

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MARTINS RUN, INC.

LEGAL ENTITY

To operate MARTINS RUN

NAME OF FACILITY OR AGENCY

Located at 11 MARTINS RUN, MEDIA, PA 19063

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 59
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

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

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from February 8, 2010 until August 8, 2010,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **182801**

Robert E. Robinson

ISSUING OFFICER

Kenneth Casey

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.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
FAX: (717) 783-5662

**CERTIFIED MAIL – RETURN RECEIPT
MAILING DATE:**

FEB 08 2010

Ms. Linda Sterthous, CEO
Martins Run, Inc.
Martins Run
11 Martins Run
Media, Pennsylvania 19063

Dear Ms. Sterthous:

As a result of the Department of Public Welfare's (Department) licensing inspections on July 1, 2009, July 2, 2009, October 27, 2009 and January 5, 2010 of the above personal care home, the violations specified on the enclosed Violation Reports were found.

A PROVISIONAL license is being issued based on the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

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 Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

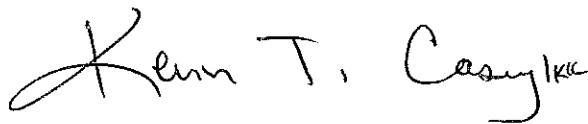
Karen E. Kroh, Director
Adult Residential Licensing
Department of Public Welfare
423 Health and Welfare Building
Seventh and Forster Streets
Harrisburg, Pennsylvania 17120

Ms. Linda Sterthous

2

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.

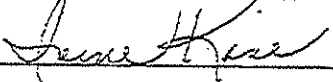
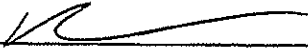
Sincerely,

A handwritten signature in black ink that reads "Kevin T. Casey". The signature is written in a cursive style with a large, sweeping initial "K".

Kevin T. Casey
Deputy Secretary

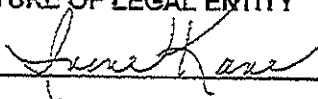

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Martins Run 11 Martins Run, Media 19063		CURRENT LICENSE NUMBER 182800	
INSPECTION DATE(S) (Include all dates of the inspection) July 1-2, 2009		REGIONAL REPRESENTATIVE Metzger, Stone	
SIGNATURE OF LEGAL ENTITY 	DATE 7/16/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/10/09

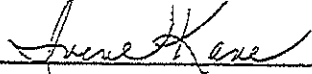

1	2	3	4	5
REGULATION 55 Pa.Code § 2600.	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY DPW
65a Prior to or during the first work 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: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable. (3) The designated meeting place outside the building or within the fire-safe area in the	Ancillary staff person hired 12/5/08, lacked orientation in the areas required by this regulation.	8/24/09	1) Documentation of orientation to Martins Run was located in his personnel file by the Director of Human Resources. *Documentation attached 2) An in-service on ancillary staff orientation will be given to the Department Heads of Housekeeping, Dining Services, Transportation, Companion Services and Maintenance by the Personal Care-Pines Administrator.	1/5/2010 JKK


**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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SIGNATURE OF LEGAL ENTITY 	DATE 7/16/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/16/08

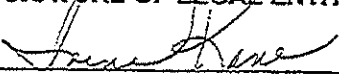

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
65a (continued) event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.		8/24/09	3) Regulation 2600.65a will now be included in each of the department's orientation program prior to or during the first day of work. 4) Documentation shall be maintained by the Director of Human Resources in the Employees Personnel file.	

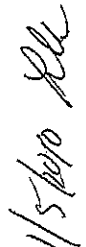
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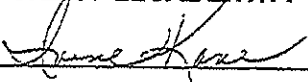
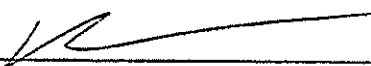
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65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act. (4) Reporting of reportable incidents and conditions.	Ancillary staff person _____, hired 12/5/08, lacked orientation in the areas required by this regulation.	8/24/09	1) Documentation of _____ orientation to Martins Run attached. 2) As of this date _____ is no longer employed by Martins Run. 3) An in-service on ancillary staff orientation will be given to Department Heads of Housekeeping, Dining, Transportation, Companion Services, and Maintenance by the PC Administrator. 4) Regulation 2600.65b will now be included in each of the department's orientation program within 40 scheduled working hours. 5) Documentation shall be maintained by the Director of Human Resources in the Employees Personnel File.	11/5/2010 

