. The residence's designated smoking area is in the courtyard at the back of the home.

Plan of Correction ***Accept***

On 8/6/2021 the residents and POA's were given letters informing them that if signs of smoking were noted in their room, they would be given a 30 day discharge notice (attachments #10 and #11). Additional smoke detectors were also placed in their apartments. The Administrator and/or designee will personally check apartments throughout the workday to ensure there are no signs of smoking.

Completion Date: *08/06/2021*

Document Submission ***Implemented***

See attached

185a Storage procedures

1. 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 #5 has an order for Bisacodyl Suppositories- insert one suppository rectally as needed for constipation. This medication is not present or available in the home on 8/5/21.

Plan of Correction ***Accept***

The suppository for resident #5 was discontinued on 4/1/21 (attachment 12). The MD and POA were notified of the documentation error. To ensure compliance the nursing director and/or designee will complete a second check on new MD orders to ensure accuracy for the next 3 months.

Completion Date: *11/18/2021*

Document Submission ***Implemented***

See attached

233c Key-locking devices

1. Requirements

2800.
233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the residence's locking mechanism are not conspicuously posted near the emergency exits in the special care unit.

Plan of Correction ***Accept***

The directions for the key pad were posted (attachment #18 and #19). The Administrator and/or designee will ensure posting is not removed throughout normal work day.

Completion Date: *08/06/2021*

233c Key-locking devices *(continued)*

Document Submission ***Implemented***

See attached

237a Activities

1. Requirements

2800.
237.a. The following types of activities shall be offered at least weekly to residents of a special care unit for residents with Alzheimer's disease or dementia:

1. Gross motor activities, such as dancing, stretching and other exercise.
2. Self-care activities, such as personal hygiene.
3. Social activities, such as games, music and holiday and seasonal celebrations.
4. Crafts, such as sewing, decorations and pictures.
5. Sensory and memory enhancement activities, such as review of current events, movies, story telling, picture albums, cooking, pet therapy and reminiscing.
6. Outdoor activities, as weather permits, such as walking, gardening and field trips.

Description of Violation

There is no posted activity calendar in the specialty care unit of the home on 8/5/21. Inspectors are unable to verify that the required types of activities are being offered as planned.

Plan of Correction ***Accept***

The calendar was removed due to the area being painted. The calendar was posted (attachment #20). The Activity Staff and/or Administrator will ensure calendar is posted monthly. The Administrator and/or designee will also verify compliance during throughout the workday.

Completion Date: *08/19/2021*

Document Submission ***Implemented***

See attached

251b Record entries - legible

1. Requirements

2800.
251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used on resident #5's medication administrator record for August 2021.

Plan of Correction ***Accept***

The Wellness staff were re-educated on 8/18/21 on the protocol of not using white out on the MAR or any page of the resident record. The nursing director and/or designee will complete monthly MAR checks for 3 months to ensure compliance.

Completion Date: *11/18/2021*

Document Submission ***Implemented***

See attached

101j7 Lighting/operable lamp

1. Requirements

2800.

101j7 Lighting/operable lamp *(continued)*

101.j. Each resident shall have the following in the living unit:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #3 does not have access to a source of light that can be turned on/off at bedside.

Repeat Violation date: 6/11/21

Plan of Correction ***Accept***

The bedside table was moved away from the bed, when the resident was receiving care. The wellness staff will be re-educated by 8/31/21 to make sure that residents can access their lamp from the bedside. To ensure compliance, a push light and shelf was installed (see attachment #6). The Administrator and/or designee will complete Room checks monthly to maintain compliance (attachment #7).

Completion Date: *08/31/2021*

Document Submission ***Implemented***

See attached

183b Medications and syringes locked

1. 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 8/5/21, at 10:00am, a cans of Ensure Powder Mix were unlocked, unattended, and accessible in the hallway storage area in the special care unit.

Repeat Violation Date: 6/11/21

Plan of Correction ***Accept***

The ensure was immediately removed. A new auto closing key pad lock was placed on the door (attachment #1). The staff will be re-educated by 8/31/21 to make sure door is locked at all times. The Administrator and/or designee will ensure the door is locked during daily rounds. (attachment #1).

Completion Date: *08/31/2021*

Document Submission ***Implemented***

See attached

184b Resident meds labeled

1. 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 8/5/21, a container of Ensure powdered mix was in the memory care hallway storage area and was not labeled with a resident's name.

