

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to KNICKERBOCKER ACQUISITION, LLC

LEGAL ENTITY

To operate KNICKERBOCKER VILLA

NAME OF FACILITY OR AGENCY

Located at 304 SOUTH SECOND STREET, CLEARFIELD, PA 16830

(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: _____

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 30, 2010 until September 30, 2010,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 326943

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 REQUESTED

MAILING DATE:

MAR 31 2010

Ms. Amy J. Speece, Partner
Knickerbocker Acquisition, LLC
1116 Stone Creek Drive
Hummelstown, Pennsylvania 17036

RE: Knickerbocker Villa
304 South Second Street
Clearfield, Pennsylvania 16830

Dear Ms. Speece:

As a result of the Department of Public Welfare's (Department) licensing inspection on January 14, 2010 and March 12, 2010 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 THIRD 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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268, the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
65a	II	60	\$5	\$300	5 calendar days from mailing date of this letter
65b	II	60	\$5	\$300	5 calendar days from mailing date of this letter
132d	II	60	\$5	\$300	5 calendar days from mailing date of this letter
225c	II	60	\$5	\$300	5 calendar days from mailing date of this letter
22a2/141a1	III	60	\$3	\$180	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Financial Operations with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

Once you receive your invoice from the Bureau of Financial Operations, if you disagree with the amount of the penalty, you have the right to appeal through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare. If you decide to appeal, a written request to appeal the fine must be received, along with the assessed daily fine, not to exceed \$500, in accordance with 55 Pa.Code § 2600.263 (relating to appeal of penalty). All appeal requests must be sent to the address indicated on the invoice you will receive from the Bureau of Financial Operations.

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:

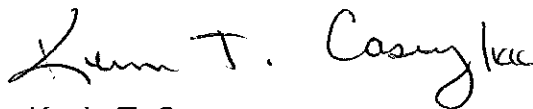
Karen E. Kroh, Director
Adult Residential Licensing
Department of Public Welfare
423 Health and Welfare Building
Seventh and Forster Streets
Harrisburg, Pennsylvania 17120

Ms. Amy J. Speece

3

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 black ink that reads "Kevin T. Casey". The signature is written in a cursive style with a large, stylized "K" and "C".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

FEB 11 2010

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

Adult Residential Licensing

NAME AND ADDRESS OF PERSONAL CARE HOME Knickerbocker Villa, 304 South Second Street, Clearfield, PA 16830		CURRENT LICENSE NUMBER 326942	
INSPECTION DATE(S) (Include all dates of the inspection) 1-14-10		REGIONAL REPRESENTATIVE D. Jones, V. Beard	
SIGNATURE OF LEGAL ENTITY <i>Heather Jost</i>	DATE 2-4-05	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Michelle E. Jones</i>	DATE 3/9/10

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 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).	On 12-18-09, Resident 8 fell and suffered a laceration to the scalp. An ambulance was called and emergency treatment was performed at the Hospital. This incident was not reported to the Department.	1-20-10	An incident report regarding this matter was filed with the department on 1-20-10. All supervisors have been inserviced on completing incident reports in a timely manner. All incident reports will be reviewed by the administrator and D-O-N and filed in the Quality management binder.	3/12/10 <i>JE</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Knickerbocker Villa, 304 South Second Street, Clearfield, PA 16830		CURRENT LICENSE NUMBER 326942	
INSPECTION DATE(S) (Include all dates of the inspection) 1-14-10		REGIONAL REPRESENTATIVE D. Jones, V. Beard	
SIGNATURE OF LEGAL ENTITY <i>Heather Gest</i>	DATE 2-4-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>	DATE 3/9/10


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
20b8 The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.	The residents who receive financial management serviced from the home only received one quarterly statement (January–March) in 2009.	1-22-10	The quarterly financial reports were completed 1-22-10. The administrator and administrative assistant have the upcoming dates scheduled to complete the reports each quarter: April 23, 2010 July 23, 2010 October 23, 2010 January 21, 2010. We will continue to send quarterly reports from now on. Administrator responsible for timely notification	3/12/10 BE

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

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INSPECTION DATE(S) (Include all dates of the inspection) 1-14-10		REGIONAL REPRESENTATIVE D. Jones, V. Beard	
SIGNATURE OF LEGAL ENTITY <i>Heather Test</i>	DATE 2-4-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>	DATE 3/9/10

