

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CARELINK COMMUNITY SUPPORT SERVICES OF PENNSYLVANIA

LEGAL ENTITY

To operate CARELINK COMMUNITY SUPPORT SERVICES-TORREY HOUSE

NAME OF FACILITY OR AGENCY

Located at 3520 DARBY ROAD, HAVERFORD, PA 19041

(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 17
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 April 7, 2010 until April 7, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 100070

Robert E. Robinson

ISSUING OFFICER

Kim 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

APR 07 2010

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

Ms. Eileen M. Joseph, President/CEO
Carelink Community Support Services of Pennsylvania
Baldwin Tower
1510 Chester Pike, Suite 600
Eddystone, Pennsylvania 19022

RE: Carelink Community Support Services of Pennsylvania
Torrey House
3520 Darby Road
Haverford, Pennsylvania 19041

Dear Ms. Joseph:

As a result of the Department of Public Welfare's licensing inspection on December 3, 2009 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.

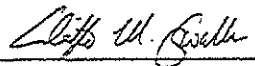
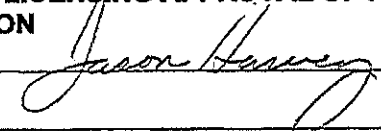
Sincerely,

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

Kevin T. Casey
Deputy Secretary

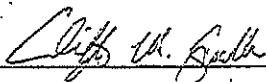
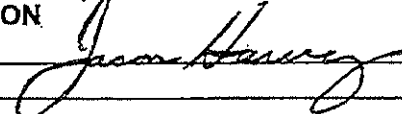
Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME Carelink Community Support Services-Torrey House 3520 Darby Road, Haverford, PA 19041		CURRENT LICENSE NUMBER 100070	
INSPECTION DATE(S) (Include all dates of the inspection) December 3, 2009		REGIONAL REPRESENTATIVE Chevon Mitchell and Justin Trupp	
SIGNATURE OF LEGAL ENTITY 	DATE 2/12/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4-1-10

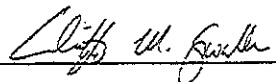
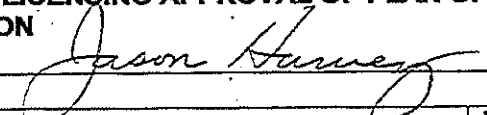
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
<p>16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow 15 (relating to abuse reporting covered by law).</p>	<p>The following incidents were not reported to the Department:</p> <ul style="list-style-type: none"> -A medication error on 4/30/09 when resident #2 did not receive the prescribed medication Invega at 8:00am. -On 4/26/09 Haverford Township police arrived at the home to notify staff that resident #3 fell on the side of the street and was sent to the hospital. -On 4/29/09 the police arrived at the home to notify staff that resident #3 was found lying on the ground and was taken to the hospital. 	<p>12/3/09</p>	<p>THE ADMINISTRATOR WILL COMPLETE THE DPW REPORTABLE INCIDENT FORM WITHIN THE SPECIFIED TIME FRAME WHENEVER THERE IS A MEDICATION ERROR OR IF THERE IS ANY POLICE INVOLVEMENT. THE REPORTABLE INCIDENT FORM WILL BE FAXED TO THE REGIONAL ADULT RESIDENTIAL LICENSING OFFICE.</p>	<p>Steps have been take to correct violation; full compliance is not verifiable</p> <p><u>011</u> <u>4-1-10</u> <u>JK</u></p> <p>Date Initials (DPW)</p>


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

NAME AND ADDRESS OF PERSONAL CARE HOME Carelink Community Support Services-Torrey House 3520 Darby Road, Haverford, PA 19041		CURRENT LICENSE NUMBER 100070	
INSPECTION DATE(S) (Include all dates of the inspection) December 3, 2009		REGIONAL REPRESENTATIVE Chevon Mitchell and Justin Trupp	
SIGNATURE OF LEGAL ENTITY 	DATE 2/12/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4-1-10