Repeat Violation date: 6/11/21

184b Resident meds labeled *(continued)*

Plan of Correction ***Accept***

The ensure was immediately removed. A new auto closing key pad lock was placed on the door (attachment #1). The staff will be re-educated by 8/31/21 to make sure door is locked at all times, and no OTC medications are stored without the resident name. The Administrator and/or designee will ensure the door is locked during daily rounds. (attachment #1).

Completion Date: *08/31/2021*

Document Submission ***Implemented***

See attached

187d Follow prescriber's orders

1. Requirements

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

Description of Violation

Resident #6 is prescribed Amlodipine 10mg one by mouth daily. This medication was not available in the residence on 8/5/21.

Resident #6 is prescribed Insulin ASPA Inj FlexPen (Novolog FlexPen)- inject 6 units subcutaneously with meals. This medication was not available in the residence on 8/5/21.

Repeat Violation date: 6/11/21

Plan of Correction ***Accept***

Resident #6 was given [redacted] last Amlodipine at 9am on 8/5/2021 (attachment # 13). Resident received [redacted] doses from our pyxis system (attachment #141nd #15). The resident receives [redacted] medication from the VA, and some time it is not received timely. The Resident has a vial of Novolog which was in the medication cart (attachment #16). The MD order was written for either the vial (supplied by the VA) or the pen which would be supplied by The Home's pharmacy if the medication was not available from the VA (attachment #17).

Completion Date: *08/17/2021*

Document Submission ***Implemented***

See attached

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

Facility Information

Name: *SPRINGFIELD SENIOR LIVING COMMUNITY* **License #**: *14484* **License Expiration**: *09/09/2021*

Address: *551 EAST EVERGREEN AVENUE, WYNDMOOR, PA 19038*

County: *MONTGOMERY* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: *215-233-6300* **Email**: [redacted]

Legal Entity

Name: *WYNDMOOR ASSISTED LIVING COMPANY LLC*

Address: *551 EAST EVERGREEN AVENUE, WYNDMOOR, PA, 19038*

Phone: *215-233-6300* **Email**: [redacted]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *66* **Waking Staff**: *50*

Inspection Information

Type: *Interim - POC* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Monitoring, Interim* **Exit Conference Date**: *03/18/2022*

Inspection Dates and Department Representative

03/18/2022 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *103* **Residents Served**: *46*

Special Care Unit

In Home: *Yes* **Area**: *3rd floor* **Capacity**: *33* **Residents Served**: *11*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *44*

Diagnosed with Mental Illness: *3* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *20* **Have Physical Disability**: *2*

Inspections / Reviews

03/18/2022 - Interim - POC

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/02/2022*

04/20/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *04/27/2022*

Inspections / Reviews *(continued)*

05/11/2022 - Document Submission

Reviewer: [redacted] **Follow-Up Type**: *Not Required*

63a First Aid/CPR 1:35

1. 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 3/7/22, from 11pm to 7:00am, 46 residents were present in the residence. During this time only 1 staff person was present in the residence who was trained in first aid and certified in obstructed airway techniques and CPR.

On 3/10/22, from 11pm to 7:00am, 46 residents were present in the residence. During this time only 1 staff person was present in the residence who was trained in first aid and certified in obstructed airway techniques and CPR.

Plan of Correction ***Accept***

Why did it happen? All staff persons scheduled on 3/7/22 11p-7a did not have First Aid/CPR training on file.
How do we prevent this from happening again? DON will audit staff First Aid/CPR training records monthly. Audits will be submitted to the Administrator for review.
Timeline/Work Plan: Missing First Aid/CPR trainings will be completed by 04/01/2022.
Completion Date: *04/01/2022*

Document Submission ***Implemented***

Documentation attached.

85a Sanitary conditions

1. Requirements

2800.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 3/18/22, at approximately 11:20am, there was no means of hand-drying in the restroom located inside the activities room in the memory care unit. .

Plan of Correction ***Accept***

Why did it happen? Paper towels were not refilled in this restroom at the time of inspection.
What do we do right now to fix the problem? Housekeeping staff refilled paper towels on 03/18/2022.
How do we prevent this from happening again? Housekeeping staff will confirm daily that paper towels are stocked.
Timeline/Work Plan: Housekeeping staff refilled paper towels on 03/18/2022.
Completion Date: *03/18/2022*

Document Submission ***Implemented***

Documentation attached.

