

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **EVERGREEN ELDER CARE, INC.**

LEGAL ENTITY

To operate **THE VILLA ST. ELIZABETH**

NAME OF FACILITY OR AGENCY

Located at **1201 MUSEUM ROAD, READING, PA 19611**

(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 **92**  
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 1, 2010** until **August 1, 2010**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **205762**

*Robert E. Robinson*

ISSUING OFFICER

*Kenneth V. 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 REQUESTED**

**MAILING DATE: FEB 02 2010**

Ms. Jean Bready, Owner  
Evergreen Elder Care, Inc.  
The Villa St. Elizabeth  
1201 Museum Road  
Reading, Pennsylvania 19611

Dear Ms. Bready:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 18, 2009 of the above personal care home, we found that violations specified for your previous PROVISIONAL license have not been corrected, and we found new violations not found during our previous inspection.

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

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.

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:

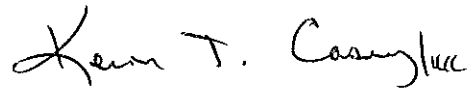
Karen E. Kroh, Director  
Adult Residential Licensing  
Department of Public Welfare  
423 Health and Welfare Building  
Seventh and Forster Streets  
Harrisburg, Pennsylvania 17120

Ms. Jean Bready

-2-

The 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 cursive script that reads "Kevin T. Casey". The signature is written in black ink and is positioned above the typed name.

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Villa St. Elizabeth, 1201 Museum Road, Reading, Pennsylvania 19611		<b>CURRENT LICENSE NUMBER</b> 205761	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> November 18, 2009		<b>REGIONAL REPRESENTATIVE</b> Michele Moskalczyk, Jason Harvey	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Jean Bready</i>	<b>DATE</b> 12/7/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Bob Biazgoni</i>	<b>DATE</b> 11/11/10

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
<p>22a2 The following admission document shall be completed for each resident - Medical evaluation completed 60 days prior to or 30 days after admission on a form specified by the Department.</p> <p>141a-1 A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.</p>	<p>There was no medical evaluation completed or available for resident #1, admitted 7-24-09.</p> <p><b>Repeated violation from 5-6-09, et al.</b></p>	<p>12/15/09</p> <p>11/31/10</p>	<p>No Resident will be admitted without a medical evaluation - All SSI's will have a med. eval. &amp; a MA 51. Appointment has been mad for Resident # 1 for December 15th.</p> <p><i>The Administrator will ensure that all newly admitted residents have medical evaluations completed within 30 days after admission. The Administrator will develop and implement a resident record checklist to ensure that all required resident record forms are completed within the</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>11/11/10 <i>G.B.</i></p> <p>Date Initials (DPW)</p>

**RECEIVED**  
 DEC 18 2009  
 SCRANTON FIELD OFFICE  
 Adult Residential Licensing

*appropriate time frames. Bob B. 11/11/10*

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25a-1 Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.	Resident #2 was admitted July 22, 2005. This resident has not been issued an updated contract which includes all the required components of the 2600 regulation.	12/14/09	The new admission packet will be in place 12/14/09 and the agreement will be given to Resident # 2 on 12/14/09 for a signature.	11/11/10 G.S.
25c1 The contract shall specify that each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure.	Contracts issued to SSI residents over the past year do no include the increase in personal needs allowance from \$60. to \$85. effective January 1, 2009.	12/14/09	Our new admission packet has an entry addressing the current personal needs allowance. We structured it to accomadate increases without the need to change the contract. * I have included an addendum that was signed by every SSI reciepent when their personal needs allowance increased from \$ 60.00 to \$ 85.00. These are kept in the residents charts. In addition, in accounting sent out a notice to family members and residents.	11/11/10 G.S.

