

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

November 1, 2023

[REDACTED], ADMINISTRATOR  
UPMC SENIOR COMMUNITIES  
[REDACTED]  
[REDACTED]

RE: SENECA MANOR  
5340 SALTSBURG ROAD  
VERONA, PA, 15147  
LICENSE/COC#: 44499

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/12/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *SENECA MANOR* License #: *44499* License Expiration: *05/13/2024*  
 Address: *5340 SALTSBURG ROAD, VERONA, PA 15147*  
 County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *UPMC SENIOR COMMUNITIES*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *04/14/2010* Issued By: *Labor and Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *94* Waking Staff: *71*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *09/12/2023*

**Inspection Dates and Department Representative**

*09/12/2023 - On-Site* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *100* Residents Served: *59*

**Special Care Unit**  
 In Home: *No* Area: Capacity: Residents Served:

**Hospice**  
 Current Residents: *4*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *59*  
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *35* Have Physical Disability: *0*

**Inspections / Reviews**

**09/12/2023 Partial**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/28/2023*

**09/29/2023 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *10/31/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/05/2023*

Inspections / Reviews *(continued)*

10/06/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/31/2023

11/01/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

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 [REDACTED] approximately 11:00 PM, at least 6 staff persons, including staff person A, went to resident #1's bedroom, surrounded resident #1's bed and confronted resident #1 about resident #1's excessive call bell use and behavioral issues. During this incident, staff persons raised their voices and used profanity towards resident #1. However, this allegation of abuse was not reported to the local Area Agency on Aging until [REDACTED]

Plan of Correction

Directed [REDACTED] - 10/06/2023)

15a

- 1. Resident #1 ASP has been updated. The resident and family are now agreeable and the resident has been seen at Veterans Affairs for psyche services.
- 2. The administrator met with the Regional Director on 8/30/2023 and was retrained on Reporting, Recognizing, and Preventing abuse.
- 3. Additional education- on 9/12/2023 a staff meeting was conducted to review reporting abuse and OAPSA.
- 4. All Nurses, Med techs, Nurse Aides, EVS, and Dietary staff will re-educated by the Administrator and /or designee on Reporting Recognizing and Preventing abuse. ~~All education will be completed by 11/30/2023.~~ (UNACCEPTABLE PORTION OF PLAN OF CORRECTION [REDACTED] 10/6/23) (DIRECTED: All staff persons shall be educated by 10/31/23. Documentation of the staff education shall be kept in accordance with 2800.65L. [REDACTED] 10/6/23)
- 5. The Administrator and or designee will audit and interview 5 staff members weekly to ensure staff can explain what to do and the expectations regarding Reporting, Recognizing, and Preventing abuse. Audit findings will be reviewed by the Administrator and or designee monthly, audits will continue for 3 months or until substantial compliance is achieved.

10/5/23

- 1. Resident #1 ASP has been updated on [REDACTED]. The resident and family are now agreeable and the resident has been seen at Veterans Affairs for psyche services.
- 2. The administrator met with the Regional Director on [REDACTED] and was retrained on Reporting, Recognizing, and Preventing abuse.
- 3. Additional education on 9/12/2023 a staff meeting was conducted to review reporting abuse and OAPSA.
- 4. All Nurses, Med techs, Nurse Aides, EVS, and Dietary staff will be re-educated by the Administrator and /or designee on Reporting Recognizing and Preventing abuse. All education will be completed by 10/31/2023. Documentation of staff training will be kept in compliance with 2800.65L.
- 5. The Administrator and or designee will audit and interview 5 staff members weekly, beginning 10/9/23, to ensure staff can explain what to do and the expectations regarding Reporting, Recognizing, and Preventing abuse. Audit findings will be reviewed by the Administrator and or designee monthly beginning 10/16/2023, audits will continue for 3 months or until substantial compliance is achieved.
- 6. Beginning 10/9/23 the Charge nurse or designated staff person shall review all internal incidents daily during nursing report to ensure all allegations of abuse are immediately reported to AAA in accordance to OAPSA.

