

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HFA, INC.

LEGAL ENTITY

To operate OLIVIA VILLAGE ASSISTED LIVING RESIDENCE

NAME OF FACILITY OR AGENCY

Located at 13771 SOUTH EAGLE VALLEY ROAD, TYRONE, PA 16686

(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 33
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 September 13, 2010 until March 13, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 319171

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:

SEP 13 2010

Ms. Heidi A. Aguillo, President
HFA, Inc.
Olivia Village Assisted Living Residence
13771 S. Eagle Valley Road
Tyrone, Pennsylvania 16686

Dear Ms. Aguillo:

As a result of the Department of Public Welfare's (Department) licensing inspection on June 30, 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.

In accordance with 55 Pa.Code § 2600.269(b) (relating to ban on admissions) no new resident admissions are permitted after the date of this letter.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation 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)
121a	II	12	\$5	\$60	5 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. You must notify the Department's Regional Adult Residential Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. 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 or ban on admissions, 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

The license indicates the home's recent change in the mailing address.


Appeal of the ban on new resident admissions does not permit the admission of new residents after the date of this letter.

Ms. Heidi A. Aguillo

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, stylized "K" 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 Olivia Village Assisted Living Residence 1452 Bald Eagle Valley Road Tyrone, Pennsylvania 16686		CURRENT LICENSE NUMBER 319170	
INSPECTION DATE(S) (Include all dates of the inspection) June 30, 2010		REGIONAL REPRESENTATIVES Doug Hoover, Ron Minnich, Rebecca Riel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) HEIDI A. AGUILLO, RN, BSN / ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Heidi A. Aguillo</i>	DATE 8/2/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Capt. Bambery</i>	DATE 8/19/10

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
3c The personal care home shall post the current license, a copy of the current Violation Report (VR) issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.	Chapter 2600 regulations and the 6/16/09 violation report were in binders on a shelf in the general staff room next to the dining room. This is not a conspicuous and public place.	06/30/2010	<u>SHORT TERM GOAL:</u> The Chapter 2600 Regulation and the June 16, 2009 Violation Report have been moved to a table in the Main Lobby where the public can easily access. Photos of the new location (both before and after) are submitted to support this plan of correction. <u>LONG TERM GOAL:</u> The Administrator will ensure that the Chapter 2600 Regulation and the latest Violation Report will always be in a conspicuous location in the home.	<i>8/19/10 CB</i>

AUG 16 2010

Adult Residential Licensing

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

NAME AND ADDRESS OF PERSONAL CARE HOME Olivia Village Assisted Living Residence 1452 Bald Eagle Valley Road Tyrone, Pennsylvania 16686		CURRENT LICENSE NUMBER 319170	
INSPECTION DATE(S) (Include all dates of the inspection) June 30, 2010		REGIONAL REPRESENTATIVES Doug Hoover, Ron Minnich, Rebecca Riel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) HEIDI A. AGUILLO, RN, BSN / ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Heidi A. Aguillo</i>	DATE <i>8/2/2010</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>C. J. Bomberg</i>	DATE <i>8/19/10</i>

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
17 Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person,	<ul style="list-style-type: none"> In resident #1's record, there was a medication administration record (MAR) for resident #2. This information would be accessible to resident #1 and his/her designated person. There were 4 home health agency folders in the general staff room next to the dining room. These folders contained confidential medical and examination information for residents in the facility including residents' #3 and #4. 	06/30/2010 and ongoing	<p><u>SHORT TERM GOALS:</u></p> <ol style="list-style-type: none"> The MAR of resident #2 is already filed in [] folder. The 4 home health agency folders and the green organizing crate (not a milk crate) in the Main Nurses Station (not general staff room) next to the dining room is moved to the locked Staff Room where it is not accessible to the residents and visitors. <p><u>LONG TERM GOALS:</u></p> <ol style="list-style-type: none"> The Administrator will be careful in filing resident's records. A July 1, 2010 memo has been sent to all staff regarding relocation of the home health agency folders and the green organizing crate for the delivery receipts to the Staff Room. That memo is attached as part of this plan of correction. The Administrator will keep track that all staff understand confidentiality issues and that everybody will be in compliance with keeping all records confidential. 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>8/19/10</i> Date Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Olivia Village Assisted Living Residence 1452 Bald Eagle Valley Road Tyrone, Pennsylvania 16686		CURRENT LICENSE NUMBER 319170	
INSPECTION DATE(S) (Include all dates of the inspection) June 30, 2010		REGIONAL REPRESENTATIVES Doug Hoover, Ron Minnich, Rebecca Riel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) HEIDI A. AGUILLO, RN, BSN / ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Heidi A. Aguillo</i>	DATE 8/2/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 8/2/10

