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| P 000 | Initial Comments<br><br>On 10/15/24, an unannounced onsite visit was made at Edgewood Rehabilitation and Living Center, Residential Care, for the purpose of completing the state relicensure survey. It was determined that Edgewood Rehabilitation and Living Center, Residential Care, is not in substantial compliance with 10/144, Chapter 113-Regulations Governing the Licensing and Functioning of Assistive Housing Programs-Level IV, Private Non-Medical Institutions. | P 000 | | |
| P 306 | 7.1.4 Medications and Treatments<br><br>Unlicensed assistive personnel must be trained by a registered professional nurse in regard to the management of persons with diabetes. The registered professional nurse must provide in-service training and documentation to include: [Class III]<br><br>This STANDARD is not met as evidenced by:<br>Based on personnel file reviews and interview, the facility failed to provide documented evidence that 3 of 3 Certified Residential Medication Aide's (CRMA's) received annual diabetes management training by a Registered Professional Nurse. (CRMA's #1, #2, #3)<br><br>Findings:<br><br>Upon review of the personnel files for CRMA's #1, #2, and #3, no documented evidence was | P 306 | | |

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| P 306 | Continued From page 1<br>located to indicate that annual diabetes management training had been provided by a Registered Professional Nurse.<br><br>On 10/15/24 at 2:45 p.m., in an interview with the Administrator, the surveyor discussed that none of the CRMA records contained evidence that annual diabetes management education had been provided as required. | P 306 | | |
| P 320 | 7.2.1 Medications and Treatments<br><br>Self-administration. Upon admission, each individual ' s ability to self-administer medications will be determined by an assessment of his/her ability or need for assistance, unless the resident/legal representative elects (in writing) to have the facility administer his/her medications. A final decision will be reached between the resident, his/her legal representative, his/her duly authorized licensed practitioner and a facility representative.<br><br>This STANDARD is not met as evidenced by:<br>Based on clinical record review and interview, the facility failed to assess a resident's ability to self-administer medications for 1 of 3 sampled residents (#2).<br><br>Finding:<br><br>On 10/15/24, a surveyor reviewed the clinical record of Resident #2 and noted a physician's order, dated 9/13/24, which stated Ventolin 90 microgram/actuation aerosol inhaler 2 puffs use with aerochamber as needed every 6 hours for wheezing, may keep at bedside. | P 320 | | |

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| P 320 | Continued From page 2<br><br>Further review of Resident #2's record noted a consent for medication self-administration, completed on 8/23/22, in which the resident indicated he/she wished to have the facility administer medications. There was no evidence of a medication self-administration assessment for the use of the Ventolin inhaler found in Resident #2's record.<br><br>On 10/15/24 at 12:00 p.m., the surveyor observed Resident #2 in his/her room. Resident #2 stated he/she keeps the Ventolin inhaler in a compartment in the seat of his/her walker. He/she uses the inhaler when he/she "overdoes it and my breathing worsens."<br><br>On 10/15/24 at 12:05 p.m., in an interview with the surveyor, CRMA #4 stated Resident #2 does not tell staff when he/she uses the inhaler.<br><br>On 10/15/24, at approximately 3:45 p.m., during exit interview, the surveyor discussed the above finding with the Administrator. | P 320 | | |
| P 361 | 7.14 Medications and Treatments<br><br>Breathing apparatus. When the facility assists a resident with a hand-held bronchodilator, metered dose nebulizers, intermittent positive pressure breathing machine or oxygen machine, there shall be documentation of the following:<br><br>This STANDARD is not met as evidenced by:<br>Based on clinical record review, observation, and interviews, the facility failed to have complete and accurate orders for the use of oxygen and Continuous Positive Airway Pressure therapy (CPAP) for 2 of 3 residents reviewed (Residents | P 361 | | |

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| P 361 | Continued From page 3<br>#2, #3). In addition, the facility failed to provide the necessary training to assist residents in the use of Oxygen therapy and CPAP, for 3 of 3 Certified Residential Medication Aides (CRMA's), whose personnel files were reviewed.<br><br>Findings:<br><br>1. On 10/15/24, during a review of Resident #2's clinical record, the surveyor noted a physician's order, dated 9/13/24, which stated Oxygen at 2 liters/minute via nasal cannula.<br><br>On 10/15/24 at 12:00 p.m., the surveyor observed Resident #2 in his/her room and not wearing oxygen. Resident #2 stated he/she does not use oxygen daily.<br><br>On 10/15/24 at 12:05 p.m., in an interview with the surveyor, CRMA #4 stated staff check Resident #2's oxygen saturation each shift and apply oxygen only if the level is less than 90%.<br><br>2. On 10/15/24, during a review of Resident #3's clinical record, the surveyor noted physician's orders, dated 10/1/24, which stated BiPAP (BiLevel Positive Airway Pressure) please assist resident to apply mask as needed one time daily, change mask and tubing every 3 months, change disposable filter every 2 weeks, please change BiPAP mask cushion one time monthly.<br><br>On 10/15/24 at 12:35 p.m., in an interview with the surveyor, CRMA #4 stated Resident #3 does not use a BiPAP, but a CPAP machine. CRMA #4 confirmed to the surveyor that he/she had not received training on the use or maintenance of the machine.<br><br>On 10/15/24 at 12:45 p.m., in an interview with | P 361 | | |