89a Hot/cold water pressure

1. Requirements

2800.
89.a. The residence must have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home.

Description of Violation

On 3/18/22, at approximately 11:30am, the residence did not have sufficient hot water in resident #2s room to bathe or wash hands. As stated by multiple residents during interview, the home has had issues with hot water for multiple weeks

89a Hot/cold water pressure (continued)

and though the water may get to room temperature, it is never hot enough to bathe comfortably. .

Plan of Correction ***Accept***

Why did it happen? The facility's boiler was awaiting repair at the time of inspection.
What do we do right now to fix the problem? Plumbing and Heating company was contacted to schedule repair.
How do we prevent this from happening again? CALA will audit temperature of facility water monthly. Maintenance Director will complete random daily water temperature checks and report any issues to CALA daily.
Timeline/Work Plan: CALA contacted Plumbing and Heating company on 03/02/2022.

Completion Date: *04/07/2022*

Document Submission ***Implemented***

Documentation attached. Hot water repaired on 04/13/2022.

102h Toilet paper

1. Requirements

2800.
102.h. Toilet paper shall be provided for every toilet.

Description of Violation

On 3/18/22, at approximately 11:20am, there was no toilet paper for the toilet in the restroom in the activities room located in the memory care unit. .

Plan of Correction ***Accept***

Why did it happen? Toilet paper was not refilled in this restroom at the time of inspection.
What do we do right now to fix the problem? Housekeeping staff refilled toilet paper on 03/18/2022.
How do we prevent this from happening again? Housekeeping staff will confirm daily that toilet tissue is stocked.
Timeline/Work Plan: Housekeeping staff refilled toilet paper on 03/18/2022.
Completion Date: *03/18/2022*

Document Submission ***Implemented***

Documentation attached.

102i Soap dispenser

1. Requirements

2800.
102.i. Bar soap or a dispenser with soap shall be provided within reach of each bathroom sink. Bar soap, however, is not permitted when a living unit is shared unless there is a separate bar clearly labeled for each resident sharing the living unit.

Description of Violation

There was no bar soap or a dispenser with soap within reach of the bathroom sink in the restroom located in the activities room in the memory care unit.

Plan of Correction ***Accept***

Why did it happen? Soap dispenser was missing from this restroom at the time of inspection.
What do we do right now to fix the problem? Soap dispenser was added to this bathroom on 03/18/2022.
How do we prevent this from happening again? Housekeeping aides will confirm daily that soap dispenser is stocked.
How do we prevent this from happening again? Housekeeping aides will confirm daily that soap dispenser is stocked.
Timeline/Work Plan: Soap dispenser was added to this bathroom on 03/18/2022.

102i Soap dispenser (continued)

Completion Date: *03/18/2022*

Document Submission ***Implemented***

Documentation attached.

183e Storing Medications

1. 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 3/18/22, a Novolog Insulin pen belonging to resident #4, was in the top drawer of med cart 2. There was no opened on date written on the pen.. According to the manufacturer's instructions this medication is to be discarded 28 days after being opened.

Plan of Correction ***Accept***

Why did it happen? Nursing staff did not write opened on date on the insulin pen at the time of inspection.
What do we do right now to fix the problem? Nursing staff disposed of insulin pen on 03/18/2022. A new one was labeled and added to the cart.
How do we prevent this from happening again? DON reeducated nursing staff regarding medication storage, and will continue monthly re-education to maintain compliance.
Timeline/Work Plan: DON reeducated nursing staff regarding medication storage on 03/29/2022.
Completion Date: *03/29/2022*

Document Submission ***Implemented***

Documentation attached.

187d Follow prescriber's orders

1. Requirements

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

Description of Violation

Resident # 6 is prescribed the following medications to be administered daily at 9am. Amlodipine 10mg- 1 tablet by mouth once daily, Aspirin 81mg- 1 tablet by mouth once daily, Gabapentin 300mg-1 capsule by mouth twice daily at 9am and 5pm, Vitamin C 50mg- 1 tablet by mouth once daily, Xtandi 80mg-1 capsule by mouth once daily. However, these medications were not administered to resident as ordered on 3/14/22. Additionally, the residents prescribed Amlodipine was not administered on 3/16/22.