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
or if a court orders disclosure.	<ul style="list-style-type: none"> • There was a green milk crate on the floor in the general staff room that contained pharmacy sheets on residents and care sheets. There were also MAR sheets dated 1/26/10 for all 12 residents in the home. • Staff A stated that the general staff room is accessible to residents and visitors. 	06/30/2010 and ongoing	Please see previous page.	<u>Contd</u>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Olivia Village Assisted Living Residence 1452 Bald Eagle Valley Road Tyrone, Pennsylvania 16686		CURRENT LICENSE NUMBER 319170	
INSPECTION DATE(S) (Include all dates of the inspection) June 30, 2010		REGIONAL REPRESENTATIVES Doug Hoover, Ron Minnich, Rebecca Riel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) HEIDI A. AGUILLO, RN, BSN / ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Heidi A. Aguillo</i>	DATE 8/2/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Ramsey</i>	DATE 8/19/10

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
42c A resident shall be treated with dignity and respect.	The home rules refer to a "curfew" where all lights, radios, stereos and televisions must be turned off at 10:30 PM. Staff A stated that the home rules reviewed were an outdated version however, there is a copy of these home rules in resident's #5's record. Resident #5 was admitted on 1/15/10.	07/01/2010 and ongoing	<u>SHORT/LONG TERM GOALS:</u> <ol style="list-style-type: none"> The "curfew" where lights, radios, stereos and televisions must be turned off at 10:30PM was never implemented as this was originally designed for semi-private rooms. Currently, we maintain all private rooms. The revised Home Rules no longer reflects any "curfew" hours with respect to the usage of all personal appliances such as the ones indicated in #1. The updated Policy and Procedures manual, admission contract, and all current residents' files/records (Resident #5's included) have been corrected to reflect the absence of a curfew home rule. Copies of the updated Home Rules (already posted), the section of Home Rules of the Policies and Procedures Manual (pp. 11-12), section of the admission contract that refer to the Home Rules as Addendum D are submitted to support the plan of corrections for this violation. 	8/19/10 <i>CB</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Olivia Village Assisted Living Residence 1452 Bald Eagle Valley Road Tyrone, Pennsylvania 16686		CURRENT LICENSE NUMBER 319170	
INSPECTION DATE(S) (Include all dates of the inspection) June 30, 2010		REGIONAL REPRESENTATIVES Doug Hoover, Ron Minnich, Rebecca Riel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) HEIDI A. AGUILLO, RN, BSN / ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Heidi A. Aguillo</i>	DATE 8/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 8/26/10

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
60a Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.	Resident #3 is receiving hospice services and has mobility needs. This resident requires 24 hour supervision and a two person assist in all transfers. All records reviewed indicate that 24 hour supervision is needed for residents. The direct care staff schedule for 6/20/10 to 7/3/10 shows one direct care staff is scheduled for the 11 PM – 7 AM shift. Staff A stated that typically 2 direct care staff members are scheduled for the morning and afternoon shifts with one staff member for the	06/30/2010 and ongoing 8/27/10	<u>SHORT/LONG-TERM GOALS</u> The administrator will continually hire more staff to add coverage for the night shift. <i>Per phone contact with the administrator - the schedule for staff is being revised to ensure that there are always at least 2 staff persons present effective 8/27/10.</i>	

The administrator will review the needs of the residents in determining the staffing schedule of the home to meet these needs - as 8/20/10.