15a Resident abuse report (continued)

Directed Completion Date: 10/31/2023

Implemented [REDACTED] - 11/01/2023)

15b Resident abuse-superv plan

2. Requirements

2800.

15.b. If there is an allegation of abuse of a resident involving a residence’s staff person, the residence shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On [REDACTED] at approximately [REDACTED], at least 6 staff persons, including staff person A, went to resident #1’s bedroom, surrounded resident #1’s bed and confronted resident #1 about resident #1’s excessive call bell use and behavioral issues. During this incident, staff persons raised their voices and used profanity towards resident #1. However, all staff persons involved, including staff person A, continued to work in the home unsupervised.

Plan of Correction

Directed [REDACTED] - 10/06/2023)

15b

1. Staff Person A is no longer employed with UPMC Seneca Manor.
2. The administrator met with the Regional Director on 8/30/2023 and was re-trained on suspending staff and or creating a supervised work plan.
3. Additional education on 9/12/2023 a staff meeting was conducted to review reporting abuse and OAPSA.
4. All Nurses, Med techs, Nurse Aides, EVS, and Dietary staff will re-educated by the Administrator and /or designee on Reporting Recognizing and Preventing abuse. ~~All education will be completed by 11/30/2023.~~ (UNACCEPTABLE PORTION OF PLAN OF CORRECTION [REDACTED] 10/6/23) (DIRECTED: All staff persons shall be educated by 10/31/23. Documentation of the staff education shall be kept in accordance with 2800.65L. [REDACTED] 10/6/23)
5. The Administrator and or designee will audit and interview 5 staff members weekly to ensure staff can explain what to do and the expectations regarding Reporting, Recognizing, and Preventing abuse. Audit findings will be reviewed by the Administrator and or designee monthly beginning 10/16/23, audits will continue for 3 months or until substantial compliance is achieved.

10/5/23

1. Staff Person A is no longer employed with UPMC Seneca Manor. Staff person A’s last day was 8/13/23.
2. The administrator met with the Regional Director on 8/30/2023 and was re-trained on suspending staff and or creating a supervised work plan.
3. Additional education on 9/12/2023 a staff meeting was conducted to review reporting abuse and OAPSA.
4. All Nurses, Med techs, Nurse Aides, EVS, and Dietary staff will be re-educated by the Administrator and /or designee on Reporting Recognizing and Preventing abuse. All education will be completed by 10/31/2023. Documentation of completion of training will be kept in accordance with 2800.65L
5. The Administrator and or designee will audit and interview 5 staff members weekly beginning week of 10/9/23

15b Resident abuse superv plan (continued)

to ensure staff can explain what to do and the expectations regarding Reporting, Recognizing, and Preventing abuse. 6. Beginning 10/9/23 the Charge nurse or designated staff person shall review all internal incidents daily during nursing report to ensure all staff persons involved in allegations of abuse are immediately suspended or placed on a plan of supervision.

Directed Completion Date: 10/31/2023

Implemented (█ - 11/01/2023)

15d Resident abuse notification

3. Requirements

2800.

15.d. The residence shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

Description of Violation

On █ at approximately █ at least 6 staff persons, including staff person A, went to resident #1's bedroom, surrounded resident #1's bed and confronted resident #1 about resident #1's excessive call bell use and behavioral issues. During this incident, staff persons raised their voices and used profanity towards resident #1. However, resident #1's designated person was not notified of the incident until █

Plan of Correction

Directed (█ - 10/06/2023)