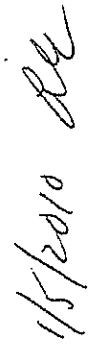
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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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65c Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.	There was no documentation that ancillary staff person hired 12/5/08, had an orientation to his specific job function prior to starting his job.	8/24/09	1) Documentation of general orientation to his specific job functions was located in his personnel file by the Director of Human Resources. *documentation attached 2) An in-service on ancillary staff orientation will be given to the Department Heads of Housekeeping, Dining, Transportation, Companion Services and Maintenance by the PC administrator. 3) Regulation 65c will now be included in each of the department's orientation program specific to the job functions as it relates to their position prior to working in that capacity. 4) Documentation shall be maintained by the Director of Human Resources in the employees personnel file.	1/5/10 

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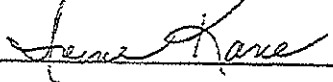

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65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident	Ancillary staff person lacked annual training in sections (1), (2), and (5) of this regulation.	8/24/09	1) will be trained on Fire Safety by a Fire Safety expert. She will also be trained on emergency preparedness, falls and accident prevention by PC administrator. 2) An in-service on ancillary staff annual training will be given to Department Heads of Housekeeping, dining, Transportation, Companion Services and Maintenance by the PC administrator. 3) Regulation 2600.65g will now be included in each department's annual training. 4) Documentation shall be maintained by the Director of Human Services in the employees personnel file.	

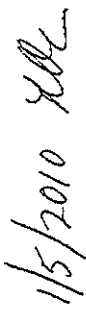
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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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65g (continued) prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.				

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132b 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.	The home lacked documentation of an annual fire safety inspection and fire drill conducted by a fire safety expert.	8/24/09	<ol style="list-style-type: none"> 1) The Marple Fire Company responded to two actual fire calls in the Pines in 2008. 2/25/08 for an electrical smell – all residents readied for evacuation. 7/21/08 for smoldering mulch in the Garden – all residents evacuated. 2) A fire safety inspection by the Fire Safety expert was conducted. The Township of Marple Pines Building letter dated 8/14/08 is attached. 3) The 2009 Annual Fire Safety inspection, and Fire Drill by the Fire Safety expert is scheduled for 2009. 4) The administrator will request specific documentation regarding the drill and inspection to be included in the yearly letter. 	11/5/2010 

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600



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SIGNATURE OF LEGAL ENTITY <i>Jane Kane</i>	DATE 7-16-09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 11/10/09

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW																																							
132d 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.	The home has a written recommended evacuation time of 9 minutes specified in writing within the past year by a fire safety expert. Evacuation times were as follows: <table border="1"> <thead> <tr> <th>Date</th> <th>Time</th> <th>Evac. Time</th> </tr> </thead> <tbody> <tr><td>08/27/08</td><td>8:57 pm</td><td>8 min 25 sec</td></tr> <tr><td>09/14/08</td><td>9:50 pm</td><td>4 min 5 sec</td></tr> <tr><td>10/30/08</td><td>2:08 am</td><td>11 min 25 sec</td></tr> <tr><td>11/20/08</td><td>6:18 am</td><td>7 min 44 sec</td></tr> <tr><td>11/24/08</td><td>7:04 pm</td><td>3 min 50 sec</td></tr> <tr><td>12/30/08</td><td>11:00am</td><td>5 min 15 sec</td></tr> <tr><td>01/23/09</td><td>6:01 am</td><td>8 min 50 sec</td></tr> <tr><td>02/26/09</td><td>6:15 pm</td><td>3 min 35 sec</td></tr> <tr><td>03/24/09</td><td>10:40am</td><td>3 min 05 sec</td></tr> <tr><td>04/30/09</td><td>12:32am</td><td>7 min 45 sec</td></tr> <tr><td>05/28/09</td><td>3:08 pm</td><td>3 min 25 sec</td></tr> <tr><td>06/24/09</td><td>10:31am</td><td>11 min</td></tr> </tbody> </table>	Date	Time	Evac. Time	08/27/08	8:57 pm	8 min 25 sec	09/14/08	9:50 pm	4 min 5 sec	10/30/08	2:08 am	11 min 25 sec	11/20/08	6:18 am	7 min 44 sec	11/24/08	7:04 pm	3 min 50 sec	12/30/08	11:00am	5 min 15 sec	01/23/09	6:01 am	8 min 50 sec	02/26/09	6:15 pm	3 min 35 sec	03/24/09	10:40am	3 min 05 sec	04/30/09	12:32am	7 min 45 sec	05/28/09	3:08 pm	3 min 25 sec	06/24/09	10:31am	11 min	8/24/09	<ol style="list-style-type: none"> The Fines has a written recommendation of 9 minutes evacuation time from our fire safety expert. On 10/30/08 at 2:08 a.m. the time was 11 minutes 25 seconds. In response Administrator met with staff and residents. The Administrator met with the fire safety expert and Director of Security at Martins Run. In November two drills were conducted. 11/20/08 – 6:18 a.m. 7min. 44 sec. 11/24/08 – 7:04 p.m. 3 min. 50 sec. On 6/24/09 a drill was conducted at 10:31 a.m. The administrator's designee incorrectly documented on the DPW fire log 11 mins. evacuation. The actual evacuation time was 4 min. 7 sec. *Fire drill report attached. Although one drill in 2008 was greater than 9 minutes, staff and residents have been successful in meeting this regulation since 11-08 Administrator requests this violation be eliminated based on attached corrected information. 	1/5/2010 <i>[Signature]</i>
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05/28/09	3:08 pm	3 min 25 sec																																									
06/24/09	10:31am	11 min																																									