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
16c – continued	-On 5/5/09 Haverford Township police arrived at the home to notify staff that resident #3 was found lying on the side of the road complaining of head and neck pain and was sent to the hospital. -On 5/24/09 at 10:37am the police discovered resident #3 lying on the side road. The police returned the resident to the home. -On 5/24/09 at 7:22pm the police discovered resident #3 lying on the side road. The police returned the resident to the home.	12/3/09 4-30-10	An incident report will be completed on the Department's Required Form and Submitted to the Department for each incident regarding residents # 2 & 3 The Administrator will review the incidents required to be reported by chapter 2600, 16a with all staff, all future incidents will be reported as required. All staff will be trained on the Home's reportable incident policy including the Home's procedures for reporting the incident to the Administrator and notification to the Department.	Steps have been take to correct violation; full compliance is not verifiable 4-1-10 JH Date Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME Carelink Community Support Services-Torrey House 3520 Darby Road, Haverford, PA 19041		CURRENT LICENSE NUMBER 100070	
INSPECTION DATE(S) (Include all dates of the inspection) December 3, 2009		REGIONAL REPRESENTATIVE Chevon Mitchell and Justin Trupp	
SIGNATURE OF LEGAL ENTITY 	DATE 2/12/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4-1-10

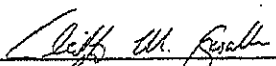
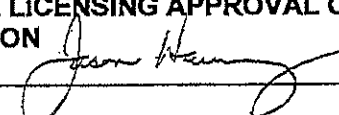
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
16c – continued	-On 6/8/09 at 12:15pm resident #3 was discovered lying on the side of the road by Haverford emergency paramedics. Resident #3 stated that he/she did not care about his/her own safety. -On 6/8/09 resident #3 was identified as crossing the street on Darby Road during a green light on 5 separate occasions at 5:30pm. Resident #3 stated, "I want to kill my self" as the reason for crossing the street during a green light. Resident #3 was taken to the hospital. -On 6/20/09 Haverford police notified staff that resident #3 was	12/3/09		Steps have been take to correct violation; full compliance is not verifiable 4-1-10 Date  Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME Carelink Community Support Services-Torrey House 3520 Darby Road, Haverford, PA 19041		CURRENT LICENSE NUMBER 100070	
INSPECTION DATE(S) (Include all dates of the inspection) December 3, 2009		REGIONAL REPRESENTATIVE Chevon Mitchell and Justin Trupp	
SIGNATURE OF LEGAL ENTITY <i>Cliff W. Fowler</i>	DATE 2/12/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 4-1-10

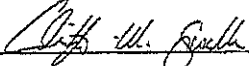
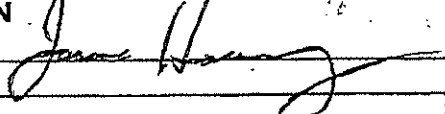
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
16c – continued	<p>found lying on the side of the road. Resident #3 told staff members that he/she wanted to commit suicide.</p> <p>-On 7/10/09 resident #3 was found lying in the grass at the intersection of Torrey House and Darby streets and was sent to the hospital.</p> <p>-On 8/29/08 resident #3 was found lying on the road. The police brought the resident back to the home.</p> <p>-On 11/16/09 resident #3 struck his/her head, which caused bleeding, and was sent to the hospital for head trauma.</p>	12/3/09		<p>Steps have been take to correct violation; full compliance is not verifiable</p> <p><u>4-1-10</u> <u>JK</u></p> <p>Date Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Carelink Community Support Services-Torrey House 3520 Darby Road, Haverford, PA 19041		CURRENT LICENSE NUMBER 100070	
INSPECTION DATE(S) (Include all dates of the inspection) December 3, 2009		REGIONAL REPRESENTATIVE Chevon Mitchell and Justin Trupp	
SIGNATURE OF LEGAL ENTITY 	DATE 2/12/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4-1-10

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
95 Furniture and equipment shall be in good repair, clean and free of hazards.	The bracket cover on the left hand side of the shower grab bar in the bathroom between rooms #4 and #5 was detached exposing sharp metal edges and screws.	12/3/09	MAINTENANCE, REPAIRED THE BRACKET COVER ON 12/3/09, WITNESSED BY CHEVON MITCHELL. SHIRT. SUPERVISORS WILL CHECK FOR THE SECURITY OF THE GRAB BARS DURING THEIR WEEKLY SAFETY INSPECTION. THIS ITEM WILL BE ADDED TO THE WEEKLY INSPECTION REPORT. THESE REPORTS ARE REVIEWED WEEKLY BY THE ADMINISTRATOR.	4-1-10 JK

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

NAME AND ADDRESS OF PERSONAL CARE HOME Carelink Community Support Services-Torrey House 3520 Darby Road, Haverford, PA 19041		CURRENT LICENSE NUMBER 100070	
INSPECTION DATE(S) (Include all dates of the inspection) December 3, 2009		REGIONAL REPRESENTATIVE Chevon Mitchell and Justin Trupp	
SIGNATURE OF LEGAL ENTITY 	DATE 2/12/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/1/10