15d

1. Resident #1's family was notified of the incident on █.
2. The administrator met with the Regional Director on 8/30/2023 and was retrained on Reporting, Recognizing, and Preventing abuse. Education included timely reporting and updating to the resident's responsible party.
3. Additional education: on 9/12/2023 a staff meeting was conducted to review reporting abuse and OAPSA, and the regulatory timeline of reporting to outside agencies.
4. All Nurses, Med techs, Nurse Aides, EVS, and Dietary staff will re educated by the Administrator and /or designee on Reporting Recognizing and Preventing abuse. ~~All education will be completed by 11/30/2023.~~ (UNACCEPTABLE PORTION OF PLAN OF CORRECTION █ 10/6/23) (DIRECTED: All staff persons shall be educated by 10/31/23. Documentation of the staff education shall be kept in accordance with 2800.65L. █ 10/6/23)
4. The Administrator and or designee will audit and interview 5 staff members weekly to ensure staff can explain what to do and the expectations regarding Reporting, Recognizing, and Preventing abuse.
5. Audit findings will be reviewed by the Administrator and or designee monthly, audits will continue for 3 months or until substantial compliance is achieved.

10/5/23

1. Resident #1's family was notified of the incident on █
2. The administrator met with the Regional Director on 8/30/2023 and was retrained on Reporting, Recognizing, and Preventing abuse. Education included timely reporting and updating to the resident's responsible party.

15d Resident abuse notification (continued)

- 3. Additional education: on 9/12/2023 a staff meeting was conducted to review reporting abuse and OAPSA, and the regulatory timeline of reporting to outside agencies.
- 4. All Nurses, Med techs, Nurse Aides, EVS, and Dietary staff will be re-educated by the Administrator and /or designee on Reporting Recognizing and Preventing abuse. All education will be completed by 10/31/2023. Documentation of completion of staff training shall be kept in accordance with 2800.65.L Beginning the week of 10/9/23 the Administrator and or designee will audit and interview 5 staff members weekly to ensure staff can explain what to do and the expectations regarding Reporting, Recognizing, and Preventing abuse.
- 5. Beginning the week of 10/16/23 audit findings will be reviewed by the Administrator and or designee monthly, audits will continue for 3 months or until substantial compliance is achieved.
- 6. Beginning 10/9/23 the Charge nurse or designated staff person shall review all internal incidents daily during nursing report to ensure all residents and their designated persons are immediately notified of suspected abuse.

Directed Completion Date: 10/31/2023

Implemented (████) - 11/01/2023)

16c Incident reporting

4. 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 █████ at approximately █████, at least 6 staff persons, including staff person A, went to resident #1's bedroom, surrounded resident #1's bed and confronted resident #1 about resident #1's excessive call bell use and behavioral issues. During this incident, staff persons raised their voices and used profanity towards resident #1. However, this allegation of abuse was not reported to the Department until 8/30/23.

Plan of Correction

Directed (████) - 10/06/2023)

16c

- 1. A reportable was submitted to DHS regarding this incident involving resident #1.
- 2. The administrator met with the Regional Director on 8/30/2023 and was retrained on Reporting, Recognizing, and Preventing abuse. Education included timely reporting and updating to the resident's responsible party.
- 3. Additional education: on 9/12/2023 a staff meeting was conducted to review reporting abuse and OAPSA, and the regulatory timeline of reporting to outside agencies.
- 4. All Nurses, Med techs, Nurse Aides, EVS, and Dietary staff will re-educated by the Administrator and /or designee on Reporting Recognizing and Preventing abuse. ~~All education will be completed by 11/31/2023.~~ (UNACCEPTABLE PORTION OF PLAN OF CORRECTION █████ 10/6/23) (DIRECTED: All staff persons shall be educated by 10/31/23. Documentation of the staff education shall be kept in accordance with 2800.65L. █████ 10/6/23)
- 4. The Administrator and or designee will audit and interview 5 staff members weekly to ensure staff can explain what to do and the expectations regarding Reporting, Recognizing, and Preventing abuse.
- 5. Audit findings will be reviewed by the Administrator and or designee monthly, audits will continue for 3 months or until substantial compliance is achieved.