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

NAME AND ADDRESS OF PERSONAL CARE HOME Olivia Village Assisted Living Residence 1452 Bald Eagle Valley Road Tyrone, Pennsylvania 16686		CURRENT LICENSE NUMBER 319170	
INSPECTION DATE(S) (Include all dates of the inspection) June 30, 2010		REGIONAL REPRESENTATIVES Doug Hoover, Ron Minnich, Rebecca Riel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Heidi L. Ryznik</i>	DATE 8/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil B. Meyer</i>	DATE 8/28/10

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
	night shift. Adequate staffing was not being provided to meet the needs of resident #3 and other residents. There are 12 residents in the home including 2 with mobility needs.			

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

NAME AND ADDRESS OF PERSONAL CARE HOME Olivia Village Assisted Living Residence 1452 Bald Eagle Valley Road Tyrone, Pennsylvania 16686		CURRENT LICENSE NUMBER 319170	
INSPECTION DATE(S) (Include all dates of the inspection) June 30, 2010		REGIONAL REPRESENTATIVES Doug Hoover, Ron Minnich, Rebecca Riel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) HEIDI A. AGUILLO, RN, BSN / ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Heidi A. Aguillo</i>	DATE 8/13/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bomber</i>	DATE 8/27/10

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
65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.	<ul style="list-style-type: none"> Direct care staff B, hired 4/26/08 did not have any of the required annual training for 2009. Staff A provides annual fire safety training and is not a fire safety expert. Staff A was not trained by a fire safety expert. 	08/12/2010 and ongoing	<p>SHORT TERM GOALS:</p> <ul style="list-style-type: none"> I am certifying that direct care staff B completed all her annual training for 2009 except for the Fire Safety class that was conducted on June 18, 2009 (Please see Fire Safety & Drill, 6/18/2009). Direct care staff B was scheduled to work on her other job on that day. However, she attended the Emergency Operations / Preparedness Plan that includes Fire Safety and Evacuation Procedures (Please see one of the accompanying pages that are labeled "SIGNED"). <p>Direct Care staff B attended trainings on Dementia and Hospice for new population groups being served. (Please see the accompanying pages that are labeled "SIGNED")</p> <p>Direct Care staff B completed the Residents' Rights, The Older Adult Protective Services Act, and Falls and Accident Prevention as evidenced by the Post Test results she submitted (See accompanying pages that are labeled "POST-TEST"). Direct care staff B had her training for these three (3) on different dates from the rest of the staff because of conflict with her other job. However, I missed letting her sign the corresponding records of training. I asked direct care staff B to sign/correct the corresponding records of training (See accompanying pages that are labeled "CORRECTED").</p> <p align="center">(CONTINUED ON NEXT PAGE)</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>8/27/10 <i>UB</i></p> <p>Date Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Olivia Village Assisted Living Residence 1452 Bald Eagle Valley Road Tyrone, Pennsylvania 16686		CURRENT LICENSE NUMBER 319170	
INSPECTION DATE(S) (Include all dates of the inspection) June 30, 2010		REGIONAL REPRESENTATIVES Doug Hoover, Ron Minnich, Rebecca Riel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) HEIDI A. AGUILLO, RN, BSN / ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Heidi A. Aguillo</i>	DATE 8/13/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 8/30/10

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
(3) Resident rights (under these regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101--10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.		08/12/2010 and ongoing	<ul style="list-style-type: none"> The annual Fire Safety training has always been conducted by the Fire Chief from the Bald Eagle Fire Company, a half-mile from Olivia Village. Please see accompanying pages that are labeled "FIRE SAFETY" that refer to 2009 and 2010 training. I never meant to say that I conduct the annual fire safety class. However, I conduct the in-house emergency preparedness procedures as part of the annual mandatory training for the staff. <p>LONG TERM GOALS:</p> <ol style="list-style-type: none"> The Administrator will ensure that all staff sign records of training as soon as training is completed. A system will be implemented as a computer application to schedule all mandatory trainings and that staff will be reminded with all non-completed ones when they clock in. The staff will also be reminded to sign records of training when they complete one. A staff will undergo fire safety education from a fire safety expert to provide ongoing training to the rest of the staff. 	<i>Cont</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Olivia Village Assisted Living Residence 1452 Bald Eagle Valley Road Tyrone, Pennsylvania 16686		CURRENT LICENSE NUMBER 319170	
INSPECTION DATE(S) (Include all dates of the inspection) June 30, 2010		REGIONAL REPRESENTATIVES Doug Hoover, Ron Minnich, Rebecca Riel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) HEIDI A. AGUILLO, RN, BSN / ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Heidi A. Aguillo</i>	DATE 8/12/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cyber...</i>	DATE 8/31/10