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26a The home shall establish and implement a quality management plan.	There has not been a review of the quality management plan within the last year 2008 to current.	11/20/09	A review by the Administrator and Operations Manager was conducted on 11/20/09. Topics were outlined and discussed. Updates and revisions were made. (See report)	11/11/10    S.S.
42s A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.	The facility is equipped with several video cameras located in the common areas of the home. The taping system is set on a 1 week loop so it can't be reviewed by staff if needed during that time period. Residents or residents' designated persons have not been informed and have not given written permission for audio monitoring while living in the home.	12/11/09	A letter to all residents and or responsible family members will be sent out by Friday 12/11 to be signed acknowledging the presence of Live-Feed surveillance cameras in the common areas of the Villa and notice of video taping of external public areas.  <i>The home does not and will not (no audio) conduct audio monitoring of residents 12/12/10</i>  <i>Included in new</i>	Steps have been taken to correct violation; full compliance is not verifiable. 11/11/10    S.S. Date                      Initials (DPW)

*Admission Package*

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65e Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	Direct care staff member A received 5.5 of the required 12 hours of annual training related to their job duties in 2008.  Direct care staff member B received 3 of the required 12 hours of annual training related to their job duties in 2008.  <b>Repeated violation: 5-6-09, et al.</b>	Date of Inspection 11/18/09	Staff member (A) actually had 12.5 hours of annual training - the Inspector did not count the initial med. training of 6 credits and the CPR of 3  To ensure that this is not overlooked the Administrator and HR manager will review (2 times/year) each Direct Care Staff member participation in the training session to ensure 12 hours are achieved annually. A binder with each Direct Care Employees Training hours has already been established and reviewed by the Administrator for 2009	Steps have been taken to correct violation; full compliance is not verifiable. 11/11/10      S.S. Date                      Initials (DPW)

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101j5 Each resident shall have the following in the bedroom: A bedside table or a shelf.	The following bedrooms were missing a bedside table or shelf:  Bedroom # B-3 with 3 occupants, missing 1 bedside table/shelf.  Bedroom #111, missing a bedside table/shelf.	11/19/09	B 3 The bedside table was there. A family member rearranged the beds against the wall. The table ended up at the end of the bed. I originally placed the beds side by side with the table and lamp between. I have placed these beds back to the original position w/table & lamp between them. # 111 Since the wall space does not allow for a table, a shelf has been affixed to the wall.	11/11/10 S.S.
101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	The following bedrooms were missing an operable lamp or other source of lighting that can be turned on/off at bedside:  Bedroom # B-3 with 3 occupants, 2 beds were missing bedside lighting. Bedroom #117, missing bedside lighting. Bedroom #111, missing bedside lighting.	11/19/09  12/07/09  does not need correcting	B 3 I have placed these beds back to the original position w/table & lamp between them. Picture of this corrected arrangement is encl.  117 A table & lamp were placed next to the bed  A wall switch which operates the overhead light is right next to the bed.	11/11/10 S.S.

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107c The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.	Emergency water supply for the homes 88 current resident census was not available nor was a contract available with a water supplier to immediately provide the home with a 3-day supply of emergency water, if needed.	11/19/09	We have 260 gallons of pottable water at all times and is labeled. A letter from our Food Service was issued for emergengy water delivery. We also secured the services of a courier compay in case the food company had a problem with immediated delivery. (see enclosed). A new letter from US Foods contains the amount of water that will be delivered.	11/11/09    G.S.
126a A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.	No documentation was available for the required annual furnace cleaning for the year 2008 to current.	12/02/09	Cleaning was performed on 12/02/09 Inspection followed on 12/08/09. The maintenance manager now has a binder with all categories and dates due for cleanings and inspection of the following: Fire (inspection and Annual Drill) Boiler (cleaning & inspection) Sprinkler (Inspection) Kitchen, Fire Extinguishers, elevator & chair lift & duct in laundry. He also has a visual aid in the form of a large board in the maintenance garage with dates.	11/11/09    G.S.

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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 Letter provided by the City Of Reading, dated 9-3-09 and signed by [redacted] indicates an evacuation time ranging between 6 to 7 minutes.  Repeated violation: 5-6-09, et al.	12/11/09	will re-write the letter to show an evacuation time of 7 minutes. He will bring it on 12/11/09 when his re-inspection is scheduled.  <del>Failed to show - Friday, the 11th for his apt. I called twice a for 11th &amp; as for 14th</del>	Steps have been taken to correct violation; full compliance is not verifiable 1/11/10 S.S. Date Initials (DPW)

1/11/10

will continue to pursue.  
 1/26/10  
 The home will evacuate all residents outside of the building in 7 minutes or less per letter.