16c Incident reporting (continued)

10/5/23

1. A reportable was submitted to DHS regarding this incident involving resident #1.
2. The administrator met with the Regional Director on 8/30/2023 and was retrained on Reporting, Recognizing, and Preventing abuse. Education included timely reporting and updating to the resident's responsible party.
3. Additional education: on 9/12/2023 a staff meeting was conducted to review reporting abuse and OAPSA, and the regulatory timeline of reporting to outside agencies.
4. All Nurses, Med techs, Nurse Aides, EVS, and Dietary staff will re-educated by the Administrator and /or designee on Reporting Recognizing and Preventing abuse. All education will be completed by 10/31/2023. Documentation for staff training will be kept in accordance with 2800.65.L
5. Beginning the week of 10/9/23 the Administrator and or designee will audit and interview 5 staff members weekly to ensure staff can explain what to do and the expectations regarding Reporting, Recognizing, and Preventing abuse.
6. Beginning the week of 10/18/23 audit findings will be reviewed by the Administrator and or designee monthly, audits will continue for 3 months or until substantial compliance is achieved.
7. Beginning 10/9/23 the Charge nurse or designated staff person shall review all internal incidents daily during nursing report to ensure all reportable incidents on 2800.16a are reported to the Department within 24 hours.

Directed Completion Date: 10/31/2023

Implemented (█ - 11/01/2023)

42b Abuse/Neglect

5. 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 █ at approximately █, at least 6 staff persons, including staff person A, went to resident #1's bedroom, surrounded resident #1's bed and confronted resident #1 about resident #1's excessive call bell use and behavioral issues. During this incident, staff persons raised their voices and used profanity towards resident #1, including staff person A calling resident #1 a "mother fucker" and staff persons telling resident #1 that "nobody likes you". Resident #1 indicated █ was upset over the incident.

Plan of Correction

Directed █ - 10/06/2023)

.42b

1. Staff Person A is no longer employed with UPMC Seneca Manor.
2. The administrator met with the Regional Director on 8/30/2023 and was retrained on Reporting, Recognizing, and Preventing abuse. Education included timely reporting and updating to the resident's responsible party.
3. Additional education: on 9/12/2023 a staff meeting was conducted to review reporting abuse and OAPSA, and the regulatory timeline of reporting to outside agencies.
4. All Nurses, Med techs, Nurse Aides, EVS, and Dietary staff will re-educated by the Administrator and /or designee on Reporting Recognizing and Preventing abuse. ~~All education will be completed by 11/31/2023.~~



42b Abuse/Neglect (continued)

(UNACCEPTABLE PORTION OF PLAN OF CORRECTION [REDACTED] 10/6/23) (DIRECTED: All staff persons shall be educated by 10/31/23. Documentation of the staff education shall be kept in accordance with 2800.65L. [REDACTED] 10/6/23)

5. The Administrator and or designee will audit and interview 5 staff members weekly to ensure staff can explain what to do and the expectations regarding Reporting, Recognizing, and Preventing abuse. Audit findings will be reviewed by the Administrator and or designee monthly, audits will continue for 3 months or until substantial compliance is achieved.

\*\* We are requesting that the words "mother-fucker" be removed and replaced with MF please. Thank you for your consideration. \*\*

10/5/23

- 1. Staff Person A is no longer employed with UPMC Seneca Manor. [REDACTED] last day was [REDACTED]
- 2. The administrator met with the Regional Director on 8/30/2023 and was retrained on Reporting, Recognizing, and Preventing abuse. Education included timely reporting and updating to the resident's responsible party.
- 3. Additional education: on 9/12/2023 a staff meeting was conducted to review reporting abuse and OAPSA, and the regulatory timeline of reporting to outside agencies.
- 4. All Nurses, Med techs, Nurse Aides, EVS, and Dietary staff will re-educated by the Administrator and /or designee on Reporting Recognizing and Preventing abuse. All education will be completed by 10/31/2023. Documentation of staff training will be kept in accordance with 2800.65.L
- 5. The Administrator and or designee will audit and interview 5 staff members weekly, beginning the week Of 10/9/23, to ensure staff can explain what to do and the expectations regarding Reporting, Recognizing, and Preventing abuse. Audit findings will be reviewed by the Administrator and or designee monthly, beginning October 18, 2023 audits will continue for 3 months or until substantial compliance is achieved.
- 6. The other 5 staff persons involved in the incident were re-trained on OAPSA and discussed the incident as it pertained to the Act. The retraining was completed by the Administrator on 9/12/2023. Disciplinary notation has also been made in the 5 staff persons involved in the incident.
- 7. A designated staff person shall interview at least 5 residents monthly to ensure residents are free from abuse. Interviews will begin October 9, 2023. Resident interviews will be conducted in private and will be completed by the Administrator and/or designee.

