pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **HSRE-WATERS OF PETERS VII, LLC**
LEGAL ENTITY

To operate **THE WATERS OF MCMURRAY**
NAME OF FACILITY OR AGENCY

Located at **441 VALLEY BROOK ROAD, MCMURRAY, PA 15317**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Assisted Living-Special Care**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **127**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: **Special Care Unit - 55 Pa.Code §§ 2800.231-239 - Capacity 21**

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

55 Pa.Code Chapter 2800: Assisted Living Residences
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **December 26, 2023** until **June 26, 2024**, unless sooner revoked for non-compliance with applicable laws and regulations.

No: **452781**

ISSUING OFFICER

ACTING DEPUTY SECRETARY

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

HS 628P – 04/23

pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: DECEMBER 26, 2023

[redacted] Chief Operating Officer
HSRE-Waters of Peters VII, LLC
[redacted]

RE: The Waters of McMurray
441 Valley Brook Road
McMurray, Pennsylvania 15317
License/COC #: 452781

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on June 26, 2023, June 29, 2023, August 1, 2023, and August 2, 2023, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 pa. Code Ch. 2800 (relating to Assisted Living Residence), mistreatment or abuse of residents, failure to submit an acceptable plan to correct noncompliance items and failure to comply with the plan to correct noncompliance items, the Department hereby REVOKES your certificate of compliance (license number 452780) dated April 26, 2023 – April 26, 2024, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) (5) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from December 26, 2023 to June 26, 2024.

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 disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide

to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[redacted], Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [redacted]

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

Facility Information

Name: *THE WATERS OF MCMURRAY* **License #**: *45278* **License Expiration**: *04/26/2024*

Address: *441 VALLEY BROOK ROAD, MCMURRAY, PA 15317*

County: *WASHINGTON* **Region**: *WESTERN*

Administrator

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

Legal Entity

Name: *HSRE-WATERS OF PETERS VII, LLC*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *I-1* **Date**: *12/18/2021* **Issued By**: *Peters Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *106* **Waking Staff**: *80*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *06/30/2023*

Inspection Dates and Department Representative

06/26/2023 - On-Site: [redacted]

06/29/2023 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *127* **Residents Served**: *69*

Special Care Unit

In Home: *Yes* **Area**: *1st floor* **Capacity**: *17* **Residents Served**: *16*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *69*

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

Have Mobility Need: *37* **Have Physical Disability**: *2*

Inspections / Reviews

06/26/2023 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/03/2023*

09/13/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *10/13/2023*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *09/20/2023*

10/06/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *10/13/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *10/13/2023*

11/06/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *10/13/2023*

Reviewer: [redacted] **Follow-Up Type:** *Enforcement*

15a Resident abuse report

1. Requirements

2800.

15.a. The residence shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On or about 5/21/2023, the residence received an allegation of abuse regarding staff person A and resident #1. Specifically, that when resident #1 asked agency staff person A for assistance to the bathroom, staff person A said to resident #1 that [redacted] would have to wait, that [redacted] had to help other residents, called [redacted] a bitch and left the room. Resident #1 indicated [redacted] could not wait any longer and wet [redacted]. However, this allegation of abuse was not reported to the local Area Agency on Aging.

Plan of Correction ***Accept [redacted] - 10/06/2023)***

Staff person A was from an outside agency and was immediately removed from the community and is no longer permitted to work in The Waters.

All staff trained on being mandated reporters and what constitutes abuse and neglect from pages 193 and 194 in RCG, along with 2800.15(a-d) and OAPSA. Adult Protective Services will provide an all staff training on Abuse and Neglect reporting and prevention on Thursday October 5, 2023 and these trainings will be housed in the Business Office. DIRECTED: Documentation will be kept. [redacted] 10/6/023

Executive Director and Director of Health and Wellbeing will review all reportable incidents for 30 days daily, and then weekly thereafter to ensure all abuse allegations, reportable incidents and conditions are reported to the Department within the required time frame and by the required reporting method.

Quarterly, the Executive Director and/or Director of Health and Wellbeing will review all reportable incidents and conditions as part of a Quality Management Review to ensure all reportable incidents and conditions as outlined under Chapter 2800,16.c are reported to the Department within the required timeframe and by the required reporting method.

