

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ELITE CARE GROUP, LLP
LEGAL ENTITY

To operate LIZA'S HOUSE
NAME OF FACILITY OR AGENCY

Located at 1357 BLUE MOUNTAIN DRIVE, DANIELSVILLE, PA 18038
(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 20
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 May 25, 2010 until November 25, 2010,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 214771

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

MAILING DATE:

MAY 26 2010

Ms. Aundrea Leonard, Owner
Elite Care Group, LLP
125 Treymore Court
Pennington, New Jersey 08534

RE: Liza's House
1357 Blue Mountain Drive
Danielsville, Pennsylvania 18038

Dear Ms. Leonard:

As a result of the Department of Public Welfare's (Department) licensing inspection on February 16, 2010 of the above personal care home, the violations specified on the enclosed Violation Reports were found.

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

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

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) |
|---|--------------------------|---------------------------|---------------------------------|---------------------------------|--|
| 65g | II | 16 | \$5 | \$80 | 5 calendar days from mailing date of this letter |
| 82c | II | 16 | \$5 | \$80 | 5 calendar days from mailing date of this letter |
| 132d | II | 16 | \$5 | \$80 | 5 calendar days from mailing date of this letter |
| 132e | II | 16 | \$5 | \$80 | 5 calendar days from mailing date of this letter |
| 22a4/227a | III | 16 | \$3 | \$48 | 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. Aundrea Leonard

3

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

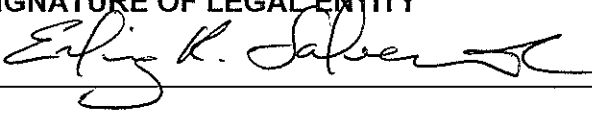
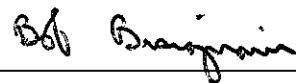
Sincerely,

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

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 Liza's House, 1357 Blue Mountain Drive, Danielsville, Pennsylvania 18038 | | CURRENT LICENSE NUMBER 214770 | |
| INSPECTION DATE(S) (Include all dates of the inspection) February 16, 2010 | | REGIONAL REPRESENTATIVE Betty Bloch and Ann O'Haire | |
| SIGNATURE OF LEGAL ENTITY  | DATE 3/16/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  | DATE 5/13/10 |


| 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 |
|--|--|---|---|--------------------------------------|
| 18 A home shall comply with applicable Federal, State and local laws, ordinances and regulations. | The home did not have a current "Certificate of Boiler or Pressure Vessel Operation" from the PA Department of L & I for its 1999 Burnham hot water heater. The one on file expired on 7/28/08. Repeated Violation – 2/9/09 | 4/23/10 | - owner in contact with Plan reviewer at The Department of Labor and Industry. - See Attached paperwork - Will inform DPW when issue is resolved. | 5/13/10 G.S. |

RECEIVED

MAR 19 2010


SCRANTON FIELD OFFICE
 Adult Residential Licensing

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

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| SIGNATURE OF LEGAL ENTITY  | DATE 3/16/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Sd Brainerd | DATE 5/13/10 |


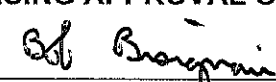
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| <p>22a3 The following admission document shall be completed for each resident - Personal care home assessment completed within 15 days after admission on a form specified by the Department.</p> <p>225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.</p> | The initial assessment for resident #1 (admitted 9/14/09) was undated as to when it was completed; therefore, compliance with this regulation was not met. | 2/17/10 | <p>- Initial Assessment for Resident #1 updated</p> <p>- Administrator or designee will do random chart audits of Resident charts.</p> <p>- Administrator or Designee will ensure that all initial assessments are complete.</p> <p>- Please see attached assessment.</p> | 5/13/10 G.B. |

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

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| SIGNATURE OF LEGAL ENTITY  | DATE 3/16/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION GJ Singsani | DATE 5/13/10 |


