

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

December 14, 2023

[REDACTED]
UPMC SENIOR COMMUNITIES
[REDACTED]
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/13/2023, 11/14/2023 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: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *87* Waking Staff: *65*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *11/14/2023*

Inspection Dates and Department Representative

11/13/2023 - On-Site: [Redacted]
11/14/2023 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	<i>100</i>	Residents Served:	<i>61</i>
Special Care Unit			
In Home:	<i>No</i>	Area:	
Capacity:		Residents Served:	
Hospice			
Current Residents:	[Redacted]		
Number of Residents Who:			
Receive Supplemental Security Income:	<i>0</i>	Are 60 Years of Age or Older:	<i>61</i>
Diagnosed with Mental Illness:	<i>0</i>	Diagnosed with Intellectual Disability:	<i>0</i>
Have Mobility Need:	<i>26</i>	Have Physical Disability:	<i>0</i>

Inspections / Reviews

11/13/2023 - Full
Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *11/19/2023*

11/28/2023 - POC Submission
Submitted By: [Redacted] Date Submitted: *12/13/2023*
Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *12/05/2023*

Inspections / Reviews *(continued)*

12/06/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/13/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 12/13/2023

12/14/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/13/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

65a Fire Safety-1st day

1. Requirements

2800.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff persons A, whose first day of work was [redacted], did not receive the required initial orientation training in general fire safety and emergency preparedness until [redacted].

Plan of Correction

Accepted [redacted] - 12/06/2023)

Seneca Manor places high priority on safety. There is ongoing education and programs throughout the year. The Resident Support Coordinator (RSC) and administrative assistant oversee orientation training.

The employee did receive the required training on [redacted].

In reviewing our practice, our new hires were completing computer modules on day 1 of employment and orientation to the building on day 2. We began on [redacted] reversing the process with the building orientation on day 1 and the computer modules on day 2 of orientation.

The RSC is new in her role. Documented education of regulation 65.a was conducted by the administrator to the RSC on [redacted]. The RSC is responsible for ongoing tracking of education for all employees at Seneca Manor.

The administrator or designee will audit the training records of new hires as well as all current employees within the next 60 days to ensure compliance with regulation 2800.65(a). The audits will be documented with a completion date of [redacted].

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented [redacted] 12/14/2023)

65i Training topics

2. Requirements

2800.

65.i. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia, cognitive and neurological impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Assisted living service needs of the resident.
6. Safe management techniques.

Description of Violation

Direct care staff person B did not receive training in required topics during the training year [redacted] to [redacted] to include:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the assessment tool, medical evaluation and support plan.

65i Training topics (continued)

- (3) Care for residents with dementia and cognitive and neurological impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Assisted living service needs of the resident.
- (6) Safe management techniques.

Plan of Correction

Accept [REDACTED] - 12/06/2023)

Education is completed with all employees annually. On [REDACTED] the Administrator reviewed staff person B's 2022 education bundle and confirmed the listed lessons were completed. This violation is not valid, because the education was completed by the named employee on [REDACTED] and [REDACTED]. The electronic "bundle" had multiple lessons included and the specific trainings noted were included in that grouping. Education for annual training requirements for direct care staff will be reviewed at the [REDACTED] staff meeting by the administrator or designee. Documentation of this education will be completed and included in the [REDACTED] employee newsletter. Our organization had a deadline of [REDACTED] for the completion of the annual training requirements. The Resident Support Coordinator or designee will conduct an audit by [REDACTED] to ensure all employees completed education within regulation 2800.65(i) for 2023 training year. Documentation of the audits will be completed.

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented [REDACTED] 12/14/2023)

65j Annual training content

3. Requirements

- 2800.
- 65.j. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
- 3. Resident rights.
 - 4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.708).
 - 5. Falls and accident prevention.

Description of Violation

Direct care staff person B did not receive required training during the training year [REDACTED] to [REDACTED] to include:

- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102).
- (5) Falls and accident prevention.