Directed Completion Date: 10/31/2023

Implemented ([REDACTED] - 11/01/2023)

141b1 Annual medical evaluation

6. Requirements

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

Description of Violation

Resident #1's most recent medical evaluation was completed on [REDACTED] Resident #1 was admitted to the residence

141b1 Annual medical evaluation (continued)

on 8/18/22.

Plan of Correction

Accept [redacted] - 10/06/2023)

141.b

1. Resident #1 ASP has been updated. The resident and family are now agreeable and the resident has been seen at Veterans Affairs for psyche services. Prior to this event the Leadership had offered on site psych services however the resident and responsible party had declined. Resident was seen on 9/19/2023 at the VA and a ADME was completed.
2. The administrator met with the Regional Director 9/12/2023 and reviewed and updated the ADME tracking spreadsheet. The team will be reviewing the spreadsheet weekly and more often as indicated
3. Additional education: on 9/12/2023 a staff meeting was conducted to review reporting abuse and OAPSA, and the regulatory timeline of reporting to outside agencies.
4. The Administrator, DRC and RSC will be re educated on sending out ADME requests in advance and follow up reminders being sent to ensure ADMEs are completed as indicated.
5. The Administrator and or designee will audit and The ADME Spreadsheet and ADME notices q2 weeks to ensure initial notifications for an ADME are being sent in advance and that follow up requests are being sent as indicated. Audit findings will be reviewed by the Administrator and or designee monthly, audits will continue for 3 months or until substantial compliance is achieved.

10/5/23

1. Resident #1 ASP has been updated. The resident and family are now agreeable and the resident has been seen at Veterans Affairs for psyche services. Prior to this event the Leadership had offered on site psych services however the resident and responsible party had declined. Resident was seen on 9/19/2023 at the VA and a ADME was completed.
2. The administrator met with the Regional Director 9/12/2023 and reviewed and updated the ADME tracking spreadsheet. The DRC or designee will be reviewing the spreadsheet weekly beginning the week of 10/1/23 and more often as indicated.
4. The Administrator and RSC will be educated by 10/9/2023, the DRC will be educated upon return from FMLA by Senior Communities nursing leadership on sending out ADME requests in advance and follow up reminders being sent to ensure ADMEs are completed as indicated. Documentation of training will be kept in accordance with 2800.65L
5. Beginning 10/9/23 the Administrator and or designee will audit the ADME Spreadsheet and ADME notices q2 weeks to ensure initial notifications for an ADME are being sent in advance and that follow up requests are being sent as indicated. Audit findings will be reviewed by the Administrator and or designee monthly beginning 10/18, 2023, audits will continue for 3 months or until substantial compliance is achieved.
6. Administrator reviewed all resident charts for ADME dates and updated spreadsheet on 9/12/23.

Licensee's Proposed Overall Completion Date: 01/16/2024

Implemented [redacted] - 11/01/2023)

225a1 Assessment – annually

7. Requirements

225a1 Assessment – annually (continued)

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 #1’s most recent assessment was completed on [REDACTED]. Resident #1 was admitted to the residence on 8/18/22.