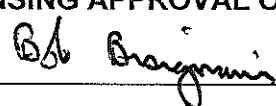
| 1 REGULATION 55 Pa.Code § 2600. | 2 VIOLATION | 3 DATE BY WHICH CORRECTION WILL BE COMPLETED | 4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | 5 DATE COMPLIANCE VERIFIED BY DPW |
|---|---|---|--|---|
| <p>22a4 The following admission document shall be completed for each resident - Support plan developed and implemented within 30 days after admission.</p> <p>227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.</p> | <p>The support plan for resident # 1 was undated as to when it was developed; therefore, compliance with this regulation was not met.</p> <p>Repeated Violation – 2/9/09</p> | 2/17/10 | <p>- Support plan for Resident #1 was updated.</p> <p>- Please see attached support plan.</p> <p>- Administrator or designee will ensure that all support plans are complete as noted in 22a4/227a.</p> <p>- Random chart audits to be completed on Resident charts.</p> | <p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p align="center">5/13/10 G.B.</p> <p>Date Initials (DPW)</p> |

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| 25d A home may not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P.S. §§ 4751-1— 4751-12). If the home will be assisting the resident to manage a portion of the rent rebate, the requirements of 20 (financial management) may apply. There may be no charge for filling out this paperwork. | The resident-home contract did not address if it accepts any portion of any rent rebate from its residents, as required by this regulation. | 4/2/10 | <ul style="list-style-type: none"> - Addendum to be sent to all POA's and distributed to current Residents to be signed. - Addendums to be sent to DPW upon completion - Resident contract updated to include Regulation 25d. - New Admission on 3/12/10, Updated Resident contract completed. See Attached. - Administrator or Designee to monitor and ensure compliance of 25d. | 5/13/10 G.S. |

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|--|---|---|--|--------------------------------------|
| 29 Hospice care and services that are licensed by the Pennsylvania Department of Health as a hospice may be provided in a personal care home. | The home did not have a license for Heartland Home Health Care Agency that provides services to resident # 4. | 2/16/2010 | <p>- License Obtained from Heartland Home Health Care Agency. Please see attached.</p> <p>- Necessary Information for Home Health Agency's providing care in the facility have been updated & organized.</p> <p>- Administrator are ^{is} responsible to continue monitoring required documentation and update as needed.</p> | 5/13/10 G.B. |

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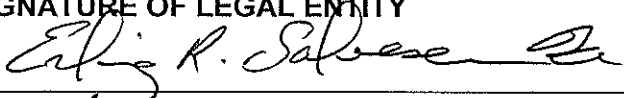
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| <p>51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults).</p> <p>52 Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.</p> | <p>The home did not have a copy of the criminal history background check for Staff Person A, who is employed by the Heartland Home Health Care Agency. The staff person provided unsupervised home health care services to resident # 4. In addition, this staff person was retained after the 30-day provisional hiring period.</p> | <p>2/16/2010</p> | <p>-Criminal Background Check obtained from Heartland Home Health for Person A - Please see attached.</p> <p>-Administrator & Designee Reviewed all criminal background checks for Home Health Agencies pending care currently and updated.</p> <p>-Separate binder developed for all required documentation for Home Health Agencies pending services in Facility</p> <p>-Administrator or Designee to ensure compliance of 51 & 52</p> | <p>5/13/10 G.B.</p> |

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| SIGNATURE OF LEGAL ENTITY <i>Elyse R. Johnson</i> | DATE 3/14/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Bd. Bergman</i> | DATE 5/13/10 |

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| 65e Direct care staff persons shall have at least 12 hours of annual training relating to their job duties. | Review of the training records for direct care Staff Person B indicated that 10 hours and 5 minutes of the required 12 hours of annual trainings were completed for 2009. The training year was identified as 1/1/09 – 12/31/09 by Staff Person C, who is the administrator. Repeated Violation – 2/9/09 | 2/17/2010 | - Administrator reviewed Staff Person B's employee file & located 3 hours of annual training from a DPW training course from 3/6/2009 - please see attached. - Administrator reviewed Direct care staff annual training and will continue to monitor to ensure compliance of 65e. | 5/13/10 B.S. |

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| <p>65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas:</p> <p>(4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102).</p> | <p>Staff person B did not receive annual training in The Older Adult Protective Services Act in 2009.</p> <p>Repeated Violation – 2/9/09</p> | <p>2/17/10</p> | <p>– Direct Care Staff Annual Training Plan for 2010 reviewed and updated to include training of the Older Adult Protective Services Act. Please see attached.</p> <p>– Administrator completed in-service of the Older Adult Protective Services Act for Staff Person B.</p> | <p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p align="center">5/13/10 G.S.</p> <p>Date Initials (DPW)</p> |

