

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WHITE HORSE VILLAGE, INC.

LEGAL ENTITY

To operate WHITE HORSE VILLAGE

NAME OF FACILITY OR AGENCY

Located at 535 GRADYVILLE ROAD, NEWTOWN SQUARE, PA 19073

(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 70
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 20

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 March 5, 2010 until March 5, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 179430

Robert E. Robinson

ISSUING OFFICER

Kevin T. 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

MAR 04 2010

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

Ms. Tina Boukalis, Administrator
White Horse Village, Inc.
White Horse Village
535 Gradyville Road
Newtown Square, Pennsylvania 19073

Dear Ms. Boukalis:

As a result of the Department of Public Welfare's licensing inspection on September 28, 2009, September 29, 2009 and December 16, 2009 and of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed 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.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

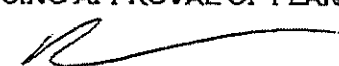
Sincerely,


A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

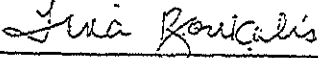

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME White Horse Village 535 Gradyville Rd., Newtown Square, PA 19073		CURRENT LICENSE NUMBER 179431	
INSPECTION DATE(S) (include all dates of the inspection) September 28, 2009 and September 29, 2009		REGIONAL REPRESENTATIVE Chevon Mitchell and Christine McHale	
SIGNATURE OF LEGAL ENTITY <i>Jane Bonkalis</i>	DATE 11/20/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/10/09

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
25c13 The contract shall include information on the resident's rights and complaint procedures.	The contracts for the residents #1, dated 5-18-06, #2, dated 8-8-09, #3, dated 3-26-09 and #4, dated 12-12-08 do not include the following components of the required complaint procedures as listed in Chapter 2600.44: -Prior to admission, the home shall inform the resident and the resident's designated person of the right to file and the procedure for filing a complaint with the Department's personal care home regional office, local ombudsman or protective services unit in the area agency on aging.	11/30/09	The contract and the accompanying complaint procedure form that is given to residents/families at time of admission will be updated to reflect the required information from regulation number 44. This information will be listed verbatim. The updated contract and complaint procedure will be used for all newly admitted residents.	12/16/09 

continued

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY 	DATE 11/20/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/10/09

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	Pennsylvania Protection & Advocacy, Inc. or law enforcement agency. -The home shall permit and respond to oral and written complaints from any source regarding an alleged violation of resident rights, quality of care or other matter without retaliation or the threat of retaliation. -If a resident indicates that he/she wishes to make a written complaint, but needs assistance in reducing the complaint to writing, the home shall assist the resident in writing the		All current residents, including residents #1, #2, #3, #4, will receive an updated copy of the complaint procedure as an addendum to their contract and will sign an acknowledgment that they have received this information.	

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SIGNATURE OF LEGAL ENTITY <i>Linc Ronkalis</i>	DATE 11/20/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE


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
	<p>complaint.</p> <p>-The home shall ensure investigation and resolution of complaints. The home shall designate the staff person responsible for receiving complaints and determining the outcome of the complaint.</p> <p>-if the resident is not the complainant, the resident and the resident's designated person shall receive the status report unless contraindicated by the support plan. The status report shall indicate the steps that the home is taking to</p>			

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INSPECTION DATE(S) (Include all dates of the inspection) September 28, 2009 and September 29, 2009		REGIONAL REPRESENTATIVE Chevon Mitchell and Christine McHale	
SIGNATURE OF LEGAL ENTITY <i>Lisa Benkalis</i>	DATE 11/26/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

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
	investigate and address the complaint. -A written decision explaining the home's investigation findings and the action the home plans to take to resolve the complaint. If the resident is not the complainant, the affected resident shall receive a copy of the decision unless contraindicated by the support plan. If the home's investigation validates the complaint allegations, a resident who could potentially be harmed or his designated person shall receive a copy of the decision, with the			

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INSPECTION DATE(S) (Include all dates of the inspection) September 28, 2009 and September 29, 2009		REGIONAL REPRESENTATIVE Chevon Mitchell and Christine McHale	
SIGNATURE OF LEGAL ENTITY 	DATE 11/20/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

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	name of the affected resident removed, unless contraindicated by the support plan.			