Plan of Correction ***Accept***

Why did it happen? The scheduled nurse did not sign out medications via the MAR at the time of inspection.
What do we do right now to fix the problem? DON confirmed with staff medications were administered on 03/18/2022. MAR for mentioned dates was corrected. Staff was re-educated on 03/29/2022.
How do we prevent this from happening again? DON will conduct weekly MAR audits, and submit to CALA monthly.
Timeline/Work Plan: DON confirmed with staff medications were administered on 03/18/2022. MAR for mentioned

187d Follow prescriber's orders (continued)

dates was corrected. Staff was re-educated on 03/29/2022.

Completion Date: *03/29/2022*

Document Submission ***Implemented***

Documentation attached.

82c Locked poisons

1. Requirements

2800.
82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the residence are able to safely use or avoid poisonous materials.

Description of Violation

A tube of Secret Deodorant, with a manufacture's label indicating "If swallowed, get medical help or contact a Poison Control Center right away.", was unlocked, unattended, and accessible to residents in resident 1's room. Not all the residents of the residence, including resident # residents in the memory care area, have been assessed capable of recognizing and using poisons safely.

Repeat Violation Dates: 8/5/21

Plan of Correction ***Accept***

Why did it happen? Deodorant was not locked up at the time of inspection.
What do we do right now to fix the problem? Deodorant was placed in a locked area on 03/18/2022.
How do we prevent this from happening again? Nursing and Caregiving staff will confirm poisonous materials are locked up daily. DON re-educated staff regarding storage of poisonous materials on 03/29/2022 and will continue to re-educate staff monthly.
Timeline/Work Plan: DON re-educated staff regarding storage of poisonous materials on 03/29/2022.

Completion Date: *03/29/2022*

Document Submission ***Implemented***

Documentation attached.

88a Floors, walls, ceilings, windows, doors

1. 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

The laminate flooring in the hallway on the 3rd floor near the elevators between B and C wing, is damaged and there is a hole or indentation approximately 4inches by 2 inches wide, creating a tripping hazard.

Repeat Violation Date: 8/5/21

Plan of Correction ***Accept***

Why did it happen? The flooring in the mentioned area was not repaired at the time of inspection.
What do we do right now to fix the problem? Maintenance Director repaired the flooring on 03/29/2022.
How do we prevent this from happening again? Maintenance Director will conduct weekly unit rounds to ensure tripping hazards are addressed. Maintenance Director will report findings to CALA for follow-up.

88a Floors, walls, ceilings, windows, doors (continued)

Timeline/Work Plan: Maintenance Director repaired the flooring on 03/29/2022.

Completion Date: *03/29/2022*

Document Submission ***Implemented***

Documentation attached.

144d Smoking outside

1. Requirements

2800.
144.d. Smoking outside of the smoking room is prohibited.

Description of Violation

On 3/18/22, at 11:40am, resident # 3, evidence that the resident was smoking in their room was observed. A half smoked cigarette and ashes were observed in an ashtray on the residents dresser as well as a strong odor of cigarette smoke in the residents room. The residence's designated smoking area is in the courtyard outside of the home.

Repeat Violation Date: 8/5/21

Plan of Correction ***Accept***

Why did it happen? Resident #3 was smoking in their room prior to the time of inspection.
What do we do right now to fix the problem? CALA reiterated the facility's smoking policy and reviewed the smoking policy that resident signed. Cigarette and ashes were removed from resident's room on 03/18/2022.
How do we prevent this from happening again? CALA will conduct room audits weekly to check for signs of smoking in resident rooms, and reiterate the smoking policy.
Timeline/Work Plan: Cigarette and ashes were removed from resident's room on 03/18/2022.

Completion Date: *03/18/2022*

Document Submission ***Implemented***

Documentation attached.

184b Resident meds labeled

1. 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 3/18/22, a 3 bottles of Sodium Hypochlorite 0.25% Solution, belonging to resident # 5 were in medication cart 5. and were not labeled with the resident's name.

Repeat Violation Dates: 8/5/21 and 6/11/21

Plan of Correction ***Accept***

Why did it happen? Medications were not labeled at the time of inspection.
What do we do right now to fix the problem? Medications were labeled on 03/18/2022.
How do we prevent this from happening again? DON will conduct monthly medication cart audits and submit to CALA for review.
Timeline/Work Plan: Medications were labeled on 03/18/2022.

Completion Date: *03/18/2022*

184b Resident meds labeled *(continued)*

Document Submission ***Implemented***

Documentation attached.