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| SIGNATURE OF LEGAL ENTITY <i>Erik R. Salvendy</i> | DATE 3/16/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ed. Bousignain</i> | DATE 5/13/10 |

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|---|--|---|---|---|
| 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. | <p>The home's kitchen sink cabinet was found unlocked and unattended by a staff person; it contained the following items that were all labeled "if swallowed seek medical attention and contact poison control" :</p> <ul style="list-style-type: none"> • (1) 1-gallon container of Clorox Bleach • (1) 36 oz. container of Liquid Plummer Gel • (1) 60 oz. container of Member Mark Liquid Dishwashing Detergent <p>Repeated Violation – 2/9/09</p> <p><i>The home does not assess residents to determine if they can safely use or avoid poisonous materials.</i></p> | 3/9/10 | <p><i>- Inservice completed for all staff to cover LMI #82. Please see attached.</i></p> <p><i>- Administrator or designee will continue to monitor and ensure compliance of 82c.</i></p> | <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><u>5/13/10</u> <u>S.S.</u></p> <p>Date Initials (DPW)</p> |


L 5/01

VIOLATION REPORT
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| SIGNATURE OF LEGAL ENTITY <i>E. K. Salvant</i> | DATE 3/16/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ed Brignani</i> | DATE 5/13/10 |


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| 89c A home that is not connected to a public water system shall have a coliform water test at least every 3 months, by a Department of Environmental Protection-certified laboratory, stating that the water is below maximum contaminant levels. | The home was not in compliance with having a coliform water testing completed every 3 months. The most current ones were completed on 7/3/09, 2/27/09 and 12/24/08. | 3/4/2010 | Water Test obtained and submitted to Palmyerton Hospital Lab. - Please see attached Results and Receipts. | 5/13/10 G.S. |

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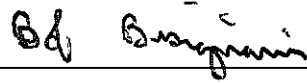
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| 100b The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes. | The rear right exit, which was the primary exit for the rear bedrooms, was not cleared of snow at the time of inspection. | 3/9/10 | -The landscaping company hired for snow removal came the day of inspection to clear rear right exit pathway. - In service conducted on 2/19/10 for all staff under LMI 100ab | 5/13/10 B.S. |
| 121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed. | The left side of the front porch exit, that was being used for storage, had two chairs that were blocking the egress path. | 3/9/10 | -Chairs removed from front porch egress path day of inspection. - In service conducted for all staffs under LMI 121a | 5/13/10 B.S. |

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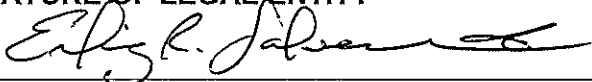
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| 124 The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept. | The home did not update the 10/23/09 letter to the Lehigh Township Volunteer Fire Company No.1 to indicate that resident # 3 requires assistance to evacuate in case of an emergency. The resident had a significant change in condition on 1/27/10. | 4/1/10 | -Updated Letter Sent TO Fire Department for Review. -Administrator will forward letter once updated letter is received. | 5/13/10 G.B. |

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| INSPECTION DATE(S) (Include all dates of the inspection) February 16, 2010 | | REGIONAL REPRESENTATIVE Betty Bloch and Ann O'Haire | |
| SIGNATURE OF LEGAL ENTITY  | DATE 3/16/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  | DATE 5/13/10 |