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SIGNATURE OF LEGAL ENTITY <i>Juic Benkalis</i>	DATE 11/26/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/10/09

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
64a Prior to initial employment as an administrator, a candidate shall successfully complete the following: (1) An orientation program approved and administered by the Department.	The staff person A has not completed the required department provided orientation training.	10/22/09	The administrator will attend the orientation program approved and administered by DPW on 10/22/09.	ORW 12/16/09

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INSPECTION DATE(S) (Include all dates of the inspection) September 28, 2009 and September 29, 2009		REGIONAL REPRESENTATIVE Chevon Mitchell and Christine McHale
SIGNATURE OF LEGAL ENTITY <i>Julia Bontalio</i>	DATE 11/20/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Lamar D Smith</i>
		DATE 12/23/09

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
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	-A bottle of Petroleum Jelly labeled "If swallowed get medical help or contact poison control center right away" was found in the bathroom mirror cabinet in resident #2's room #229. The resident's assessment dated 8-12-09 does not address if the resident can safely use poisonous materials. -A bottle of New Skin labeled "If swallowed get medical help or contact poison control center right away" was found in the bathroom mirror cabinet in resident #5's room #220. The resident's assessment dated 7-4-09 does not address if the resident can safely use	11/16/09	The facility has had a system in place for assessing the residents' ability to keep poisonous materials locked in their rooms. In the three rooms where the poisonous materials were found, the facility had made an assessment and determined that the residents were safe to use these materials. The facility had documented this assessment on the support plan face sheet.	Steps have been taken to correct violation; full compliance is not verifiable Date: 11/16/09 Initials (DPW): <i>CVW</i>

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SIGNATURE OF LEGAL ENTITY <i>Sina Rentakis</i>	DATE 11/20/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Karina A. Heilmuth</i>
		DATE 12/23/09

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
	poisonous materials. -A bottle of Listerine labeled "if swallowed get medical help or contact poison control center right away" was found in the bathroom mirror cabinet in resident #6's room #203. The resident's assessment dated 1-10-09 does not address if the resident can safely use poisonous materials. REPEAT VIOLATION- 11-6-08 et al		All current residents who have been deemed safe to use poisonous materials will have this information transferred from the support plan to the assessment. All newly admitted residents will have their ability to safely use or avoid poisonous materials documented on their assessments. continued	

Jana Foukalis 11/20/09

Laura A. Schmitt 12/23/09


continued 82c

10/1/09

All nursing staff who participates in the assessment of residents will be notified of the change in procedure in writing. ~~The facility is also appealing this violation and a formal letter of appeal is attached.~~

Ongoing - If a resident is deemed to be unsafe to use/ avoid poisonous materials, the items would be removed and locked in the medication room. Room checks would be completed during rounds several times weekly by nursing supervisors/administrator. (TB) 12/15/09

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SIGNATURE OF LEGAL ENTITY <i>Jane Rontalis</i>	DATE 11/20/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
		DATE 12/10/09

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
35d . Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.	The common shower room in the home's secured dementia unit contained an uncovered trash can. REPEAT VIOLATION- 11-6-08 et al	9/30/09 & ongoing	A trash receptacle with a lid was placed in the shower room on 9/30/09. All other public bathrooms and shower rooms were checked and are in compliance. All trash receptacles in the public bathrooms/shower rooms/kitchens were checked, as well. continued	<i>CLM</i> 12/16/09

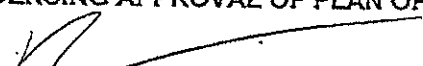
Lina Foukalis 11/20/09


[Signature] 12/10/09

Continued 85d

All trash receptacles in public areas of assisted living will be monitored by housekeeping to ensure they have lids. This is included as part of the department's monthly rounds. The nursing supervisors and administrator will also monitor during rounds which are conducted several times a week. Any new receptacles purchased will have lids.