Licensee's Proposed Overall Completion Date: *10/20/2023*

Not Implemented [redacted] - 11/09/2023)

16c Incident reporting

2. 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 or about 5/21/2023, the residence received an allegation of abuse regarding staff person A and resident #1. Specifically, that when resident #1 asked agency staff person A for assistance to the bathroom, staff person A said to

16c Incident reporting (continued)

resident #1 that [redacted] would have to wait, that [redacted] had to help other residents, called [redacted] a bitch and left the room. Resident #1 indicated [redacted] could not wait any longer and wet [redacted]. However, this incident was not reported to the Department until 6/26/23.

Plan of Correction ***Directed ([redacted] - 10/06/2023)***

Executive Director reviewed guidelines of regulation 2800.16 with charge nurses and leadership team on 8/1/2023, rest of the team was also reeducated on what is a reportable incident and our procedures for reporting. DIRECTED: Training on the residence's procedures for incident reporting to be completed by 10/31/23.

Adult Protective Services will train entire team on Abuse and Neglect reporting and prevention on Thursday, October 5, 2023. DIRECTED: Documentation will be kept. [redacted] 10/6/23

Executive Director and Director of Health and Wellbeing will monitor incidents daily by signing off on hard copies.

Directed Completion Date: *10/31/2023*

Not Implemented [redacted] - 11/09/2023)

42b Abuse/Neglect

3. 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 5/21/23, at approximately 8:00 p.m., resident #1 asked agency staff person A for assistance to the bathroom. Staff person A said to resident #1 that [redacted] would have to wait, that [redacted] had to help other residents, and called [redacted] a bitch and left the room. When staff person A returned, resident #1 indicated [redacted] was not able to wait for staff assistance and wet [redacted].

Plan of Correction ***Directed [redacted] - 10/06/2023)***

Staff person A was from an outside agency and was immediately removed from the community and is no longer permitted to work in The Waters.
All staff trained on being mandated reporters and what constitutes abuse and neglect from pages 193 and 194 in RCG, along with 2600.15(a-d) and OAPSA.
Adult Protective Services to educate entire staff on Abuse and Neglect reporting and prevention on Thursday, October 5, 2023. DIRECTED: Documentation will be kept. - [redacted] 10/6/23

Executive Director and Director of Health and Wellbeing or [redacted] designee will monitor for continued compliance by interviewing at least 4 residents monthly regarding their treatment by staff and care needs. DIRECTED: Documentation will be kept. - [redacted] 10/6/23

DIRECTED: Within 5 calendar days of receipt of the plan of correction: The administrator will provide continual reinforcement of residents' rights and appropriate treatment of residents. - [redacted] 10/6/23

DIRECTED: Within 30 calendar days of receipt of the plan of correction: The home will conduct a quality management plan review and evaluation. The Administrator will place an increased emphasis on these plans of

42b Abuse/Neglect (continued)

correction and take action to improve the quality of its resident rights and Older Adult Protective Services Act (OAPSA) training for all newly hired staff, including agency staff, within 40 scheduled working hours in accordance with §2600.65(b)(1) and §2600.65(b)(3) and annually in accordance with §2600.65(g)(3) and §2600.65(g)(4). - JW 10/6/23

Directed Completion Date: *10/31/2023*

Not Implemented [redacted] - 11/03/2023)

141b1 Annual medical evaluation

4. Requirements

2800.
141.b. A resident shall have a medical evaluation:
1. At least annually.

Description of Violation

The medical evaluation for resident #1, dated [redacted] 2023, does not indicate whether or not 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.. That area of the form is blank.

Plan of Correction ***Accept ([redacted] - 09/13/2023)***

Medical evaluation updated with TB Test indicated on form.
All resident medical evaluations reviewed by charge nurses and Director of Health and Wellbeing for compliance.
Director of Health and Wellbeing will utilize a spreadsheet showing next due dates for resident medical evaluations as well as when next TB test is due.
Director of Health and Wellbeing or her designee will monitor for continued compliance by use of above mentioned spreadsheet
Completion date of 8/31/2023

Licensee's Proposed Overall Completion Date: *08/31/2023*

Not Implemented [redacted] - 11/09/2023)

185a Storage procedures

5. 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 #3 has a Dexcom continuous glucose monitor device that reads blood glucose levels; however, the device was not set up to save the history of the readings, therefore it was not possible to monitor insulin administration compliance or to obtain reports.

Resident #3 is prescribed Humalog Kwikpen 100 unit/ml, inject per sliding scale three times daily before meals as follows: 141-180=2 units; 181-220=4 units; 221-260=6 units; 261-300=8 units; 301-340= 10 units; > 340 call MD.