Ongoing

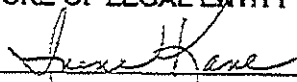

The home will accurately document evacuation times on the fire drill log. Residents will be evacuated in 9 minutes or less

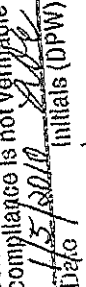
VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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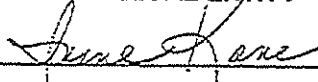
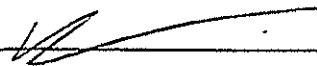
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183f Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home 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 home, 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 home.	The bottle for the Humulin R for resident #2 listed an expiration date of May 2009 for the medication.	8/24/09	1) The insulin was destroyed in a safe manner. 2) The pharmacy was contacted and a new bottle of insulin was available the same day. 3) Expiration dates on all insulin bottles will be checked on a monthly basis. 4) New insulin will be ordered prior to expiration date. 5) Monthly documentation will be maintained in the Pines log book. 6) Medication staff will be in-serviced on this violation and new monthly check system.	Steps have been taken to correct violation; full compliance is not verifiable 11/5/2010 Date Initials (DPW)

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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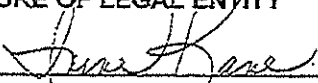
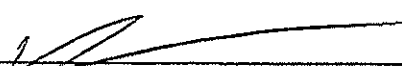
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184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	<ul style="list-style-type: none"> The pharmacy label for resident #2's Avandia did not list the strength of the medication. The label incorrectly listed "4 tabs." The correct strength for each tablet is 4 mg. The pharmacy label for resident #2's Glyburide/Metformin listed incorrect instructions for the medication's administration. The label instructed the medication to be administered twice a day. Resident #2's physician changed the administration time to once a day in November 2008. 	8/24/09	1) The pharmacy was contacted and new correct labels were applied to both medications. 2) A system is now in place where staff are responsible for checking and comparing the medication label to the physicians order at the time of delivery from the pharmacy. 3) Med staff are being in-serviced on the improved system.	Steps have been taken to correct violation; full compliance is not verifiable 11/15/2009  Initials (DPW)

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INSPECTION DATE(S) (Include all dates of the inspection) July 1-2, 2009		REGIONAL REPRESENTATIVE Metzger, Stone	
SIGNATURE OF LEGAL ENTITY 	DATE 7-16-09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/10/09

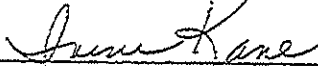
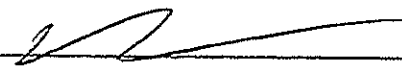
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187d The home shall follow the directions of the prescriber.	<ul style="list-style-type: none"> • Resident #2 receives Humulin R on a sliding scale based upon Accuchecks twice a day. On 6/13/2009 at 5:00 pm, the resident's blood sugar level was recorded as 400. As directed by the physician, the resident should have received 4 units of the Humulin R. The medication record is blank for that time. Therefore it could not be determined that the correct amount of insulin was administered. • On 6/25/09 and 6/28/09 at 5:00 pm Accuchecks for blood sugar levels were not recorded for resident #2. Therefore it could not be determined if resident #2 required any insulin on those dates based upon the sliding scale as directed by the resident's physician. • In November 2008 resident #2's 	8/24/09	<ol style="list-style-type: none"> 1) The Med staff who was responsible for recording the insulin administered on 6/13/09 at 5:00 p.m. was counseled by the administrator. 2) Med staff who were responsible for recording blood sugar levels on 6/25/09 and 6/28/09 were counseled by the administrator. 3) On the August MAR's – insulin and accu checks will be placed on the same page for continuity. 4) Med staff will be in-serviced on this violation, the importance of documenting insulin given and new practice of putting insulin and accu checks on the same page of the MAR. 	