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141a-2 The medical evaluation shall include the following:  (1) A general physical examination by a physician, physician's assistant or nurse practitioner.	The medical evaluation for resident #3, dated 9-25-09, was missing the resident's blood pressure, weight, height and pulse rate.	12/07/09	Medical Evaluation Form sent back to PEP & completed 12/07/09. Double check system will be implemented upon admission	11/11/10    B.S.

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141b-1 A resident shall have a medical evaluation at least annually.	Resident #2's most recent medical evaluation was dated 8-22-08. Resident #4's most recent medical evaluation was dated 9-16-08. Resident #5's most recent medical evaluation was dated 7-28-08. All three residents did have updated medical evaluations within the past year, as required.	12/18/09	The new double check system is now in place to insure that all medical evaluations will be completed on time. Appointment have been scheduled for resident # 2 - 4 - 5.	Steps have been taken to correct violation; full compliance is not verifiable. 11/11/10 <i>B.S.</i> Date Initials (DPW)

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144b The home rules shall specify whether the home is designated as smoking or non-smoking.	The rules listed in the home's admission agreement do not specify all of the designated, exterior smoking areas as required. Interviews with residents and staff identified multiple exterior smoking areas.	12/16/09	Signs have been ordered to place at 2 designated resident smoking areas & 2 for the employees. The description has been added to both the admission packet for residents and the employee Hand Book for the employees. Signs will be completed 12/16/09 and included in New Admission package by 12/14/09	11/11/10 B.B.

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162c Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.	The menu for the upcoming week of 11/22/09-11/28/09 was not posted.	11/18/09	The menu was behind the posted one. Evey Monday, the Head of dietary changes the menu to include the current and next week. She corrected her mistake at the time of the inspection. This was an oversight on the Cook's part that rarely happens. She is very consciencous.	Steps have been taken to correct violation; full compliance is not verifiable. 11/11/10 <i>B.B.</i> Date Initials (DPW)

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182b Prescription medication that is not self-administered by a resident shall be administered by one of the following:  (4) A staff person who has completed the medication administration training in 190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.	Employee B did not complete the initial annual practicum within 12 months of the initial medication administration training, dated 12/1/07  Repeated violation: 5-6-09, et al.	11/21/09	Employee B was retrained by _____ on 11/21/09. The new Med. Supervisor will be responsible for completing all annual practicums.	Steps have been taken to correct violation; full compliance is not verifiable 11/11/10 <i>S.S.</i> Date Initials (DPW)

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Jean Brandy</i>	<b>DATE</b> 12/2/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>S.S. Bragnum</i>	<b>DATE</b> 11/11/10

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
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Resident #6 has a current order for Lantus insulin, 24 units at bedtime. The Lantus vial was opened but not dated. Manufacture's instructions indicate that this product should be discarded 28 days after opening.  Resident #13's medication of Fluticasone Spray 50mg expired 10/7/09.	11/18/09	The insulin was destroyed immediatly on 11/18/09. A new bottle was dated and opened. The nasal spray was discarded 11/18/09, and a new bottle ordered. A medical Supervisor has been hired to oversee all Med. Techs.	Steps have been taken to correct violation; full compliance is not verifiable 11/11/10 <i>S.S.</i> Date                      Initials (DPW)

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Villa St. Elizabeth, 1201 Museum Road, Reading, Pennsylvania 19611		<b>CURRENT LICENSE NUMBER</b> 205761	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> November 18, 2009		<b>REGIONAL REPRESENTATIVE</b> Michele Moskalczyk, Jason Harvey	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Jean Bready</i>	<b>DATE</b> 12/7/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Bd Bignoni</i>	<b>DATE</b> 11/11/10