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>22a2, 141a1 22a2</p> <p>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</p> <p>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>-Resident 5 was admitted to the home on 11-21-09. The medical evaluation for resident 5 was completed on 5-29-09, more than 60 days prior to admission.</p> <p>-The medical evaluation for Resident 12 is not dated. It can not be determined if the medical evaluation was done within the required timeframe.</p> <p>Repeat Violation – 8-3-09</p>	1-22-10	<p>New Medical Evaluations have been completed for each resident.</p> <p>The administrator and DO-N will review all medical evaluations to see they are complete and filled out within the proper time frame.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>3/12/10 <i>SE</i></p> <p>Date Initials (DPW)</p>

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

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SIGNATURE OF LEGAL ENTITY Heather Test	DATE 2-4-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/9/10

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25b The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	Resident 4's contract, dated 12-22-09, was not signed by the Resident.	2-5-10 3/15/10	Resident 4 will sign her contract. The administrator or designee will complete the residency agreement with each new Resident. A follow-up system will be developed to ensure the contracts are signed as required. MJS 3/9/10	Steps have been taken to correct violation; full compliance is not verifiable 3/12/10 BE Initials (DPW)

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25d-1SOP The resident-home contract must include whether the home collects a portion of a resident's rent rebate under § 2600.25(d) (relating to resident-home contract).	The contracts for residents 1, 3, 4, and 11 do not indicate whether the home collects a portion of a resident's rent rebate.	2-5-10	Residents 1, 3, 4, and 11 have filled out their rent rebate form. The rent rebate form is included with the residency agreements. Administration responsible to see all residents fill out this agreement.	3/12/10 BE

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26b The quality management plan shall address the periodic review and evaluation of the following: (1) Reportable incident and condition reporting procedures. (2) Complaint procedures. (3) Staff person training. (4) Licensing violations and plans of correction, if applicable. (5) Resident or family councils, or both, if applicable.	The home has not yet done a quality management review.	1-28-10	A quality management plan meeting was held 1-28-10. Quality management plan meetings will be held quarterly + are scheduled for the following dates: 4-29-10 7-29-10 11-28-10 All topics listed in 26b will be reviewed at these meetings.	3/12/10 BE

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41c The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the home.	The Resident Rights poster is not posted in the home.	2-4-10	A copy of the dept's resident rights poster was posted in the home. The administrator will monitor the area so the poster is kept clearly visible.	3/12/10 GE

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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 event of an actual fire. (4) Smoking safety	Direct care staff C, hired on 12-9-09, did not receive any of the training required under this regulation. Repeat Violation – 8-3-09	2-4-10	All new staff members will be reviewed on the topics listed in 65a. A checklist is placed in each new hire employee folder so each topic is discussed. The administrator will review each new hire checklist so all topics were included in training.	Steps have been taken to correct violation; full compliance is not verifiable <u>3/12/10</u> <i>EE</i> Date Initials (DPW)

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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.				

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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.	Direct care staff C, hired on 12-9-09, did not receive any of the training required under this regulation. Direct care staff C has worked more than 40 hours in the home. Repeat Violation – 8-3-09	2-4-10	All new hires will be trained in the topics included in 65b. A checklist is placed in each new hire's employee file so each topic is discussed. The administrator will review each new hire checklist so all topics were included.	Steps have been taken to correct violation; full compliance is not verifiable <u>3/12/10</u> <i>GE</i> Date Initials (DPW)

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89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	The hot water temperature measured 125.8 degrees Fahrenheit in the restroom by the TV/ lounge area. Repeat Violation – 8-3-09	1-14-10	The water temperature is monitored on a weekly basis by the head of housekeeping. The administrator is advised when the water temperature is not in the correct zone. Bloom Electric is called to service the water heater when the temperature is not in the correct zone. Bloom Electric Plumbing & Heating serviced the water heater 12/31/09 (as indicated on invoice). They were called back on	3/12/10 JE

1-14-10. We were not invoiced for this service call.