Plan of Correction

Accept [REDACTED] - 12/06/2023)

Education is completed with all employees annually. On [REDACTED] the Administrator reviewed staff person B's 2022 education bundle and confirmed the listed lessons were completed. This violation is not valid, because the education was completed by the named employee on [REDACTED] and [REDACTED]. The electronic "bundle" had multiple lessons included and the specific trainings noted were included in that grouping. Education for annual training requirements for all staff will be reviewed at the [REDACTED] staff meeting by the administrator or designee. Documentation of this education will be completed and included in the December

65j Annual training content (continued)

2023 employee newsletter.

Our organization had a deadline of [REDACTED] for the completion of the annual training requirements. The Resident Support Coordinator or designee will conduct an audit by [REDACTED] to ensure all employees completed education within regulation 2800.65(j). Documentation of the audits will be completed.

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented [REDACTED] - 12/14/2023)

65l Record of training

4. Requirements

2800.

65.l. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The residence's record of 2022 annual direct care staff training for direct care staff person C did not include the source and length of the course for multiple trainings to include:

- * Medication Self-Administration
- * Instruction on meeting the need of residents as described in the assessment tool, medical evaluation and support plan
- * Care for residents with dementia, cognitive and neurological impairments
- * Resident Rights
- * Safe Management Techniques

Plan of Correction

Accept [REDACTED] - 11/28/2023)

Education is completed with all employees annually. Our platform has been electronic education lessons on the UPMC ULearn system. This system includes the specific trainings noted and were completed on [REDACTED] and [REDACTED]. We are transitioning to the Relias education platform. Relias has a detailed report for all lessons completed including employee name, date, source, content, and length.

Annual training requirements for direct care staff will be reviewed at the [REDACTED] staff meeting by the administrator or designee. Documentation of this education will be completed and included in the [REDACTED] employee newsletter.

Our organization had a deadline of [REDACTED] for the completion of the annual training requirements. The Resident Support Coordinator or designee will conduct an audit by [REDACTED] to ensure all education was completed as required by all staff. Documentation of the audit will be completed.

Licensee's Proposed Overall Completion Date: 12/15/2023

Implemented [REDACTED] - 12/14/2023)

81a Disability accommodation

5. Requirements

2800.

81.a. The residence shall provide or arrange for physical site accommodations and equipment necessary to meet the health and safety needs of a resident with a disability and to allow safe movement within the home and exiting from the residence.

Description of Violation

The residence has not developed a procedure for periodic assessment of proper installation and maintenance of the

81a Disability accommodation (continued)

bedside mobility devices used in resident living unit [redacted] belonging to resident #1, resident living unit [redacted] belonging to resident #2 and resident living unit [redacted] belonging to resident #3.

Plan of Correction

Accept [redacted] - 11/28/2023)

Seneca Manor has adopted the new guidance regarding bed enablers that was distributed by BHSL in June 2023. We have developed a new policy dated November 15, 2023 about the use of bed enablers and our procedures to ensure safe installation and monitoring of the devices in place.

Education reviewing the new policy will occur at the next staff meeting on [redacted]. Documentation of this education will be completed and included in the December 2023 employee newsletter.

For the next two months, the administrator or designee will randomly check two enablers a week to ensure they are installed properly and safely in place. These checks will be documented and completed by [redacted].

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented [redacted] - 12/14/2023)

81b Resident equip – good repair

6. Requirements

2800.

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

Description of Violation

On [redacted] at approximately [redacted] the bedside mobility device on the left side of resident #2's bed in resident living unit [redacted] was not firmly secured to the bedframe or flush with the headboard and created an opening greater than six inches wide and seven inches high that presented an entanglement hazard for resident #2. There was second bedside mobility device affixed to the right-hand side of resident #2's bed that was not firmly secured to the frame of the bed and both devices could be moved approximately one-inch to one-and-one-half inch to the left and right when minimal force was applied by the agent of the Department and created a risk for limb entanglement for resident #2.

Plan of Correction

Accept [redacted] - 11/28/2023)

The two enablers identified were safely secured to the bed by our maintenance employee on [redacted]. Seneca Manor has adopted the new guidance regarding bed enablers that was distributed by BHSL in June 2023. We have developed a new policy dated November 15, 2023 about the use of bed enablers and our procedures to ensure safe installation and monitoring of the devices in place.