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| P 361 | Continued From page 4<br>the surveyor, CRMA #1 confirmed he/she had not received training on the use or maintenance of the machine.<br><br>3. Upon review of the personnel files for CRMA's #1, #2, and #3, the surveyor was unable to locate evidence that staff had been provided training regarding use of any Breathing Apparatus or Oxygen.<br><br>On 10/15/24, at approximately 3:45 p.m., during exit interview, the surveyor discussed the above findings with the Administrator. | P 361 | | |
| P 365 | 7.15 Medications and Treatments<br><br>First aid kit. A first aid kit containing supplies which may be necessary for the first aid treatment of minor injuries such as cuts, scrapes or first degree burns shall be included and available in the facility. All staff shall be instructed in the use of any item in the kit.<br><br>This STANDARD is not met as evidenced by:<br>Based on review of personnel training files, the facility failed to provide in-service training for 2 of 3 staff on the proper use of items in the First Aid Kit, in order to provide treatment for minor injuries of residents, for 2 of 3 personnel training files reviewed.<br><br>Findings:<br><br>On 10/15/24, the surveyor reviewed 3 personnel training files for education provided by the facility to CRMA (Certified Residential Medication Aide) staff. | P 365 | | |

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| P 365 | Continued From page 5<br><br>1. The file of CRMA #1, with a date of hire of 2/22/23, contained no documentation of having received training on use of the First Aid Kit.<br><br>2. The file of CRMA #2, with a date of hire of 2/7/24, contained no documentation of having received training on use of the First Aid Kit.<br><br>On 10/15/24 at approximately 3:45 p.m., the surveyor discussed the above findings with the Administrator. | P 365 | | |
| P 523 | 13.6.1 Staffing<br><br>Within one hundred twenty (120) days of hiring, all staff, other than CNA ' s and licensed professional staff whose job responsibilities include direct service to residents for at least twenty (20) hours per week, shall successfully complete a certification course approved by the Department.<br><br>This STANDARD is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure that staff whose job responsibilities include direct services to residents for at least twenty (20) hours per week, have successfully completed a certification course approved by the Department for 1 of 3 personnel records reviewed (#1).<br><br>Finding:<br><br>A review of Staff #1's personnel file indicated a hire date of 2/22/23. Staff #1 completed training as a Certified Residential Medication Aide (CRMA) on 4/22/22, and completed a recertification course on 4/25/24. Staff #1 | P 523 | | |

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| P 523 | Continued From page 6<br>provides direct care services to residents and is regularly scheduled to work 40 hours per week. There was no evidence in Staff #1's personnel file of completion of a Personal Support Specialist (PSS) course, or prior completion of a Certified Nursing Assistant course.<br><br>On 10/15/24, at approximately 3:45 p.m., during exit interview, the surveyor discussed the above finding with the Administrator. | P 523 | | |
| P 532 | 13.9 Staffing<br><br>Registered nurse services. Each facility shall retain a registered nurse, either on staff (other than the Administrator) or on a contractual basis, to provide the following services:<br><br>This STANDARD is not met as evidenced by:<br>Based on record reviews and interview the facility failed to provide Registered Nurse Services to observe residents signs and symptoms, review resident records for completeness and accuracy, to review medication records, review medication administration practices and procedures, review therapeutic diets and to recommend staff trainings as required in the regulation 13.9.<br><br>Finding:<br><br>During clinical record review for Residents #1, #2 and #3, there was no documentation that a Registered Nurse was reviewing Sections 13.9.1 through 13.9.7 of this regulation every 60 days, as required by this regulation.<br><br>On 10/15/24 at 2:45 p.m., in an interview with the Administrator, the surveyor confirmed the RN Consultant reports were incomplete and | P 532 | | |

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| P 532 | Continued From page 7<br>discussed the RN Consultant services did not meet the requirements of the regulation. | P 532 | | |