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184b If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.	Resident #7's bottle of aspirin 81mg was unlabeled.  Resident #8's bottle of Equate aspirin 81mg was unlabeled.	11/18/09	All unmarked medications were immediately labeled. Any OTC meds coming in must be accompanied by a Dr. order. A Medical Supervisor has been hired to oversee all Med. Techs.	11/11/10 B.S.
185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	The home is not following their medication policy and procedures. Controlled substances are not being counted by med techs between shifts and documented on a medication count sheet.	12/09/09	We had (a train the trainer), come in on 11/30/09 to construct a NARC count sheet and train the 7-3, 3-11 & 11-7 techs. The narcotics are now being counted each shift.	Steps have been taken to correct violation; full compliance is not verifiable 11/11/10 B.S. Date Initials (DPW)

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

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<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> November 18, 2009		<b>REGIONAL REPRESENTATIVE</b> Michele Moskalczyk, Jason Harvey	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Jean Brady</i>	<b>DATE</b> 12/2/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Bob Bisognan</i>	<b>DATE</b> 11/11/10

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
187a A medication record shall be kept to include the following for each resident for whom medications are administered:  (12) Diagnosis or purpose for the medication, including pro re nata (PRN).	<p>The medication administration record of resident #9 did not indicate a diagnosis or purpose for aspirin 81mg, Benztropine Mesylate 1mg, Prilosec 20mg and Risperdal 1mg.</p> <p>The medication administration record of resident #10 did not indicate a diagnosis or purpose for Aricept 10mg, Alendronate Sodium 70mg, Cogentin 1mg, Calcium w/ Vitamin D 600mg and Celexa 40mg.</p> <p>The medication administration record of resident #11 did not indicate a diagnosis or purpose for Prilosec 20mg and Cilostazol 100mg.</p> <p><b>Repeated violation: 9-30-09; 5-6-09, et al.</b></p>	12/09/09	<p>A memo will be sent with each resident scheduled for a Doctor appointment stating that all new prescriptions must contain a diagnosis. The meds for Resident # 10 &amp; 11 now have a diagnosis.</p> <p><i>The Administrator will review the medication Administration Record sheets for all residents on a monthly basis to ensure that the diagnosis/purpose is listed for each medication.</i></p> <p align="right">11/11/10 Bob B.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p align="center">11/11/10 S.B.</p> <p>Date Initials (DPW)</p>

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

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<b>SIGNATURE OF LEGAL ENTITY</b> <i>Jean Bready</i>	<b>DATE</b> 12/7/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Ed Bisognan</i>	<b>DATE</b> 11/11/10

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.	Resident # 12's medication aspirin 81mg prescribed daily for cardiac prevention was not on-hand from 11/1/09 through the date of inspection on 11/18/09.	11/18/09	ASA was purchased for resident # 12 immediatly after inspection. All Med Techs retrained to inspect carts & immediately order any missing meds. A Med Supervisor has been hired to oversee all Med Techs.	Steps have been taken to correct violation; full compliance is not verifiable 11/11/10 <i>B.B.</i> Date                      Initials (DPW)

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

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<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> November 18, 2009		<b>REGIONAL REPRESENTATIVE</b> Michele Moskalczyk, Jason Harvey	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Jean Bready</i>	<b>DATE</b> 12/7/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Bd Bisognin</i>	<b>DATE</b> 11/11/10

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225c The resident shall have additional assessments as follows:  (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	There were no annual assessments completed for the following residents: #2 (date of admission 7/22/05), last assessment dated 7-8-06. #4 (date of admission 10/15/08), last assessment dated 10-30-08. #5 (date of admission 1-011-07), last assessment dated 6-7-08.	12/09/09	Annual assessments were completed on Residents 2, 4 & 5 on 12/09/09. The double check system is now in place to insure that annual assessments will be completed on time.	11/11/10      B.B.

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

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<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> November 18, 2009		<b>REGIONAL REPRESENTATIVE</b> Michele Moskalczyk, Jason Harvey	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Jean Bready</i>	<b>DATE</b> 12/7/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Ed Strydom</i>	<b>DATE</b> 11/1/10

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227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	There were no annual support plans completed within 30 days of the annual assessment for the following residents: #2 (date of admission 7-22-05), last assessment dated 7-8-06, no support plan available.	12/09/09	Annual Support Plan completed for Resident # 2 12/09/09, The double check system is now in place to insure that annual support plans will be completed on time.	11/1/10 S.B.

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 Adult Residential Licensing