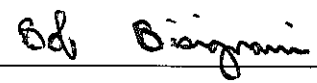
| 1 REGULATION 55 Pa.Code § 2600. | 2 VIOLATION | 3 DATE BY WHICH CORRECTION WILL BE COMPLETED | 4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | 5 DATE COMPLIANCE VERIFIED BY DPW |
|--|--|---|--|---|
| 132d 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. | <ul style="list-style-type: none"> • Only 14 of the 15 residents present in the home during the fire drills conducted on 8/6/09 and 1/27/10 were evacuated to a fire-safe area or outside of the home when the fire alarm sounded. • The letter from the fire safety expert dated 4/16/09 did not address if the doors in the designated fire-safe areas within the home are fire-rated. <p>Physical inspection of the fire-safe areas indicated the following: <u>West Wing:</u> Doors with a 1.5 hour fire-rating label on them: The exit door located in the inside gazebo that leads to the outside of the home and the exit door adjacent from room # 13. No fire-rating label: The exit door</p> | <p>2/25/10</p> <p>4/16/10</p> | <p>- Misread by Administrator</p> <p>- Administrator documented TOTAL census versus actual census in house during Fire drill on 8/6/09 & 1/27/10</p> <p>- The Facility Manager will contact Fire Marshall to set-up a meeting to inspect the fire rating of all mentioned doors under 132d.</p> <p>- Will Forward all required documentation</p> | <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>5/13/10 G.S.</p> <p>Date Initials (DPW)</p> |

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

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| SIGNATURE OF LEGAL ENTITY  | DATE 3/16/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Ed Bringham | DATE 5/13/10 |


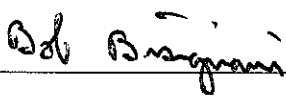
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| (Continued from the previous page) | adjacent to room # 20. Center Wing: No fire-rating labels were on the "East Garden" door that was adjacent to room # 12, the main entrance door, the entrance door into the "East Wing" and the door leading into the kitchen from the dining room. Repeated Violation – 2/9/09 | 4/16/10 | Cont from last page. - Fire Drill held on 2/25/10 Fire drill Log filled out properly. 17 Residents in house at time of Drill 17 Residents Evacuated. Please see attached Log. - Administrator or Facility Manager will continue to monitor and ensure compliance § 132d. | see previous page |

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

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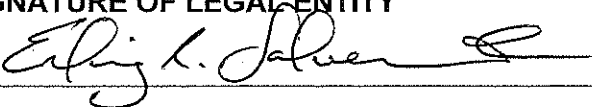
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| 132e A fire drill shall be held during sleeping hours once every 6 months. | A sleeping-hour fire drill was not conducted between March 2009 and December 2009. The fire drill records indicated that the most current sleeping-hour fire drills were conducted on 2/11/09 and 1/27/10; at 5:00 am and 11:15 pm, respectively. Repeated Violation – 2/9/09 | 6/21/10 | - Administrator and Facility Manager scheduled a sleeping hour fire drill for 6/21/10. - Administrator or facility manager will ensure that a sleeping hour drill is conducted every 6 months as required in 132e. | Steps have been taken to correct violation; full compliance is not verifiable 5/13/10 G.B. Date Initials (DPW) |

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

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| 141b-1 A resident shall have a medical evaluation at least annually. | A 2009 annual medical evaluation was not completed for resident # 2, who was admitted to the home on 3/17/07. The most current one in the resident's record was dated 11/24/08. | 3/30/10 | ADMINISTRATOR Received copy of Medical evaluation from Doctor. Incorrect title of facility noted. Resending to Doctor. Will forward medical evaluation once received from Doctor. | 5/13/10 G.S. |

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

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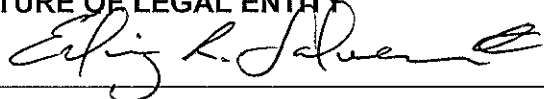
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| 182b Prescription medication that is not self-administered by a resident shall be administered by one of the following: (4) A staff person who has completed the medication administration training in 190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies. | The following shifts did not have a qualified staff person working to administer medications to residents: • <u>2/9/10, 3pm – 11pm</u> Staff person D did not complete the required 2009 Initial Annual Practicum of the department-approved medication administration course that was due by 11/24/09. The Initial Training was completed 11/24/08. Staff persons E and F, who were the other staff on duty on this shift, did not complete the department-approved medication administration course. • <u>2/14/10, 7am – 11pm</u> Staff person B, who administered medications to residents, did not | 3/6/10 | - Train The Trainer completed Review class on 3/5/10. - Please See attached Certificate. - All Medication Trained Staff re trained by Train The Trainer on 3/6/10. - Please ^{see} attached sign-in sheet. - Administrator contacted an area local Personal Care Home Administrator. → Continued on next page | Steps have been taken to correct violation; full compliance is not verifiable 3/13/10 S.S. Date Initials (DPW) |