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SIGNATURE OF LEGAL ENTITY <i>Lina Rontalis</i>	DATE 11/20/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/10/09


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
103g Food shall be stored in closed or sealed containers.	A bin of unsealed fish filets were observed in the home's main refrigerator in the kitchen.	11/6/09 & ongoing	All cooks and line servers will be retrained for compliance with DPW regulations and the importance of covering all food, refrigerated or frozen. Closing manager to monitor for proper storage of refrigerated and frozen food items daily.	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center">12/10/09  date Initials (DPW)</p>

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SIGNATURE OF LEGAL ENTITY <i>Lina Zoukalis</i>	DATE 11/20/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Samuel [Signature]</i>	DATE 12/23/09

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
105g To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.	The lint traps in both of the home's household style whirlpool dryers in the basement laundry room were not cleaned out after their last use. REPEAT VIOLATION- 11-6-08 et al	11/1/09	A form has been developed for laundry personnel to sign off that they have emptied the dryers after each load. The Director of Housekeeping and administrator will monitor during regular rounds. 9/29/09 The traps were immediately cleaned at the time of the inspection. 11/1/09 + ongoing The form has been reviewed with laundry personnel by the director of housekeeping + the administrator. If an issue occurs during checks of the lint traps it will be cleaned/corrected immediately.	Steps have been taken to correct violation; full compliance is not verifiable 12/16/09 Date Initials (DPW) [Signature]

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SIGNATURE OF LEGAL ENTITY <i>Julia Boukalis</i>	DATE 11/20/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
		DATE 12/10/09


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
123a Exit doors shall be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost.	The exit door to the parking lot located next to room #105 of the home's secured dementia unit is set with a keypad and a locking device. Representatives of the department attempted to use the code to open the door, but the door would not open when the code was punched in because it was enabled with an overriding locking mechanism that required a key to disable. The key to disable this overriding locking <i>locking</i> mechanism is kept by staff.	11/19/09	The locking mechanism was disabled and removed. The door is able to be opened after the code has been entered on the keypad and without the use of a key.	<i>CEM</i> 12/16/09

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SIGNATURE OF LEGAL ENTITY <i>Sina Koukalis</i>	DATE 11/20/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Karla A. Welms</i>	DATE 12/23/09

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
132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used; the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	-The fire drill record for the home's secured dementia unit did not include the number of residents evacuated, the evacuation time and if any problems were encountered during the drill held on 9-25-09 at 11:27am. -The fire drill record for the home's assisted living section did not include the number of residents in the home at the time of the drill held on 3-30-09 at 1:30pm. -The fire drill record for the home's assisted living section did not include the number of residents evacuated during the	11/1/09 & ongoing 11/1/09 + ongoing	The fire drill records from 9/25/09, 3/30/09 were corrected. The administrator will review the fire drill logs after each monthly drill to ensure the information on the fire drill record is recorded accurately and completely. In following up with Security, the information was accidentally omitted. Security has been	Steps have been taken to correct violation; full compliance is not verifiable 12/16/09 Date Initials (DPW) [Signature]

instructed to forward fire drill reports to administrator for review/accuracy prior to filing. If an error is identified, it will be immediately corrected.