Education reviewing the new policy will occur at the next staff meeting on [redacted]. Documentation of this education will be completed and included in the December 2023 employee newsletter.

For the next two months, the administrator or designee will randomly check two enablers a week to ensure they are installed properly and safely in place. These checks will be documented and completed by [redacted].

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented [redacted] - 12/14/2023)

89b Hot water temperature

7. Requirements

2800.

89b Hot water temperature (continued)

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On [redacted] at approximately [redacted], the water temperature at the bathroom sink in resident living unit [redacted] belonging to resident #1 measured [redacted] degrees Fahrenheit.

On [redacted] at approximately [redacted], the water temperature at the bathroom sink in resident living unit [redacted] belonging to resident #2 measured 126.1 degrees Fahrenheit.

On [redacted] at approximately [redacted], the water temperature at the bathroom sink in resident living unit [redacted] belonging to resident #4 measured [redacted] degrees Fahrenheit.

On [redacted] at approximately [redacted], the water temperature at the bathroom sink in the first common half bathroom closest to the residence's lobby measured [redacted] degrees Fahrenheit.

Plan of Correction

Accept [redacted] - 11/28/2023)

On [redacted] our Regional Administrator contacted the Director of Building Maintenance Services via telephone and the administrator submitted a work order to have our maintenance team check the water temperatures and address any higher than [redacted] degrees.

The administrator or designee will conduct education with the two man maintenance team about 2800.89.b. Record of the education will be obtained by [redacted].

Our maintenance team will complete random water checks on at least 6 rooms per week for the next two months. A documented list will include the date of the check, resident room number, temperature reading, actions taken to correct any temperatures measuring higher than [redacted] degrees. The administrator or designee will review the list each week to monitor for any patterns of concern. The checks will conclude on [redacted].

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented [redacted] - 12/14/2023)

101j7 Lighting/operable lamp

8. Requirements

2800.

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

On [redacted] at approximately [redacted] there was no operable source of light at bedside in resident living unit [redacted] belonging to resident #5.

On [redacted] at approximately [redacted] there was no operable source of light at bedside in resident living unit [redacted] belonging to resident #3.

101j7 Lighting/operable lamp (continued)

Plan of Correction

Accepted [redacted] - 11/28/2023)

A lamp was present for resident [redacted]; however, the lamp was unplugged. The administrator immediately plugged the lamp in on [redacted] and confirmed it was operable. Our maintenance team followed up the same day and added more outlets to ensure the lamp remains plugged in along with other devices. On [redacted] the administrator educated resident [redacted] about regulation 2800. 101.j and placing a lamp at bedside. The resident verbalized not wanting a lamp and in respecting the resident's right to choice, the administrator provided a flashlight and educated the resident it needs to remain within reach from bed.

The administrator will educate the housekeeping team about 2800. 101.j requiring an operable light source at each resident bedside by [redacted].

The housekeepers will complete random weekly audits of at least 6 rooms for the next two months. The team will document the date, a list of room numbers, verification of an operable light source at bedside and any action taken to immediately correct any out of compliance. The administrator or designee will review the list each week to monitor for any patterns of concern. This will conclude [redacted].

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented [redacted] - 12/14/2023)

132b Safety inspection/fire drill

9. Requirements

2800.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The residence's fire safety inspection and supervised fire drill conducted by a fire safety expert was held on [redacted]. However, the previous fire safety inspection and supervised fire drill conducted by a fire safety expert was held on [redacted].

Plan of Correction

Accepted [redacted] - 11/28/2023)

An annual fire safety inspection and fire drill was conducted by a fire safety expert on [redacted]. The administrator contacted the fire safety expert for copies of the documents; however, this individual was out of town and was not able to forward the information until [redacted]. Once obtained, the administrator created a new folder and tracking system to ensure compliance with regulation 2800.132.d. A 2024 fire safety inspection and fire drill has been scheduled with the fire safety expert for [redacted].

Licensee's Proposed Overall Completion Date: 04/12/2024

Implemented [redacted] - 12/14/2023)

132d Evacuation

10. Requirements

2800.