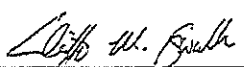
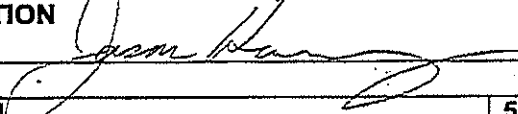
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
96a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The first aid kits on the home's 3 rd and 2 nd floors did not include protective eye coverings and thermometers.	12/4/09 1/20/10	THE SAFETY GOGGLES WERE PURCHASED ON 12/4/09 AND THERMOMETER ON 1/20/10. THE ITEMS WERE REPLACED IN THE FIRST AID KITS. THE KITS WILL BE CHECKED ON A QUARTERLY BASIS, DURING OUR ROUTINE QUARTERLY SAFETY INSPECTION, BY THE ADMINISTRATOR AND TOM MECHAN, MAINTENANCE. PLEASE SEE THE ATTACHED RECEIPTS.	4-1-10 JB

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

NAME AND ADDRESS OF PERSONAL CARE HOME Carelink Community Support Services-Torrey House 3520 Darby Road, Haverford, PA 19041		CURRENT LICENSE NUMBER 100070	
INSPECTION DATE(S) (Include all dates of the inspection) December 3, 2009		REGIONAL REPRESENTATIVE Chevon Mitchell and Justin Trupp	
SIGNATURE OF LEGAL ENTITY <i>Cliff W. Gault</i>	DATE 2/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hanning</i>	DATE 4-1-10

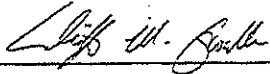
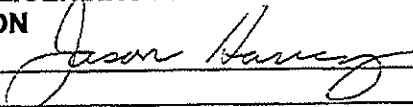
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
132c A written fire drill record 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 home's fire drill record for the drill held on 7-17-09 at 4:00pm did not include the number of residents present in the home or the number of residents evacuated during the drill.	3/3/10	<p>THE ADMINISTRATOR REVIEWED THE HOURLY ROUNDS RECORDS, WHICH INDICATED THAT THERE WERE 17 RESIDENTS PRESENT AND 17 RESIDENTS SAFELY EVACUATED WITHIN THE SPECIFIED TIME FRAME.</p> <p>A GROUP SUPERVISION WILL BE CONDUCTED BY THE ADMINISTRATOR TO ALL STAFF ON HOW TO CONDUCT FIRE DRILLS AND HOW TO FILL OUT THE REQUIRED FIRE DRILL REPORT. THIS SUPERVISION WILL TAKE PLACE AT THE SITE'S STAFF MEETING ON 3/3/10. ALL STAFF WILL SIGN THE SUPERVISION.</p> <p>THE ADMINISTRATOR WILL REVIEW THE WRITTEN FIRE DRILL LOGS MONTHLY FOR COMPLIANCE. <i>JA</i> 4-1-10</p>	4-1-10 <i>JA</i>

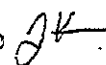
VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Carelink Community Support Services-Torrey House 3520 Darby Road, Haverford, PA 19041		CURRENT LICENSE NUMBER 100070	
INSPECTION DATE(S) (Include all dates of the inspection) December 3, 2009		REGIONAL REPRESENTATIVE Chevon Mitchell and Justin Trupp	
SIGNATURE OF LEGAL ENTITY 	DATE 8/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4-1-10

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
141a The medical evaluation shall include the following: (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.	Resident #1's medical evaluation dated 3-30-09 did not include medication regimen. REPEAT VIOLATION – 8-13-08	12/4/09	TORREY HOUSE WILL PRINT AND ATTACH AN UPDATED MEDICATION ROSTER TO THE MA-55 FORM. UPON COMPLETION OF THE MA-55 FORM, THE DOCTOR CAN REVIEW THE ATTACHED MEDICATION ROSTER AND INITIAL IT, SIGN IT, & DATE IT. RESIDENT #1'S MEDICAL EVALUATION HAS BEEN UPDATED. JH 4-1-10	4-1-10 JH

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

NAME AND ADDRESS OF PERSONAL CARE HOME Carelink Community Support Services-Torrey House 3520 Darby Road, Haverford, PA 19041		CURRENT LICENSE NUMBER 100070	
INSPECTION DATE(S) (Include all dates of the inspection) December 3, 2009		REGIONAL REPRESENTATIVE Chevon Mitchell and Justin Trupp	
SIGNATURE OF LEGAL ENTITY 	DATE 2/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4-1-10