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
81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	Residents #3 and #6 have half-length or less bedrails on their beds. The home is not doing 15 minute checks for these residents while the bedrails are in use. The bedrails are potential hazards to the residents.	07/01/2010 & 08/11/2010 and Ongoing	<p><u>SHORT TERM PLANS:</u></p> <ol style="list-style-type: none"> The administrator immediately implemented a 15-minute bedrail monitoring activity for both Residents #3 and #6. Please see the accompanying copy of the form we implemented. Completed on 7/1/2010. The administrator replaced Resident #3's bed with a Big Boy Bed with bolsters and repositioning and <i>acceptable grab/</i> repositioning to eliminate the use of bedrails. Completed on 8/11/2010. <p><i>paid for therapy</i></p> <p><u>LONG TERM PLANS:</u></p> <ol style="list-style-type: none"> The administrator will make sure that all employees are instructed to complete 15-minute checks for all current and future residents using bedrails. The administrator is working on eliminating the use of bedrails from Resident #6 and other future residents by replacing the bedrails with low bed and grab bars or other assistive devices for turning and repositioning. 	

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

NAME AND ADDRESS OF PERSONAL CARE HOME Olivia Village Assisted Living Residence 1452 Bald Eagle Valley Road Tyrone, Pennsylvania 16686		CURRENT LICENSE NUMBER 319170	
INSPECTION DATE(S) (Include all dates of the inspection) June 30, 2010		REGIONAL REPRESENTATIVES Doug Hoover, Ron Minnich, Rebecca Riel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) HEIDI A. AGUILLO, RN, BSN / ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Heidi A. Aguillo</i>	DATE 8/24/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Carl Bromberg</i>	DATE 8/19/10

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
100a The exterior of the building and the building grounds or yard shall be in good repair and free of hazards.	Behind the home is a marshy area with a chain link fence around it. The fence is sagging in several areas with the poles leaning towards the ground. The marshy area is accessible to residents and presents a falling and drowning risk.	08/02/2010	<p><u>SHORT TERM PLAN:</u> The sagging chain link fence segments have been fixed. All of them were caused by not properly tied to middle posts. One segment has missing 2 middle posts – they were added. Three corner posts were piled and cemented to a soft ground that eventually made the base become loose. The foundation of these corner posts was strengthened. They are now set upright. Please see accompanying photos (before/after) to support plan of correction for this violation.</p> <p><u>LONG TERM PLAN:</u> The chain link fence will be regularly checked by co-owner of the building [REDACTED] (at least once a month). He will do the maintenance if required.</p>	8/19/10 CB.

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

NAME AND ADDRESS OF PERSONAL CARE HOME Olivia Village Assisted Living Residence 1452 Bald Eagle Valley Road Tyrone, Pennsylvania 16686		CURRENT LICENSE NUMBER 319170	
INSPECTION DATE(S) (Include all dates of the inspection) June 30, 2010		REGIONAL REPRESENTATIVES Doug Hoover, Ron Minnich, Rebecca Riel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) HEIDI A. AGUILLO, RN, BSN / ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Heidi A. Aguillo</i>	DATE 8/2/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cy D. Borsari</i>	DATE 8/19/10