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

132d Evacuation (continued)

Description of Violation

The residence did not have internal fire safe areas documented by the residence's fire safety expert. The residence conducted fire drills evacuating residents to other areas of the residence to include:

- * [redacted] at [redacted] residents evacuated to 1 N, 1 E, and DR.
- * [redacted] at [redacted] residents evacuated to 2 N, 2 W, 3 N, 3 W, 1 N, Lobby.
- * [redacted] at [redacted] residents evacuated to Dining Room and 1 N.
- * [redacted] at [redacted] residents evacuated to Main FL, 2 East, 2 North
- * [redacted] at [redacted] residents evacuated to 2 North, 1 North.
- * [redacted] at [redacted] residents evacuated to All Hallways.
- * [redacted] at [redacted] residents evacuated to 3RD FL E, N.
- * [redacted] at [redacted] residents evacuated to 3 East West, 2 East West.
- * [redacted] at [redacted] residents evacuated to 2 & 3 N and E.
- * [redacted] at [redacted] residents evacuated to 1 North, West, 3 North, West.

Plan of Correction

Directed [redacted] 12/06/2023)

An annual fire safety inspection and fire drill was conducted by a fire safety expert on [redacted]. The administrator contacted the fire safety expert for copies of the documents; however, this individual was out of town and was not able to forward the information until [redacted]. Once obtained, the administrator created a new folder and tracking system to ensure compliance with regulation 2800.132.d. A 2024 fire safety inspection and fire drill has been scheduled with the fire safety expert for [redacted].

The fire safety expert specified fire safe areas of the building on [redacted]. He named the areas as:

- 1st floor- 1 North and 1 East halls behind fire doors. Stairwells at end of 1 North and East halls. Dining Room and Lobby.
- 2nd floor - 2 North, 2 East and 2 west halls behind fire doors. Stairwells at the end of 2 North, 2 East and 2 West Halls.
- 3rd floor-3 North, 3 East and 3 West halls behind fire doors. Stairwells at the end of 3 North, 3 East and 3 West halls.

The information contained within regulation 2800.132.(d) and UPMC Senior communities fire safe evacuation procedure will be reviewed with all staff at the [redacted] staff meeting and also included in the December 2023 employee newsletter.

The Administrator or designee audited the 2023 fire safety experts report on [redacted] confirming fire safe areas are specified in the documentation. The next audit, by the Administrator or designee, will occur on [redacted], with the fire safety expert, to ensure the documentation for 2024 contains all details as outlined in 2800.132.d

Proposed Overall Completion Date: 04/12/2024

DIRECTED

Within 1 Calendar Day of receipt of the accepted plan of correction: The administrator shall audit the fire drill records monthly to ensure compliance with Regulation 2800.1342(d). [redacted]

Directed Completion Date: 12/07/2023

Implemented [redacted] - 12/14/2023)

132e Fire drill - sleeping hours

11. Requirements

2800.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The residence's most recent sleeping hours fire drill was held on [redacted] at [redacted] however, the previous sleeping hours fire drill was held on [redacted] at [redacted]

Plan of Correction

Accept [redacted] - 11/28/2023)

Our campus maintenance team is responsible for pulling the fire alarm to keep it unannounced to the staff in the building.

The administrator or designee will complete education with the two members of the maintenance team about 2800.132.e by [redacted] and give the directive for a fire drill to be completed during sleeping hours in December 2023. Documentation is completed each month confirming the specific information about that fire drill.

The administrator or designee will review the information each month ongoing when adding to the new folder and tracking system.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [redacted] 12/14/2023)

132g Fire drills – days/times

12. Requirements

2800.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The residence's most recent sleeping hours fire drill was held on [redacted] at [redacted], however, the previous sleeping hours fire drill for the residence was held on [redacted] at [redacted]

Plan of Correction

Accept [redacted] - 11/28/2023)

Our campus maintenance team is responsible for pulling the fire alarm to keep it unannounced to the staff in the building. The administrator will complete education with the [redacted] members of the maintenance team about 2800.132.e by [redacted] and give the directive for a fire drill to be completed during sleeping hours in December 2023. Documentation is completed each month confirming the specific information about that fire drill.

The administrator or designee will review the information each month when adding to the new folder and tracking system.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [redacted] - 12/14/2023)

141b1 Annual medical evaluation

14. Requirements

2800.