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
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).	Resident #2's medication administration record did not include a diagnosis for the medication Detrol.	3/3/10 Ongoing	WHEN A NEW MEDICATION IS RECEIVED AND ENTERED ON THE MEDICATION ADMINISTRATION RECORD, A DIAGNOSIS WILL BE INCLUDED. A GROUP SUPERVISION WILL BE CONDUCTED ON 3/3/10, AT A STAFF MEETING. THE SUPERVISION WILL OUTLINE THE PROCEDURE FOR LOGGING IN MEDICATIONS. ALL STAFF WILL SIGN THE SUPERVISION. RESIDENT #2'S MEDICATION ADMINISTRATION RECORD INCLUDES THE DIAGNOSIS FOR THE MEDICATION DETROL. Administrator/Designee will add add 4-1-10 Audit the Medication Administration record monthly for compliance.	4-1-10 

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

NAME AND ADDRESS OF PERSONAL CARE HOME Carelink Community Support Services-Torrey House 3520 Darby Road, Haverford, PA 19041		CURRENT LICENSE NUMBER 100070	
INSPECTION DATE(S) (Include all dates of the inspection) December 3, 2009		REGIONAL REPRESENTATIVE Chevon Mitchell and Justin Trupp	
SIGNATURE OF LEGAL ENTITY <i>Cliff M. Geller</i>	DATE 2/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Justin Trupp</i>	DATE 4-1-10

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
187c If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.	Resident #2 refused prescribed medication Clotrimazole on 11-8-09 and 11-10-09. The refusal was not reported to the prescriber.	10/4/09 3/3/10 Ongoing	STAFF IN CHARGE OF ASSISTING IN MEDICATION ADMINISTRATION WILL CALL TO NOTIFY THE PRESCRIBER IF A MEDICATION IS REFUSED AND DOCUMENT THIS NOTIFICATION IN THE RESIDENTS' DAILY PROGRESS NOTES. THE ADMINISTRATOR WILL THEN DOCUMENT THIS NOTIFICATION ON THE AGENCY INCIDENT REPORT FORM. THIS PROCEDURE WILL BE REVIEWED IN A GROUP SUPERVISION ON 3/3/10 AT A STAFF MEETING. ALL STAFF WILL SIGN THIS SUPERVISION. ADMINISTRATOR/DESIGNEE WILL AUDIT THE MEDICATION ADMINISTRATION RECORDS MONTHLY FOR COMPLIANCE <i>JH</i> 4-1-10	4-1-10 <i>JH</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Carelink Community Support Services-Torrey House 3520 Darby Road, Haverford, PA 19041		CURRENT LICENSE NUMBER 100070	
INSPECTION DATE(S) (Include all dates of the inspection) December 3, 2009		REGIONAL REPRESENTATIVE Chevon Mitchell and Justin Trupp	
SIGNATURE OF LEGAL ENTITY <i>Cliff M. Smith</i>	DATE 2/12/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jim Harvey</i>	DATE 4-1-10

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
188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	On 11-19-09, resident #2 did not receive medication Metimucil due to the home not having the medication in the home. This medication error was not reported to the prescriber.	12/4/09 ONGOING	STAFF IN CHARGE OF ASSISTING IN MEDICATION ADMINISTRATION WILL CALL TO NOTIFY THE PRESCRIBER IF A MEDICATION IS MISSED. THIS NOTIFICATION WILL BE DOCUMENTED IN THE RESIDENT'S DAILY PROGRESS NOTES. THE ADMINISTRATOR WILL THEN DOCUMENT THIS NOTIFICATION ON THE AGENCY INCIDENT REPORT. THIS PROCEDURE WILL BE REVIEWED IN A GROUP SUPERVISION ON 3/3/10 AT A STAFF MEETING. ALL STAFF WILL SIGN THIS SUPERVISION. IN THIS INSTANCE, RESIDENT DID HAVE THE MEDICATION ON-SITE, BUT WAS ORDERED NOT TO TAKE IT. THIS WAS DUE TO A MEDICAL PROCEDURE BEING PRESCRIBED AT 2:15 PM THAT AFTERNOON.	4-1-10 <i>JH</i>

ADMINISTRATOR/DESIGNEE WILL AUDIT ALL MEDICATION ADMINISTRATION RECORDS MONTHLY FOR COMPLIANCE. *JH* 4-1-10