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

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| (Continued from the previous page) | <p>complete the required 2008 and 2009 Annual Practicum for the department-approved medication administration course; therefore, was not qualified to administer medications to residents.</p> <p>This staff person completed the Train-the-Trainer Medication course 3/20/07. The Annual Practicums were due by 3/20/08 and 3/20/09.</p> | 3/6/10 | <p>and set-up Annual Practicums with their Train the Trainer:</p> <p>- Administrator or Designee will monitor and ensure compliance with 182b.</p> | see previous page |

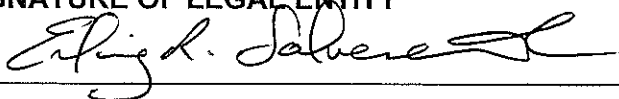
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| 187a A medication record shall be kept to include the following for each resident for whom medications are administered: (3) Name of medication. (4) Strength. (6) Dose. (7) Route of administration. (9) Administration times. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication. | <ul style="list-style-type: none"> The February 2010 master key that is used in conjunction with the medication administration record (MAR) did not include the printed name of each staff person who administers medications to residents. The 2/10 MAR for resident # 6 did not include a diagnosis or purpose for the following medications: Klor-Con M, Oyst CA, Mag64, Therems-M, Salmon Oil, Cranberry(QC), Metoprolol Succ ER, Amlodipine/Benazepril, Diovan HCT or Aspirin Child Chew. The 2/10 MAR for resident # 7 was improperly maintained as the staff person did not document the time, reason, results/response and staff person's name when the resident | <p>2/17/10</p> <p>3/16/10</p> <p>3/6/10</p> | <p>- Master key developed All staff signed/printed name with initials. - Please see attached.</p> <p>- MAR updated to include diagnosis for Resident #6 - Please see attached.</p> <p>- In-services conducted for Medication Trained employees by train The Trainer for 187a/b/c/d - Please see attached.</p> | |


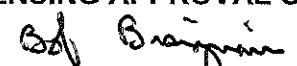
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| (Continued from the previous page) | <p>refused medications on the following dates:</p> <p><u>2/4/10</u>: Norvasc 10mg tab, Seroquel 25mg tab, Ferrous Sulfate 325mg tab and Aricept 10mg tab</p> <p><u>2/6/10</u>: Colace 100mg capsule</p> <p><u>2/9/10</u>: Seroquel 25mg tab and Aricept 10mg tab</p> <p><u>2/10/10</u>: Norvasc 10mg tab, Prilosec 20mg capsule, Seroquel 25mg tab, Calcarb 600 w/vit D T, Ferrous Sulfate 325mg tab and Aricept 10mg tab</p> <p><u>2/11/10</u>: Seroquel 25mg tab, Aricept 10mg tab and Colace 100mg capsule</p> | 3/6/10 | - Administrator or Designee to ensure that MAR's are completed as required under 187a. | |

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| 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. | <p>The home did not document in resident # 7's record or report to the resident's physician until 2/12/10 that the prescribed medications Aricept and Seroquel were refused by the resident on 2/9/10, 2/10/10 and 2/11/10.</p> <p>In addition, the home did not report to resident # 7's physician or document in the resident's record that the following prescribed medications were also refused:</p> <p><u>2/04/10</u>: Norvasc 10mg tab, Seroquel 25mg tab, Ferrous Sulfate 325mg tab and Aricept 10mg tab</p> <p><u>2/06/10</u>: Colace 100mg capsule</p> <p><u>2/10/10</u>: Norvasc 10mg tab, Prilosec 20mg capsule, Calcarb 600</p> | 3/6/10 | <p>Inservice conducted with all Medication trained staff to cover 187a/b/c/d.</p> <p>- Please ^{see} attached</p> <p>- Administrator or Train the Trainer will monitor to ensure compliance with 187c.</p> | 5/13/10 S.B. |

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| (Continued from the previous page) | w/vit D T and Ferrous Sulfate 325mg tab 2/11/10: Colace 100mg capsule | 3/6/10 | See page 21 | see previous page |

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