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
105g To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.	There was lint in the lint trap of the dryer on the main floor. There was no clothing in the dryer and the dryer was not being used.	07/01/2010 and ongoing	SHORT/LONG TERM PLANS: <ol style="list-style-type: none"> A memo has been sent to the Staff as a reminder to religiously clean the lint trap of the dryer <u>immediately before, during, and after each use</u>. A copy of the memo is submitted as evidence of plan of correction. The administrator implemented a checking mechanism (specified in the memo) that this dryer lint trap cleaning is done without exception. 	Steps have been taken to correct violation; full compliance is not verifiable. Date: <u>8/19/10</u> Initials (DPW): <u>CB</u>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Olivia Village Assisted Living Residence 1452 Bald Eagle Valley Road Tyrone, Pennsylvania 16686		CURRENT LICENSE NUMBER 319170	
INSPECTION DATE(S) (Include all dates of the inspection) June 30, 2010		REGIONAL REPRESENTATIVES Doug Hoover, Ron Minnich, Rebecca Riel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) HEIDI A. AGUILLO, RN, BSN / ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Heidi A. Aguillo</i>	DATE 8/2/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bomberg</i>	DATE 8/19/10

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
107c The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.	The home has 12 residents and is required to have 36 gallons of water for a 3-day supply. The home does not have a contract for the water and there were 15 gallons of water stored on-site.	07/01/2010 and ongoing	<p><u>SHORT TERM GOAL:</u> Added 21 more gallons (bottled) as an emergency supply of drinking water (current total of 36) to meet the required 3 gallons per resident. Currently, we have 12 residents. None of the gallons of water is marked with an expiration date ("best by") earlier than 03/20/2011.</p> <p><u>LONG TERM GOAL:</u> The administrator will monitor the amount and expiration dates of emergency drinking water stored in the home to meet the required 3-day emergency supply. A new resident triggers a purchase of additional 3 gallons of bottled drinking water. All nearly-expired ones will be replaced accordingly.</p>	8/19/10 CB

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

NAME AND ADDRESS OF PERSONAL CARE HOME Olivia Village Assisted Living Residence 1452 Bald Eagle Valley Road Tyrone, Pennsylvania 16686		CURRENT LICENSE NUMBER 319170	
INSPECTION DATE(S) (Include all dates of the inspection) June 30, 2010		REGIONAL REPRESENTATIVES Doug Hoover, Ron Minnich, Rebecca Riel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) HEIDI A. AGUILLO, RN, BSN / ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Heidi A. Aguillo</i>		DATE 8/2/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bambery</i>
			DATE 8/19/10

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
121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	The main entrance has double doors. One door was locked in place leaving a single door for entering and exiting. Repeated violation – 6/16/10	07/01/2010 and ongoing	<u>SHORT/LONG TERM PLANS:</u> 1. A memo has been sent to the staff to ensure both of the main entrance double doors are unlocked during the waking hours. A copy of the memo is submitted as part of the plan of correction for this violation. 2. The administrator and staff will monitor daily that main entrance doors are both unlocked during the day time.	Steps have been taken to correct violation; full compliance is not verifiable <i>8/19/10</i> Date <i>CB</i> Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME Olivia Village Assisted Living Residence 1452 Bald Eagle Valley Road Tyrone, Pennsylvania 16686		CURRENT LICENSE NUMBER 319170	
INSPECTION DATE(S) (Include all dates of the inspection) June 30, 2010		REGIONAL REPRESENTATIVES Doug Hoover, Ron Minnich, Rebecca Riel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) HEIDI A. AGUILLO, RN, BSN / ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Heidi A. Aguillo</i>	DATE 8/2/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Berman</i>	DATE 8/19/10

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
123b Copies of the emergency procedures 107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.	The emergency procedures were not posted anywhere in the home.	06/30/2010 and ongoing	<u>SHORT/LONG TERM GOALS:</u> 1. The Emergency Preparedness Plan has been moved to a table in the main lobby that is visible to the public to verify. It is grouped with the Chapter 2600 Regulation and copy of the previous year's Violation Report (2009). In the submitted Page 1 of 20 Violation Report, the "after images" will show these 3 folders of documents in one big binder. 2. The administrator and staff will make sure that the Emergency Preparedness Plan is in a conspicuous and public place in the home. The main lobby is the most appropriate place.	8/19/10 CB