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Martins Run 11 Martins Run, Media 19063		CURRENT LICENSE NUMBER 182800	
INSPECTION DATE(S) (Include all dates of the inspection) July 1-2, 2009		REGIONAL REPRESENTATIVE Metzger, Stone	
SIGNATURE OF LEGAL ENTITY 	DATE 7-16-09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/15/09

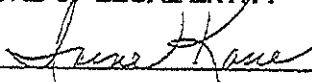
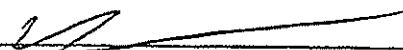
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187d (continued)	<ul style="list-style-type: none"> physician changed the administration time of the resident's Glyburide/Metformin from twice a day to once a day. According to the resident's administration record, this medication was administered twice a day during the entire month of June 2009. A staff person initialed the medication record for resident #2 as administering Akwa Tears to the resident on 7/1/2009 at 9:00 am and 12:00 Noon. However the staff person acknowledged during an interview that the medication had not been administered during these two times because a new refill had not been obtained from the pharmacy. 	8/24/09	<ol style="list-style-type: none"> The physician order on the chart read once daily. The medication administration record read twice daily. Corrected to read once daily in July. A new system for doing monthly re-caps will start this month. The 3-11 staff will initially do the re-caps for the month. The 7-3 staff and or administrator will review each for accuracy before the first of the next month. All staff will be in-serviced on this improved practice. The physician was made aware of violation and reviewed resident's chart and lab work. No adverse reaction noted. Staff responsible for initiating tears when not available was counseled on the Pines Policy on medication omissions. All staff in-serviced on Pines Policy and Procedure for medication omission. 	

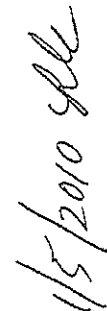
VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Martins Run 11 Martins Run, Media 19063		CURRENT LICENSE NUMBER 182800	
INSPECTION DATE(S) (Include all dates of the inspection) July 1-2, 2009		REGIONAL REPRESENTATIVE Metzger, Stone	
SIGNATURE OF LEGAL ENTITY 	DATE 7-16-09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/16/09

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
190a A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.	It could not be determined that staff persons and who administer medication had met the requirements to successfully complete and pass the Annual Practicum because the correct forms to document these trainings were not used.	8/24/09	1) Med staff and had completed the annual Practicum; however, the Pines Train the Trainer had recorded this information on the initial training form. 2) The Train the Trainer was present at inspection and reviewed this with the regional representative and transferred the information onto the correct forms. 3) From this point forward the annual Practicum forms will be used for annual training.	1/5/2010 All

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Martins Run 11 Martins Run, Media 19063		CURRENT LICENSE NUMBER 182800	
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SIGNATURE OF LEGAL ENTITY 	DATE 7-16-09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/16/09

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	Resident #1's support plan was completed on 5/21/2009. The resident's assessment was completed on 6/18/2009. Therefore the support plan was not based upon the assessment.	8/24/09	1) A new support plan was developed based on the assessment dated 6/18/09. 2) Administrator/designee will develop support plans based on the completed assessment within 30 days of admission from this time forward.	

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Martin's Run 11 Martins Run, Media, PA 19063		CURRENT LICENSE NUMBER 182800	
INSPECTION DATE(S) (Include all dates of the inspection) October 27, 2009		REGIONAL REPRESENTATIVE Chevon Mitchell and Leslie Erhardt	
SIGNATURE OF LEGAL ENTITY <i>Terri Lynn (Pines Admin)</i>	DATE 12/16/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Laura [Signature]</i>	DATE 1/22/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
142a The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for such care, including updating the resident's assessment and support plan.	Resident #1 has a history of falls prior to and while living in the home. Documents show that resident #1 fell on 8-23-09, 9-25-09 and 10-2-09. The resident began receiving occupational therapy due to the most recent fall on 10-2-09 where the resident received a head injury. Prior to 10-6-09 there are no documented interventions that the home implemented to prevent the resident from falling. On 10-21-09, resident #1 fell and was transported to the hospital where the resident died the next day from a Subdural Hematoma.	12-21-09	created an addendum to the Support Plan indicating Problem, Goal, intervention and Discipline. This addendum will be used beginning 12-21-09 to identify residents Health status and will be updated when there is a change in status.	Steps have been taken to correct violation; full compliance is not verifiable 1/22/10 <i>LEP</i> Date Initials (DPW)