185a Storage procedures (continued)

-On 6/16/23, at 11:00 am, the MAR indicates the resident's blood sugar reading was 318, requiring 10 units of insulin, however, the number of units administered was not recorded.
-On 6/17/23 at 11:00 am, the MAR indicates the resident's blood sugar reading was 301, requiring 8 units of insulin; however, the number of units administered was not recorded.

Plan of Correction ***Accept ([redacted] 10/06/2023)***

Med techs given inservice of the importance of recording the number of units of insulin given as well as charge nurses educated that orders are put in correctly so that med techs can properly document the units of insulin given. Director of Health and Wellbeing or her designee will monitor for continued compliance by signing off on new diabetic orders as well as a weekly audit on med techs diabetic documentation on the MAR.

Licensee's Proposed Overall Completion Date: *09/22/2023*

Not Implemented [redacted] - 11/09/2023)

187d Follow prescriber's orders

6. Requirements

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

Description of Violation

Resident #3 is prescribed Humalog Kwikpen 100 unit/ml, inject per sliding scale three times daily before meals as follows: 141-180=2 units; 181-220=4 units; 221-260=6 units; 261-300=8 units; 301-340= 10 units; > 340 call MD. However, no blood glucose test was completed or insulin administered on 6/16/23 and 6/17/23 at 6:30 am.

Resident #4 is prescribed Novolog Flexpen 100 unit/ml as per sliding scale twice daily as follows:, <70-130=0 units; 131-180=2 units; 181- 240=4 units; 241-300= 6 units; 301-350= 8 units; 351-400=10 units; >400=12 units. Notify physician if blood glucose is <50 or >350. Resident #4 did not have a blood glucose test or receive medication on 5/6/2023 at 4:00 pm.

On 6/9/2023, numerous residents did not receive their medications at the prescribed times, including the following:
** Resident #1:*
-Metformin 1000 mg, one tablet twice daily, scheduled at 5:00 pm, given at 6:24 pm.
-Bumetanide 1 mg, one tablet twice a day, scheduled at 5:00 pm, given at 6:24 pm.
-Vitamin D3 25 mg, one tablet once daily, scheduled at 12:00 pm, given at 2:14 pm.
** Resident #4:*
-Gemfibrozil 600 mg, one tablet twice daily, scheduled at 9:00 am, given at 1:45 pm.
-Lisinopril 5 mg, one tablet once daily, scheduled at 9:00 am, given at 1:45 pm.
-Finasteride 5 mg, one tablet once daily, scheduled at 9:00 am, given at 1:45 pm.
-Carbidopa-Levodopa 25-100 mg, one tablet four times daily, scheduled at 9:00 am, given at 1:45 pm, and the 12:00 pm dose was given at 1:45 pm.

** Resident #5:*
-Preservision/Areds capsule, one daily, scheduled at 9:00 am, given at 2:36 pm.
-Centrum silver 50+ women, one tablet daily, scheduled at 9:00 am, given at 2:36 pm.

187d Follow prescriber's orders (continued)

-Oyster Shell 500 mg, one tablet daily, scheduled at 9:00 am, given at 2:36 pm.

** Resident #6:*
-Gabapentin 100 mg, one tablet twice daily, scheduled at 4:00 pm, given at 6:31 pm

On 6/21/2023, numerous residents did not receive their evening medications, including the following:
** Resident #3:*
-Atorvastatin 10 mg, one tablet once daily, at 9:00 pm.
-Anti-Fungal powder 2%, apply topically to bilateral groin twice daily, at 9:00 pm.
-Albuterol via nebulizer, one unit four times a day, at 5:00 pm and 9:00 pm.
-Carvedilol 3.125 mg, one tablet twice daily, at 9:00 pm.
-Donepezil 10 mg, one tablet every night at bedtime, at 9:00 pm.