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

NAME AND ADDRESS OF PERSONAL CARE HOME Olivia Village Assisted Living Residence 1452 Bald Eagle Valley Road Tyrone, Pennsylvania 16686		CURRENT LICENSE NUMBER 319170	
INSPECTION DATE(S) (Include all dates of the inspection) June 30, 2010		REGIONAL REPRESENTATIVES Doug Hoover, Ron Minnich, Rebecca Riel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) HEIDI A. AGUILLO, RN, BSN / ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Heidi A. Aguillo</i>	DATE 8/9/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Barry</i>	DATE 8/27/10

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
132e A fire drill shall be held during sleeping hours once every 6 months.	Two fire drills were conducted during sleeping hours on 8/25/09 and 3/23/10 which is more than 6 months apart.	07/5/2010 and ongoing	<u>SHORT/LONG TERM GOALS:</u> 1. A computerized schedule system is put in place as a reminder to conduct sleeping hour fire drills every 6 th month. Our 1-year schedule is as follows: 7/13/2010 - Fire Drill - Monthly (Completed) 8/7/2010 - Fire Drill - Monthly 9/8/2010 - Fire Drill - Monthly (Sleeping Hours) 10/19/2010 - Fire Drill - Monthly 11/20/2010 - Fire Drill - Monthly 12/10/2010 - Fire Drill - Monthly 1/22/2011 - Fire Drill - Monthly 2/16/2011 - Fire Drill - Monthly 3/3/2011 - Fire Drill - Monthly (Sleeping Hours) 4/16/2011 - Fire Drill - Monthly 5/21/2011 - Fire Drill - Monthly 6/12/2011 - Fire Drill - Monthly 2. The administrator and staff will monitor/update the scheduler for full compliance.	

Per phone call with administrator - staff do not have access to the fire drill schedule, and that all drills are unannounced to staff and residents.
 03 8/26/10

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

NAME AND ADDRESS OF PERSONAL CARE HOME Olivia Village Assisted Living Residence 1452 Bald Eagle Valley Road Tyrone, Pennsylvania 16686		CURRENT LICENSE NUMBER 319170	
INSPECTION DATE(S) (Include all dates of the inspection) June 30, 2010		REGIONAL REPRESENTATIVES Doug Hoover, Ron Minnich, Rebecca Riel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) HEIDI A. AGUILLO, RN, BSN / ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Heidi A. Aguillo</i>	DATE 8/7/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bumbay</i>	DATE 8/27/10

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
132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	Resident #3 is not being evacuated during fire drills because he/she is receiving hospice services and is refusing to evacuate. This was confirmed by Staff A.	07/13/2010 and ongoing	<u>SHORT TERM PLAN:</u> 1. Resident #3 was convinced to join the July fire drill. The resident was cooperative with the fire drill. Please see the accompanying copy of the July 13, 2010 fire drill log to support the plan of correction for this violation. <u>LONG TERM PLAN:</u> 1. As clearly stated in the Home Rules, the administrator will strictly enforce that every resident must participate in fire drills. Please see the accompanying copy of Home Rules. 2. As it has always been, regularly remind/educate residents, individually and as a group, regarding the importance of responding immediately in the event of fire alarm by participating in fire drills without any exception.	

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

NAME AND ADDRESS OF PERSONAL CARE HOME Olivia Village Assisted Living Residence 1452 Bald Eagle Valley Road Tyrone, Pennsylvania 16686		CURRENT LICENSE NUMBER 319170	
INSPECTION DATE(S) (Include all dates of the inspection) June 30, 2010		REGIONAL REPRESENTATIVES Doug Hoover, Ron Minnich, Rebecca Riel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) HEIDI A. AGUILLO, RN, BSN / ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Heidi A. Aguillo</i>	DATE 8/5/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil B...</i>	DATE 8/31/10