Resident #1’s most recent assessment, dated [REDACTED] indicates resident #1 requires no supervision in the home, has no problem with judgement and aggression and has a minimal problem with irritability and agitation. However, resident #1’s progress notes include numerous behaviors demonstrated by resident #1, to include the following:

- [REDACTED]: Resident#1 sat in the doorway of the nurses station, blocking anyone from entering or exiting. Resident #1 then began yelling at staff persons to give him his medications
- [REDACTED]: Resident #1 repeatedly called the main telephone number after repeatedly ringing [REDACTED] call bell
- [REDACTED]: Resident #1 called the main telephone number 7 times in 10 minutes
- [REDACTED] Resident #1 was yelling at the top of [REDACTED] lungs today for a nurse or aid because “did not want to wait”
- [REDACTED] 3: Resident #1 rang [REDACTED] call bell at least 15 times throughout shift. Resident #1 then called front desk asking who was in charge and was hollering in the hallway for help
- [REDACTED]: Resident #1 became aggressive with nurse and yelling that [REDACTED] wanted [REDACTED] eye drops, which was not the prescribed time to receive the eye drops

**Plan of Correction**

Accept [REDACTED] - 10/06/2023)

225.a

1. Resident #1 ASP has been updated. The resident and family are now agreeable, and the resident has been seen at Veterans Affairs for psyche services. Prior to this event, the Leadership had offered on-site psych services however the resident and responsible party had declined. Resident was seen on [REDACTED] at the VA and an ADME was completed.

2. The administrator met with the Regional Director 9/12/2023 and reviewed and updated the ADME tracking spreadsheet. The team will be reviewing the spreadsheet weekly and more often as indicated.

3. Additional training regarding the recognition of behaviors and staff interventions to reduce the risk of abuse will be incorporated into future annual training plans.

4. All Nurses, Med techs, Nurse Aides, EVS, and Dietary staff will re-educated on caring for residents with behaviors and strategies to prevent abuse 11/30/2023.

5. The Administrator and or designee will audit and interview 5 staff members weekly regarding any residents with behaviors and will compare reported behaviors to ensure approaches to care for the resident are included in the ASP as indicated.

Audit findings will be reviewed by the Administrator and or designee monthly, audits will continue for 3 months or until substantial compliance is achieved.

10/5/23

1. Resident #1 ASP has been updated on [REDACTED] by Charge LPN. The ASP now reflects moderate needs/changes on area(s) of irritability, judgement, agitation and aggression. Psychiatric MD and PCP at VA will be alerted to additional and/or increased behaviors. The resident and family are now agreeable, and the resident has

**225a1 Assessment – annually (continued)**

been seen at Veterans Affairs for psyche services. Prior to this event, the Leadership had offered on site psych services however the resident and responsible party had declined. Resident was seen on 9/19/2023 at the VA.

2. The Administrator met with the Regional Director 9/12/2023 to review the need to complete assessments: annually, if the condition of the resident significantly changes prior to the annual assessment, and at the request of the Department upon cause to believe that an update is required.

3. Additional training regarding the recognition of behaviors and staff interventions to reduce the risk of abuse will be incorporated into future annual training plans.

4. All nurses, med techs, and nursing assistants will be re educated by the Administrator and/or designee on the need to report changes in behavior and recognize changes in the behavior.

The Nurses and RSC will be re educated by the Administrator and/or designee regarding the need to recognize changes in behavior as reported by staff and to complete an additional assessment if the resident's reported status significantly changes prior to the annual assessment.

All education will be completed by October 31, 2023.

Education content and completion will be stored in the electronic learning platform.

5. Beginning the week of October 9, 2023, the Administrator and/or designee will audit at least 5 residents' current status as compared to their written annual ASP monthly. The audit will compare reported behaviors, with the Annual ASP to identify any significant changes prior to the future annual ASP review and the need to conduct an additional ASP as indicated. Audit findings will be reviewed by the Administrator and or designee monthly beginning October 18, 2023, audits will continue for 3 months or until substantial compliance is achieved.

Licensee's Proposed Overall Completion Date: 01/16/2024

Implemented ██████████ - 11/01/2023)