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

- 1. At least annually.

141b1 Annual medical evaluation (continued)

Description of Violation

Resident #3's annual medical evaluation was signed by the physician on [REDACTED] but did not indicate the date of in-person evaluation, the date the medical evaluation was completed, the immunization history, the overall health status of the resident, and that a tuberculin test had been administered with negative results within 2 years or, if positive, the results of a chest X-ray, those areas of the medical evaluation form were left blank.

Resident #6's annual medical evaluation, dated [REDACTED] did not indicate that a tuberculin test had been administered with negative results within 2 years or, if positive, the results of a chest X-ray, that area of the medical evaluation form was left blank.

Resident #1's annual medical evaluation, dated [REDACTED], did not include a list of the resident's prescribed medications, and the resident is prescribed multiple medications to include:

- * [REDACTED] Tablets [REDACTED], Take one tablet by mouth once daily
- * [REDACTED] Tablet [REDACTED], Take one tablet by mouth at bedtime
- * [REDACTED] Tablet [REDACTED], Take one tablet by mouth twice daily
- * [REDACTED] Tablet [REDACTED], Take one tablet by mouth once daily
- * [REDACTED] Tablet [REDACTED] Tablet, Take one tablet by mouth once daily
- * [REDACTED] Tablet [REDACTED], Take one tablet by mouth every eight hours as needed

REPEAT VIOLATION 9/12/13

Plan of Correction

Accepted [REDACTED] - 12/06/2023)

The charge nurse obtained updated ADMEs for Resident # 3 on [REDACTED] and Resident # 1 on [REDACTED]. Resident #6 already had the information in their chart documented on the Immunization Record. The information from the immunization record was transcribed on to #6 ADME by the charge nurse which is dated [REDACTED] and initialed. Our Director of Resident Care (DRC) oversees the nursing department. A new employee is stepping into the DRC role on [REDACTED]. The administrator will review education about regulation 2800.141.b with the new DRC by [REDACTED]. Documentation of this education will be completed.

The DRC or designee will then be responsible for completing random audits of 2 resident charts per week between [REDACTED] and [REDACTED] ensuring each ADME is completed thoroughly. Documentation listing the resident's name, date of review and any needed corrections will be kept verifying the audits.

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented [REDACTED] - 12/14/2023)

181c Self-Administer Assessment

15. Requirements

2800.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2800.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

On [REDACTED] at approximately [REDACTED] resident #1 indicated to an agent of the Department that [REDACTED]

181c Self-Administer Assessment (continued)

self-administers [redacted] inhale [redacted] [redacted] total) every four (4) hours on regular basis to include the morning of [redacted]. However, the assessment for resident #1, dated [redacted], did not indicate the resident was capable of medication self-administration.

Plan of Correction

Accept [redacted] - 11/28/2023)

On [redacted], the charge nurse obtained a physician order stating a nurse or med tech would place the medication into the [redacted] and the resident can turn the machine on/off. The resident's ASP was updated with this information.

The nurses and med techs completed Medication Self Administration training module on [redacted]. The DRC or designee will complete an audit by [redacted] of all resident medication distribution status, update the master resident list of any residents who are able to self-administer and confirm their ADMEs and ASPs reflect this information. A documented completion list will be maintained.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [redacted] - 12/14/2023)

183b Medications and syringes locked

16. 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 [redacted] at approximately [redacted] resident #1's [redacted] %, inhale [redacted] total) every four (4) hours was found unlocked, unattended, and accessible in resident living unit [redacted] bedroom on the tall dresser to the left of resident #1's bed.

Plan of Correction

Accept [redacted] - 11/28/2023)

On [redacted] the charge nurse removed the items and locked them in the medication cart. The nurses and med techs completed Medication Self Administration training module on [redacted]. The nurses and med techs will complete a training module titled Basic Medication Management in Assisted Living Facilities by [redacted].

The DRC or designee will complete an audit by [redacted] of all resident medication distribution status, update the master resident list of any residents who are able to self-administer and confirm their ADMEs and ASPs reflect this information. A documented completion list will be maintained.

