

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 02AL135	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/12/2008
NAME OF PROVIDER OR SUPPLIER PASADENA HOME CARE I		STREET ADDRESS, CITY, STATE, ZIP CODE 250 KENTUCKY AVENUE PASADENA, MD 21122		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	<p><i>Initial Comments</i></p> <p><i>On May 12, 2008, an inspection of care survey was conducted by representatives of the Office of Health Care Quality to determine whether the immediate health and safety needs of the residents are being met and determining compliance with COMAR 10.07.14, Assisted Living Regulations and Health General §19-1805(a)(6). The inspection of care survey is not used to determine the re-issuance of a license.</i></p> <p><i>Survey activities included a review of selected administrative, staff and residents' files, interviews with staff and residents, observations, and a tour of the facility.</i></p> <p><i>The facility census at the time of the survey was five (5) residents.</i></p> <p><i>Based on the deficiencies cited, a re-licensure survey is recommended within ninety days.</i></p>	Z 000		
Z2090	<p><i>.15 A8 .15 Assisted Living Manager</i></p> <p><i>A. Qualifications. The assisted living manager shall at a minimum:</i></p> <p><i>(8) Have adequate knowledge in:</i></p> <p><i>(a) The health and psychosocial needs of the population being served,</i></p> <p><i>(b) The resident assessment process,</i></p> <p><i>(c) Use of service plans,</i></p> <p><i>(d) Cuing, coaching, and monitoring residents who self-administer medications, with or without assistance,</i></p> <p><i>(e) Providing assistance with ambulation, personal hygiene, dressing, toileting, and feeding,</i></p> <p><i>(f) Resident's rights,</i></p> <p><i>(g) Fire and life safety,</i></p>	Z2090		

OHCQ

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z2090	Continued From page 1 (h) Infection control, including standard precautions, (i) Basic food safety, (j) Basic first aid, (k) Basic CPR, (l) Emergency disaster plans, and (m) Individual job requirements of all staff. This REQUIREMENT is not met as evidenced by: Based on administrative record review, the Assisted Living Manager (ALM) failed to meet all qualifications as set forth by this chapter. Findings include: Administrative record review revealed that the ALM's CPR certification expired 4/08.	Z2090		
Z2160	.16 .16 Alternate Assisted Living Manager An alternate individual shall be available to assume the responsibilities described in Regulation .15C(4)--(8) of this chapter when the assisted living manager is not available. The alternate individual shall be 21 years old or older and meet the qualifications as set forth in Regulation .15A(2)--(8) of this chapter. This REQUIREMENT is not met as evidenced by: Based on administrative record review, the facility failed to ensure that the alternate assisted living manager (AALM) meet the requirements set forth in Regulation .15A(2)-(8) of this chapter. Findings include:	Z2160		

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Z2160	Continued From page 2 Administrative record review revealed that the AALM's CPR certification expired 4/08.	Z2160		
Z2280	.17 C .17 Other Staff--Qualifications C. Basic CPR training shall be provided on an initial and ongoing basis to a sufficient number of staff to ensure that a trained staff member is available to perform CPR in a timely manner, 24 hours a day. This REQUIREMENT is not met as evidenced by: Based on administrative record review, the facility failed to ensure ongoing CPR training for staff. Findings include: Review of administrative records revealed that Staff #3, Staff #4, and Staff #5's CPR certifications expired 4/08.	Z2280		
Z3490	.31 A .31 General Physical Plant Requirements. .31 General Physical Plant Requirements. A. The facility, which includes buildings, common areas, and exterior grounds shall be kept: (1) In good repair; (2) Clean; (3) Free of any object, material, or condition that may create a health hazard, accident, or fire; (4) Free of any object, material, or condition that may create a public nuisance; and (5) Free of insects and rodents. This REQUIREMENT is not met as evidenced by: Based on observation during a tour of the facility,	Z3490		

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Z3490	<p><i>Continued From page 3</i></p> <p><i>the licensee failed to keep all areas in good repair, and free of conditions which may create an accident.</i></p> <p><i>Findings include:</i></p> <p><i>1. Observation during a tour of the facility revealed that the transitions/thresholds:</i></p> <ul style="list-style-type: none"> <i>- between Room #3 to the dining room;</i> <i>-between Room #4 to the hall; and</i> <i>-between Room #5 to the hall;</i> <p><i>are uneven. Uneven transitions/thresholds create a potential trip hazard.</i></p> <p><i>Further observation during a tour revealed that the transitions/thresholds between the rooms are from rug to floor with a strip of what appears to be old, raveled duck tape between the rug and floor.</i></p> <p><i>2. Continued observation during a tour of the facility revealed a drop ceiling panel in Room #5 which was askew, exposing the floor area above.</i></p>	Z3490		