** Resident #7:*
-Calcium, one tablet once daily, at 7:00 pm.
-Senna, two tablets once daily, at 9:00 pm.
** Resident #8:*
-Metoprolol 25 mg, one tablet once daily, at 9:00 pm.
-Melatonin 3 mg, one tablet at bedtime, at 9:00 pm.
** Resident #9*
-Levocetirizine 5mg, one tablet once daily, at 9:00 pm.
-Symbicort, at 9:00 pm

Plan of Correction ***Accept [redacted] 10/06/2023)***

Regarding resident 3 & 4, Med Techs educated on importance of taking blood sugars and correct documentation of bloodsugars in EMAR in order to complete proper insulin dosage administration.
Regarding residents 1,3,5,6,7,8 and 9, med techs received further education on notifying the nurse on call for directions if not able to find a resident to give them their medications or if the time falls outside of the 1 hour before or 1 hours after medications are due prior to just passing them.
Service productivity was evaluated and additional staff has been added to each shift to ensure all medications are administered timely.
Director of Health and Wellbeing or [redacted] designee will monitor for continued compliance by educating all new hire med techs and nurses in new hire orientation and ongoing in monthly department meetings and huddles on how there is always a nurse on call and to reach out to them to ensure meds are passed in a timely manner,
Education completed on 8/4/2023

Licensee's Proposed Overall Completion Date: *09/20/2023*

Not Implemented [redacted] 11/09/2023)

225b Assessment content

7. Requirements

2800.
225.b. The assessment must, at a minimum include the following:

225b Assessment content *(continued)*

Description of Violation

The assessment for resident # 1, dated [redacted]/2023, does not indicate formal or informal supports or indicate the date of the last assessment.

Plan of Correction ***Directed ([redacted] - 10/06/2023)***

Assessment for resident 1 fixed at the time of the inspection and presented to the inspectors.
Moving forward, an RN Case Manager position has been added to work with the Director of Health and Wellbeing to ensure collaboration with family and the rest of the team to ensure personalization of the residents care needs
Director of Health and Wellbeing or [redacted] designee will monitor for continued compliance by both [redacted] and RN Case Manager signing off on assessments to ensure all items are completed.
Completed at time of inspection

DIRECTED: Within 30 calendar days of receipt of the plan of correction - The administrator or designee will review the assessments of all current residents to ensure a timely, complete and accurate assessment is present in each record, including all diagnoses, formal supports. Documentation will be kept. - [redacted] 10/6/23

Directed Completion Date: *10/31/2023*

Not Implemented [redacted] - 11/09/2023)

227d Support plan – med/dental

8. Requirements

2800.
227.d. Each residence shall document in the resident's final support plan the dietary, medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.

Description of Violation

The support plan for resident #1 dated [redacted]/2023, indicates the resident has a need for total supervision; however, the plan is not specific as to what supervision services will be provided.

Plan of Correction ***Accept [redacted] - 09/13/2023)***

Support plan was updated with specific supervision services needed at the time of inspection and presented to the inspectors.
Moving forward, support plans will be more detailed per individual needs.
The Director of Health and Wellbeing or [redacted] designee will monitor for continued compliance by reviewing all new resident support plans monthly and signing off on them.

Licensee's Proposed Overall Completion Date: *08/01/2023*

Not Implemented [redacted] - 11/09/2023)

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

Facility Information

Name: *THE WATERS OF MCMURRAY* **License #**: *45278* **License Expiration**: *04/26/2024*

Address: *441 VALLEY BROOK ROAD, MCMURRAY, PA 15317*

County: *WASHINGTON* **Region**: *WESTERN*

Administrator

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

Legal Entity

Name: *HSRE-WATERS OF PETERS VII, LLC*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *I-1* **Date**: *12/18/2021* **Issued By**: *Peter's Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *112* **Waking Staff**: *84*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *08/08/2023*

Inspection Dates and Department Representative

08/01/2023 - On-Site: [redacted]

08/02/2023 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *127* **Residents Served**: *74*

Special Care Unit

In Home: *Yes* **Area**: *1st floor* **Capacity**: *17* **Residents Served**: *17*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *74*

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

Have Mobility Need: *38* **Have Physical Disability**: *0*

Inspections / Reviews

08/01/2023 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/15/2023*

10/06/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *10/20/2023*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *10/12/2023*

10/13/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *10/20/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *10/20/2023*

11/09/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *10/20/2023*

Reviewer: [redacted] **Follow-Up Type:** *Enforcement*

16b Incident policies

1. Requirements

2800.
16.b. The residence shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

Description of Violation

On 7/15/23, the residence did not implement their "Falls Investigation and Prevention Policy." On this date at approximately 2:45 pm, resident #2 fell out of [redacted] wheelchair. Resident #2 had an injury to the left leg and was sent out to the hospital where [redacted] was diagnosed [redacted] The residence did not report this fall to the resident's family and/or designated person until 7/16/23. The residence's "Falls Investigation and Prevention Policy" indicates "Should the fall result in immediate injury, the POA/Resident Representative will be contacted as soon as possible, regardless of time of day."