 12/16/09

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SIGNATURE OF LEGAL ENTITY <i>Lina Bonkalis</i>	DATE 11/20/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
		DATE

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
	drill held on 3-30-09 at 1:30pm. -The fire drill record for the home's assisted living section did not include the number of residents evacuated, the number of staff participating and if any problems were encountered during the drill held on 9-25-09 at 11:09am. REPEAT VIOLATION- 11-6-08 et al			

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SIGNATURE OF LEGAL ENTITY <i>Gene Rowcals</i>	DATE 11/20/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
		DATE 12/10/09

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
141a The medical evaluation shall include the following: (8) Body positioning and movement stimulation for residents, if appropriate.	The medical evaluations for the following residents were blank in the body positioning section of the form: -Resident #3 - dated 3-18-09 -Resident #8 - dated 3-11-09	11/15/09 & ongoing	All current medical evaluations will be checked to ensure all sections have been completed. The nursing supervisors and the administrator will audit each medical evaluation after the physician has completed it, to ensure all sections of the form have been completed. The support team will also check during the residents' individual support plan meeting.	<div style="text-align: center;"> <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Date _____ Initials (DPW)</p> </div>

VIOLATION REPORT
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SIGNATURE OF LEGAL ENTITY <i>J. M. Koukalis</i>	DATE 11/20/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/10/09

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
183b 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 room.	A bottle of Citracal Calcium Citrate caplets were found on the bench located at the foot of resident #6's bed. The resident cannot self administer medications.	10/30 & ongoing 12/15/09	All residents who have been approved to keep prescription medications, OTC medications and CAM in their rooms will be required to either lock their door or to obtain a locked container in which to store these medications. All resident rooms will be checked with the resident's permission to verify that residents who cannot self administer do not have medications in their possession on an ongoing basis, these audits will be completed twice a year.	<i>[Signature]</i> <i>[Signature]</i> 12/10/09

continued

Julia Benkalis 11/20/09

R 12/10/09

continued 183b

All current residents who have been approved to keep medications in their rooms will receive written notice regarding these requirements.

The certified nursing assistants and licensed nursing staff will check daily to ensure all medications are secured in the resident's locked room and/or in a locked container in the room.


The nursing supervisors and administrator will also check during room rounds which are completed several times a week.

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

NAME AND ADDRESS OF PERSONAL CARE HOME White Horse Village 535 Gradyville Rd., Newtown Square, PA 19073		CURRENT LICENSE NUMBER 179431	
INSPECTION DATE(S) (Include all dates of the inspection) September 28, 2009 and September 29, 2009		REGIONAL REPRESENTATIVE Chevon Mitchell and Christine McHale	
SIGNATURE OF LEGAL ENTITY <i>Uma Koukalis</i>	DATE 11/20/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/10/09

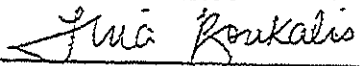

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183f Prescription medications, 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.	A bottle of Citracal Calcium Citrate caplets that expired 7-2009 were found on the bench located at the foot of resident #6's bed.	12/15/09	As noted for 183b an audit of all resident rooms is being completed to ensure residents do not have any expired medications. All expired medications will be destroyed per facility policy. Per the current policy, medications are destroyed by placing them in a sealed SHARPS container, along with a liquid soap to destroy the medications. This container is not able to be opened by staff/residents after the medications have been placed in it. The facility utilizes an outside company to remove these containers along with biohazard waste items.	<i>WCH 12/9/09</i>

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SIGNATURE OF LEGAL ENTITY <i>Lina Roukalis</i>	DATE 11/20/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
		DATE 12/10/09

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187d The home shall follow the directions of the prescriber.	Resident #2's PRN medications LDR Antacid Liquid and Ducolax Suppositories 10mg were not available in the home.	12/15/09	All PRN medication orders have been reviewed and the medication carts have been audited to ensure all prescribed medications are supplied. The nursing supervisors will assign a charge nurse/medication technician to audit the medication supply monthly to ensure ongoing compliance.	DRW 12/16/09

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233c If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.	The following exits in the home's secured dementia unit did not have a code posted for the operation of the locking mechanism: -The exit door leading into the home's skilled nursing facility. -The gate in the courtyard leading away from the building.	9/30/09	Directions for the code to the doors were posted at the doors where the signs were missing. This will be monitored by nursing supervisors and charges nurses daily during rounds	