The DRC will check the room of each resident who can self-administer once a week [redacted] to [redacted] to ensure medications are stored in a locked container. A list of room checks will be maintained.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [redacted] - 12/14/2023)

183d Current medications

17. Requirements

2800.

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

183d Current medications (continued)

Description of Violation

On [redacted] at approximately [redacted], there was a pharmacy card of [redacted] capsules belonging to resident #4 that was found on the second-floor medication cart immediately to the left of the door to the medication room. However, resident #4's [redacted] capsules were discontinued on [redacted].

Plan of Correction

Accept [redacted] - 11/28/2023)

The medication was destroyed on [redacted] by the nurse on duty. The nurses and med techs will complete a training module titled Basic Medication Management in Assisted Living Facilities by [redacted]. The DRC or designee will complete [redacted] random resident medication audits twice a month in December 2023 and January 2024. A record of each audit will be completed containing the date of the audit, resident's name, and any needed actions with a completion date of [redacted].

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented [redacted] - 12/14/2023)

183f Discontinued medications

18. Requirements

2800.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the residence shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the residence, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the residence.

Description of Violation

Resident #4's [redacted], [redacted] subcutaneously once daily, was dated as opened on [redacted], however, the manufacturer's direction for [redacted] indicated to discard 28 days after initial use. The medication was in the residence and administered daily from [redacted] through [redacted].

Plan of Correction

Accept [redacted] - 11/28/2023)

The medication was destroyed on [redacted] by the med tech and charge nurse. The nurses and med techs will be provided education about 2800.183.f at a December 2023 clinical staff meeting. Documentation of the meeting will be completed. Additionally, the training module titled Basic Medication Management in Assisted Living Facilities by [redacted]. The DRC or designee will complete six random resident medication audits twice a month in December 2023 and January 2024. A record of each audit will be completed containing the date of the audit, resident's name, and any needed actions with a completion date of 1/31/24

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented [redacted] - 12/14/2023)

184a Resident meds labeled

19. Requirements

2800.

184a Resident meds labeled (continued)

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

Description of Violation

The pharmacy label for resident #6's [redacted] indicated [redacted] subcutaneously at [redacted]. However, resident #6's [redacted] order was changed to [redacted] subcutaneously at bedtime on [redacted].

Plan of Correction

Accepted [redacted] - 11/28/2023)

The medication label was corrected on [redacted] by the charge nurse. The nurses and med techs will be provided education about 2800.184.a at a December 2023 clinical staff meeting. Documentation of the meeting will be completed. Additionally, the training module titled Basic Medication Management in Assisted Living Facilities by [redacted]. The DRC or designee will complete [redacted] random resident medication audits twice a month in December 2023 and January 2024. A record of each audit will be completed containing the date of the audit, resident's name, and any needed actions. Completion will be [redacted].

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented [redacted] - 12/14/2023)

185a Storage procedures

20. Requirements

2800.

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

Description of Violation

Resident #1 is ordered [redacted], take [redacted] by mouth every 8 hours as needed. However, on [redacted] at [redacted] the medication was not in the residence to administer if requested by resident #1.

Resident #1 is ordered [redacted], take [redacted] by mouth every 6 hours as needed. However, on [redacted] at [redacted] the medication was not in the residence to administer if requested by resident #1.

Resident #1 is ordered [redacted], take [redacted] [redacted] by mouth once daily for five days at a time as needed. However, on [redacted] at [redacted] the medication was not in the residence to administer if requested by resident #1.

Plan of Correction

Accepted [redacted] - 11/28/2023)

All listed PRN medications were ordered [redacted] and received at the residence [redacted]. The nurses and med techs will be provided education about 2800.185.a at a December 2023 clinical staff meeting. Documentation of the meeting will be completed. Additionally, the training module titled Basic Medication Management in Assisted Living Facilities by [redacted]. The DRC or designee will complete [redacted] random resident medication audits twice a month in December 2023 and January 2024. A record of each audit will be completed containing the date of the audit, resident's name, and any needed actions.

Licensee's Proposed Overall Completion Date: 01/31/2024

185a Storage procedures *(continued)*

Implemented [REDACTED] - 12/14/2023)