Plan of Correction ***Accept ([redacted] - 10/06/2023)***

Falls Investigation and Prevention policy reviewed with all staff.
Emphasis placed on the importance of notifying families as soon as possible should the fall result in an injury.
On call nurse will be notified of all falls resulting in an injury as soon as possible as well so they can ensure with team that families have been notified.
The Executive Director and/or Director of Health and Wellbeing will monitor for continued compliance by reviewing and signing off on incidents daily

Licensee's Proposed Overall Completion Date: *09/20/2023*

Not Implemented [redacted] - 11/09/2023)

16c Incident reporting

2. 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 7/15/2023 at approximately 2:45 pm, resident #2 fell out of [redacted] wheelchair. [redacted] had an injury to the left leg and was sent out to the hospital and diagnosed [redacted]. The residence did not report the incident to the Department until 7/17/2023 at approximately 10:30 am.

Plan of Correction ***Directed [redacted] - 10/13/2023)***

All staff reeducated on what is a reportable incident and our communities procedures for reporting to ensure timely reporting to BHSL by 10/31/23.
On call nurse will be notified of any reportable incident as soon as possible following the incident.
All staff trained on Reportable Incidents in new hire orientation.
Adult Protective Services will come in to do a training with all staff on Abuse, Neglect and Prevention on October 5, 2023 and will be kept on file in the Business Operations Office.
Executive Director and/or Director of Health and Wellbeing will monitor for continued compliance by reviewing and signing off on incidents daily
Please see attachments

16c Incident reporting (continued)

DIRECTED: Within 2 days of receipt of the plan of correction - The administrator or designee will commence daily review of any unusual incidents to ensure all reportable incidents are reported to the Department within the required timeframes and by the required reporting method. – [redacted] 10/13/23

Directed Completion Date: *10/15/2023*

Not Implemented ([redacted] 11/09/2023)

42b Abuse/Neglect

3. 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 7/20/23, at approximately 3:45 pm, resident #1 was being transported in the residence's bus and was severely injured as a result of not being properly restrained. The resident was sitting on [redacted] scooter during transport in the bus; however, according to the manufacturer's operating instructions for the Q-Straint, QRT-1 wheelchair restraint system, it "should only be used with forward facing wheelchairs." The system has 4 points of contact to secure a wheelchair and the scooter has only 3. The scooter tipped over during transport and resident #1 fell to the floor of the bus. The bus driver stopped the van and then lifted the resident and placed [redacted] into a seat for the rest of the return trip to the residence.

The residence's "Safety Techniques for Bus Drivers" indicates in the even of an emergency, "Contact The Waters and 911. Report the emergency and ask for help." At the time of the fall, staff person A called staff person B who instructed [redacted] to pick up resident #1 and place [redacted] in a seat. Emergency services were not called.

Resident #1 was not assessed for injuries until the resident complained of pain, approximately an hour after [redacted] returned to the residence. At this time, the residence contacted resident #1's family who instructed them to send [redacted] to the hospital. The resident was diagnosed [redacted]

The residence failed to properly restrain resident #1, resulting in a fall with severe injuries.

Plan of Correction ***Directed [redacted] - 10/13/2023)***

Staff person A immediately suspended
Adult Protective Services completed education with entire team on Abuse, Neglect and Prevention on October 5, 2023. Documentation will be kept in the Business Operations Office.
Entire team educated on Fall Investigation and Prevention Policy and immediate interventions by 10/31/23. Documentation will be kept in Business Operations Office.
Reeducation of "Safety Techniques for Bus Drivers" reviewed with all van drivers, stress the importance of contacting 911 in the case of an emergency/accident.
Executive Director and/or Director of Health and Wellbeing will review incident reports daily
Please see attachments

DIRECTED: Within 15 days of receipt of the plan of correction - The administrator will implement procedures that ensure compliance with §2600.42(b). The procedures will include, at a minimum, monthly administrator or

42b Abuse/Neglect (continued)

designee interviews with at least 4 residents regarding care and treatment, including fall prevention and transportation procedures. The administrator or designee will increase supervision of staff during care, including transport, to ensure that staff are proficiently assisting residents with mobility care needs in a manner that is compliant with §2600.42(b). [redacted] 10/13/23

Directed Completion Date: *10/31/2023*

Not Implemented [redacted] - 11/09/2023)

69 Dementia training

4. Requirements

2800.
69. Additional Dementia-Specific Training - Administrative staff, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall receive at least 4 hours of dementia-specific training within 30 days of hire and at least 2 hours of dementia-specific training annually thereafter in addition to the training requirements of this chapter.