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100b The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.	The walkway outside of the exit door marked 4 was covered in a thick layer of ice. This exit is a direct means of egress for residents residing in rooms 26, 30, 32, 34, 36, and 38.	The walkway was cleared at the time of inspection.	The head of housekeeping will monitor each door open on a weekly basis to make sure they are easily opened. She will also check each door after episodes of inclement weather to see they are free of ice, snow, and other obstructions.	3/12/10 BE

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101j2 Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.	In rooms 12 and 14 there are only 2 chairs for the 3 residents residing in these rooms.	1-15-10	Three chairs have been placed in rooms #12 and #14. The head of housekeeping will monitor all rooms as she cleans so they have a chair for each resident.	3/12/10 <i>GE</i>

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121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	The exit door marked 7 is extremely difficult to open. The rubber at the bottom of the door is rubbing against the concrete. Both inspectors had difficulty opening the door.	1-29-10	<p>The cement pad outside door #7 has been ground down so the door is now easily opened. (Please see attached invoice from Bowman Masonry.)</p> <p>The head of housekeeping will ensure all doors are easily opened and will chart this on a weekly basis.</p>	3/12/10 BE

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SIGNATURE OF LEGAL ENTITY <i>Heather C. Gest</i>	DATE 3-10-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3/10/10

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																											
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.	<p>The fire safety letter dated 11-20-09 from Deputy Fire Marshal McCracken indicates a safe evacuation time of 4 minutes and 30 seconds. Prior to 11-20-09, there was no fire safety letter. Evacuation times are as follows:</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Time</th> <th>Evac Time</th> </tr> </thead> <tbody> <tr> <td>8-18-09</td> <td>10:45 PM</td> <td>3:58</td> </tr> <tr> <td>9-4-09</td> <td>8:45 AM</td> <td>4:00</td> </tr> <tr> <td>9-16-09</td> <td>9:00 PM</td> <td>5:01</td> </tr> <tr> <td>10-1-09</td> <td>11:10 AM</td> <td>4:47</td> </tr> <tr> <td>10-6-09</td> <td>11:05 PM</td> <td>13:12</td> </tr> <tr> <td>10-21-09</td> <td>10:30 PM</td> <td>4:15</td> </tr> <tr> <td>11/24/09</td> <td>2:00 PM</td> <td>4:15</td> </tr> <tr> <td>12/16/09</td> <td>3:25 PM</td> <td>4:14</td> </tr> </tbody> </table> <p>Repeat Violation – 8-3-09</p>	Date	Time	Evac Time	8-18-09	10:45 PM	3:58	9-4-09	8:45 AM	4:00	9-16-09	9:00 PM	5:01	10-1-09	11:10 AM	4:47	10-6-09	11:05 PM	13:12	10-21-09	10:30 PM	4:15	11/24/09	2:00 PM	4:15	12/16/09	3:25 PM	4:14	<p>3/31/10</p> <p>4/15/10</p> <p>3/31/10 – 6/10/10</p> <p>3/31/10</p>	<p>The home will complete mobility assessments on all residents. The assessments will specify what assistance each resident requires in the event of an emergency.</p> <p>The home will add staff to each shift sufficient to evacuate all residents from the building in 4 minutes, 30 seconds or less in the event of an emergency in accordance with Deputy Fire Marshal [redacted] 11/20/09 letter. Staff additions will be made as necessitated by the residents' mobility needs.</p> <p>The home will hold at least 3 unannounced fire drills between the hours of 11 pm and 5 am. These drills will be in addition to the monthly fire drills required by 2600.132(a). Documentation of each fire drill will be sent to the Department within 5 days of the drill.</p> <p>The home will amend its written criteria for admission and discharge to reflect that residents who are unable to evacuate in 4 minutes, 30 seconds or less will not be admitted to the home or will be discharged from the home. Written notice of this change will be provided to all residents.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>3/12/10 <i>BE</i></p> <p>Date Initials (DPW)</p>
Date	Time	Evac Time																													
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**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Knickerbocker Villa, 304 South Second Street, Clearfield, PA 16830		CURRENT LICENSE NUMBER 326942	
INSPECTION DATE(S) (Include all dates of the inspection) 1-14-10		REGIONAL REPRESENTATIVE D. Jones, V. Beard	
SIGNATURE OF LEGAL ENTITY <i>Heather Test</i>	DATE 2-4-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MCS</i>	DATE 3/9/10

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
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 current menu and next week's menu are not posted in the home.	1-15-10	The kitchen manager will post the current menu and next week's menu on the kitchen door. The kitchen manager will update these calendars on a weekly basis.	3/12/10 <i>JE</i>