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.	<ul style="list-style-type: none"> The medical evaluation for resident #3, dated 7/31/09, refers to an attachment for medications. The attachment is not signed or dated by the physician. Another medical evaluation, dated 5/19/10, refers to an attachment for medications however there is no attachment. The medical evaluation for resident #1, dated 5/17/10, has a signed and dated attachment by the physician however the date is 5/20/10. 	06/30/2010 and ongoing	<p><i>Capable to participate</i></p> <p>I believe this is not a violation. Olivia Village has always worked with the doctors' offices to complete medical evaluations per DPW regulation.</p> <p>Please see the following medical evaluation and attachments including communication with the doctors and their office personnel.</p> <ul style="list-style-type: none"> Please refer to pages grouped as RES#3-A and RES#3-B 1. Resident #3 dated 6/01/09 from the primary physician (Res#3-A) 2. Resident #3 dated 7/31/09 from the hospital with attachments: discharge summary and discharge medication list (Res#3-A) 3. Resident #3 5/19/10 from the primary physician with attachments and communication with the doctor (Res#3-B) <ul style="list-style-type: none"> Please refer to pages grouped as RES#1 Resident #1 dated 5/17/10 from the primary physician with attachments and communication with the doctor. <p>LONG TERM GOAL: The administrator and staff will continue to work with doctors and their office personnel to complete all medical evaluation and any attachments to be signed on the same day.</p> <p><i>The administrator will review each medical evaluation and attachments of any, up receipt to ensure they are complete, dated and signed as required. 08/31/10</i></p>	

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

NAME AND ADDRESS OF PERSONAL CARE HOME Olivia Village Assisted Living Residence 1452 Bald Eagle Valley Road Tyrone, Pennsylvania 16686		CURRENT LICENSE NUMBER 319170	
INSPECTION DATE(S) (Include all dates of the inspection) June 30, 2010		REGIONAL REPRESENTATIVES Doug Hoover, Ron Minnich, Rebecca Riel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) HEIDI A. AGUILLO, RN, BSN / ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Heidi A. Aguillo</i>	DATE 8/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil B. Boy</i>	DATE 8/30/10

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
221a The administrator shall develop a program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community.	There are no outside activities for residents. Staff A stated that there is concern for resident safety because of the highway out front and the home does not provide transportation for trips. This was confirmed by resident #4 who stated that he/she had to sneak outside for walks as residents are generally prohibited from going outside without staff however, there is not enough staff to do outside activities.	06/30/2010 and ongoing	<p><u>SHORT-TERM GOAL:</u> Please see the accompanying list of activities scheduled for August 2010.</p> <p>This list of activities is offered to the residents, indoor and outdoor. When the weather permits, the outdoor activities are always encouraged.</p> <p>Resident #4 is permitted to walk outside. [redacted] has a tendency to wander. [redacted] has been encouraged to tell the staff when [redacted] feels like going out because of wandering issues.</p> <p><u>LONG-TERM GOAL:</u> We continually encourage the residents to participate in all planned activities.</p>	

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

NAME AND ADDRESS OF PERSONAL CARE HOME Olivia Village Assisted Living Residence 1452 Bald Eagle Valley Road Tyrone, Pennsylvania 16686		CURRENT LICENSE NUMBER 319170	
INSPECTION DATE(S) (Include all dates of the inspection) June 30, 2010		REGIONAL REPRESENTATIVES Doug Hoover, Ron Minnich, Rebecca Riel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) HEIDI A. AGUILLO, RN, BSN / ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Heidi A. Aguillo</i>	DATE 8/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Capt J. Barry</i>	DATE 8/19/10

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
224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	Resident #3, admitted 10/21/08, and resident #5, admitted 1/15/10, preadmission screening forms are blank as to whether their needs can be met by the home.	07/02/2010 and ongoing	<p><u>SHORT TERM GOALS:</u></p> <ol style="list-style-type: none"> I reviewed the pre-admission screening forms of Resident #3 and Resident #5. I yes-checked the box the line that asks whether the needs can be met by the home. I missed the line that states "the needs of this individual can be met by the services provided by the home." I mistakenly assumed that this line is a part of the Cognitive Screening section. Please see accompanying copies of corrected preadmission screening forms for both Residents #3 and #5. I reviewed and corrected all current residents' pre-admission screening forms. <p><u>LONG TERM GOAL:</u> The administrator will make sure all future preadmission screenings are complete.</p>	Steps have been taken to correct violation; full compliance is not verifiable <div style="text-align: right;"> <u>8/19/10</u> <i>CB</i> Date Initials (DPW) </div>