Description of Violation

Ancillary staff person [redacted] the bus driver, hired on [redacted]/2021, did not receive 4 hours of dementia-specific training in the first 30 days of employment.

Repeat Violation 11/15/2022

Plan of Correction ***Accept [redacted] - 10/13/2023)***

Moving forward, first day of employment Relias Training schedule reviewed with new hires which includes the 4 hours of scheduled dementia training in the first 30 days of employment.
Business Operations Manager or designee will monitor for compliance by printing out transcripts and collection of sign off sheets for team members permanent files within their first 30 days of employment to ensure compliance as well as training will be reviewed during our quarterly quality management reviews.
Please see attachment

Licensee's Proposed Overall Completion Date: *10/12/2023*

Implemented [redacted] - 11/09/2023)

171b1 Safety restraints

5. Requirements

2800.
171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:
1. The occupants of the vehicle shall be in an appropriate safety restraint at all times the vehicle is in motion.

Description of Violation

On 7/20/2023 at approximately 3:45 pm, staff person A transported residents to and from an outing in the community. Resident #1 was not restrained into an appropriate safety restraint, but was sitting on a scooter while the vehicle was in motion.

Plan of Correction ***Accept [redacted] 10/06/2023)***

All staff operating the van were reeducated on only being able to transport wheelchairs with 4 points of contact to secure.
Staff also reeducated on Safety Techniques for Bus Drivers

171b1 Safety restraints (continued)

ESM or [redacted] designee will inspect van prior to leaving the community to ensure only wheelchairs are properly secured during transport.
Please see attachment

Licensee's Proposed Overall Completion Date: *09/15/2023*

Not Implemented [redacted] - 11/09/2023)

220b Assisted living services

6. Requirements

2800.
220.b. Assisted living services. The residence shall, at a minimum, provide the following services:
4. Assistance with performing ADLs and IADLs in accordance with § § 2800.23 and 2800.24 (relating to activities; and personal hygiene).

Description of Violation

According to multiple staff interviews, resident #2, needs cueing and encouragement to eat. However, no staff have been assigned to monitor [redacted] eating and encourage [redacted] to eat.

Plan of Correction ***Directed [redacted] - 10/13/2023)***

Immediately following inspection, staff members were assigned to sit with resident and to assist [redacted] at meal time. Updated assessment was completed and service plan was updated immediately for staff to follow to ensure that residents needs were being met.

Director of Health and Wellbeing or designee will review staff schedules, at least weekly, to ensure sufficient staffing is provided to ensure each resident receives assistance with ADL's as indicated in the assessment and support plan, including feeding assistance. DIRECTED: Reviews of staff schedules will begin 10/20/2023 or prior.- [redacted] 10/13/2023

All staff will be educated concerning the daily ongoing care of residents including assisting residents with feeding during meals. Documentation will be kept of this training. DIRECTED: Staff education will be completed by 10/20/2023. [redacted] 10/13/2023

The Executive Director or [redacted] designee will monitor all residents at mealtime at least weekly to ensure residents nutrition needs are being met. Documentation of this will be kept. DIRECTED: Weekly monitoring will begin by 10/20/2023 or prior. [redacted] 10/13/2023

Directed Completion Date: *10/20/2023*

Not Implemented [redacted] 11/09/2023)

225a1 Assessment – annually

7. 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.

225a1 Assessment – annually *(continued)*

Description of Violation

Resident # 2's most recent assessment was completed on [redacted]/2022.

Plan of Correction ***Directed [redacted] - 10/13/2023)***

Residents assessment was updated immediately
Moving forward a spreadsheet has been developed to track the due dates of all resident assessments as well as if there is a change in a residents condition.
All current resident assessments will be reviewed to ensure compliance and documentation will be kept. DIRECTED: The review of all assessments will be completed by 10/31/2023. [redacted] 10/13/2023

Director of Health and Wellbeing or [redacted] designee shall monitor for compliance by reviewing spreadsheet weekly.

Directed Completion Date: *10/31/2023*

Not Implemented [redacted] - 11/09/2023)