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187d The home shall follow the directions of the prescriber.	-Resident 14's sliding scale for <i>Humalog</i> is as follows: <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <tr><th>Blood Sugar</th><th>Units</th></tr> <tr><td>150 - 200</td><td>2</td></tr> <tr><td>201 - 250</td><td>4</td></tr> <tr><td>251 - 300</td><td>8</td></tr> <tr><td>lunchtime</td><td>4</td></tr> </table> -The chart below shows the dates when blood sugar readings required <i>Humalog</i> to be administered, but there was no record that Resident 14 received the <i>Humalog</i> . <table border="1" style="width:100%; border-collapse: collapse;"> <tr><th>Date/Time</th><th>Blood Sugar</th><th>Units Needed</th></tr> <tr><td>1-11-10- 5:00 P</td><td>206</td><td>4</td></tr> <tr><td>1-11-10- 8:00 P</td><td>277</td><td>8</td></tr> <tr><td>1-12-10 5:00 P</td><td>282</td><td>8</td></tr> <tr><td>1-13-10 5:00 P</td><td>197</td><td>2</td></tr> <tr><td>1-13-10 8:00 P</td><td>198</td><td>2</td></tr> </table>	Blood Sugar	Units	150 - 200	2	201 - 250	4	251 - 300	8	lunchtime	4	Date/Time	Blood Sugar	Units Needed	1-11-10- 5:00 P	206	4	1-11-10- 8:00 P	277	8	1-12-10 5:00 P	282	8	1-13-10 5:00 P	197	2	1-13-10 8:00 P	198	2	2-1-10	The MAR was corrected to show 4 units to be given at 12 noon. All supervisors have been retrained on the correct way to record coverage for a sliding scale. A chart has been implemented to be checked daily by the following shift to make sure coverage given was marked in MAR + cover sheet. D-O-N will review MAR's on a monthly basis.	Steps have been taken to correct violation; full compliance is not verifiable 3/12/10 <i>SE</i> Date Initials (DPW)
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SIGNATURE OF LEGAL ENTITY Heather Test	DATE 2-5-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION MEJ	DATE 3/9/10

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225c The resident shall have additional assessments as follows: (2) If the condition of the resident significantly changes prior to the annual assessment.	Resident 12 had an inpatient admission at DuBois Regional Medical Center on 10-18-09 for hallucinations and delusions. On 12-8-09 Resident 12 was admitted to Clearfield Hospital for delusions. A new assessment has not been completed to reflect the significant change in condition. The current assessment, dated 10-26-09, indicates resident 12 has 'no problem with hallucinations/delusions/paranoia'. Repeat Violation – 8-3-09	2-2-10	all support plans have been redone for the residents in question. I will pay special attention to any daily changes occurring with the resident. Any new orders for PT or OT or any other services provided from other sources will be documented on the assessment & support plans. I need to make sure all aspects of care are included & need assist with eating drinking & toileting needs to be addressed - DON	Steps have been taken to correct violation; full compliance is not verifiable 3/12/10 SE Date Initials (DPW)

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227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	<p>-Resident 4's support plan, dated 12-23-09, was not updated to include physical therapy through Omni Home Healthcare which started on 1-8-10.</p> <p>-Resident 10's support plan, dated 11-23-09, was not updated to include physical therapy and occupational therapy services which started on 12-18-09.</p> <p>Resident 1's assessment, dated 12-15-09, indicates wandering is a current problem but does not interfere with everyday functioning. However, Resident 1 wears a wander guard device and the wandering behavior is not addressed in the support plan dated 12-15-09.</p> <p>-Resident 6's assessment, dated 8-</p>	2-2-10	<p>All assessments & support plans will be checked thoroughly when completed. I after a resident returns from the hospital a new assessment plan & support plan will be completed especially if there is a significant change or an order for OT or PT etc.</p> <p>Any resident wearing a wander guard will be addressed as a behavioral issue. -D-O-N</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>2/12/10 <i>DE</i> etc Initials (DPW)</p>

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	<p>5-09, identifies full physical assistance with eating, drinking, and toileting. The support plan, dated 8-5-09, does not address these needs.</p> <p>-Resident 9's assessment, dated 9-22-09, identifies the Resident as needing 24-hour supervision. The 24-hour supervision and the resident's use of the wander guard device are not addressed in the support plan dated 9-22-09.</p>		<p><i>is assisted from outside help. this also needs addressed.</i></p> <p><i>For a resident who wears a wander guard. I need to be more compliant with the fact if they wear a wander guard then it must be checked that they need 24hr supervision. I need to be more diligent to make sure all support plans and assessments match & show how to give the best care for that particular resident.</i></p>	

Resident 1, 4, 6, 9 & 10's support plans will be updated with the necessary information.

MES 3/9/10