



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

DEC 09 2010

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

Ms. Kim W. Williams, President/CEO  
Simpson House Inc.  
Simpson House  
Belmont Avenue & Monument Boulevard  
Philadelphia, Pennsylvania 19131

Dear Ms. Williams:

As a result of the Department of Public Welfare's licensing inspection on September 17, 2010 and November 19, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

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

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

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

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SIMPSON HOUSE, INC.

LEGAL ENTITY

To operate SIMPSON HOUSE

NAME OF FACILITY OR AGENCY

Located at BELMONT AVENUE & MONUMENT ROAD, PHILADELPHIA, PA 19131

(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 84  
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 December 2, 2010 until December 2, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 189210

*Robert E. Robinson*

ISSUING OFFICER

*Kim T. Casey*

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02

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

NAME AND ADDRESS OF PERSONAL CARE HOME SIMPSON HOUSE, BELMONT AVENUE & MONUMENT ROAD PHILADELPHIA, PA 19131		CURRENT LICENSE NUMBER 189211	
INSPECTION DATES (Include all dates of the inspection) 09/17/2010		REGIONAL REPRESENTATIVE Michelle Morton, Leslie Ehardt	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Simpson House, Inc.			
SIGNATURE OF LEGAL ENTITY <i>Carolyn L. Zinkel RD</i>	DATE 10/22/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Kamal</i>	DATE 11/17/10

<p>51/52 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).</p> <p>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 (relating to protective services for older adults) and other applicable regulations.</p>	<p>The home does not have criminal background checks for the staff of Vitas Hospice who provide services to Resident #1.</p>	<p>9/20/2010</p>	<p>Vitas Hospice was contacted and faxed copies of criminal background checks here. When any resident applies for hospice care in the future that hospice will be contacted for criminal background checks prior to starting. Over seen by the PC Administrator.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;"><i>11/19/10</i> Date</p> <p style="text-align: center;"><i>MM</i> Initials (DPW)</p>
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63d A staff person who is trained in first aid or certified in obstructed airway techniques or CPR shall provide those services in accordance with his training, unless the resident has a do not resuscitate order.	<p>-Resident #1's record includes a "Do Not Resuscitate" order dated 5/3/10. The order is not signed by the resident.</p> <p>-Resident #2's record includes a "Do Not Resuscitate" order dated 9/2/10. The order is not signed by the resident.</p>	<p>10/20/2010</p> <p>9/21/10</p>	<p style="text-align: right;">#1</p> <p>DNR form explained to resident by RN. Resident said <del>me</del> understood and signed a copy of the form.</p> <p style="text-align: center;">#2</p> <p>Resident and Physician both signed the Do Not Resuscitate form.</p> <p>All Do Not Resuscitate forms will be signed by the physician and the resident. These forms will be checked by the PC Administrator when they are put on the resident record.</p>	<p style="text-align: right;">11/17/10 <i>WV</i></p>
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65d Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following: (1) Training that includes a demonstration of job duties, followed by supervised practice. (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test. (3) Initial direct care staff person training to include the following: (i) Safe management techniques. (ii) ADLs and IADLs.	Direct care staff person B, hired on 3/5/10, began providing unsupervised ADL services on 3/25/10. The staff person has not taken and passed the Department -approved direct care training course.	10/21/10	Staff person B took the direct care training course on line. Staff person did not have a working printer to bring in the certificate of passing the test. Staff person tried to retrieve the information, but the site no longer saves the information.  Staff person B no longer works in Personal Care.  All staff in the future will take the competency test and print out results on site at Simpson House prior to starting work.  To be monitored by the Human Resources Staff	11/19/10 <i>[Signature]</i>
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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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<p>(iii) Personal hygiene.</p> <p>(iv) Care of residents with dementia, mental illness, cognitive impairment, mental retardation and other mental disabilities.</p> <p>(v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.</p> <p>(vi) Implementation of the initial assessment, annual assessment and support plan.</p> <p>(vii) Nutrition, food handling and sanitation.</p> <p>(viii) Recreation, socialization, community resources, social services and activities in the community.</p>			<p><del>See page # 5</del></p>
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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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<p>(x) Gerontology.</p> <p>(x) Staff person supervision, if applicable.</p> <p>(xi) Care and needs of residents with special emphasis on the residents being served in the home.</p> <p>(xii) Safety management and hazard prevention.</p> <p>(xiii) Universal precautions.</p> <p>(xiv) The requirements of this chapter.</p> <p>(xv) Infection control.</p> <p>(xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.</p>			<p>See page #5</p>
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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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(6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.			See page #5
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65e Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	-Direct care staff person C received only 2 hours of annual training in training year 9/1/09-8/31/10. -Direct care staff person D received only 2 hours of annual training in training year 9/1/09-8/31/10.  Repeated Violation - 12/22/09, et al	11/19/2010	Direct Care Staff C and D will have the remaining 10 hours of in-service needed.  All staff will have 12 hours annually of in-service.  Staff not receiving/ attending /making up in-service training will not be permitted to work until they do so.  Monitored by the PC Administrator	11/19/10 <i>MSB</i>
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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: (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. (3) Resident rights (under these regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102).</p>	<p>Direct care staff person C did not receive training in Resident Rights and Older Adult Protective Services during training year 9/1/09 - 8/31/10.  Direct care staff person D did not receive training in Resident Rights and Older Adult Protective Services during training year 9/1/09 - 8/31/10.  Repeated Violation - 12/22/09, et al</p>	<p>11/19/2010</p>	<p>Staff C and D will receive training in Resident Rights and Older Adult Protective Services.  All staff will be trained on these mandatory areas with in their yearly training time.  Monitored by the PC Administrator</p>	<p><i>11/19/10 MTR</i></p>
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PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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(5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.			See page # 10
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85d Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.	<ul style="list-style-type: none"> <li>-The trash can in the first floor bathroom across from the craft room does not have a lid.</li> <li>-The trash can in the powder room by resident room 8 in the Bennet Building does not have a lid.</li> </ul> <p>Repeated Violation - 12/22/09, et al</p>	11/19 /2010	<p>All common areas will have trash cans with lids</p> <p style="text-align: center;"><i>weekly</i></p> <p>To be monitored by the Director of Environmental Services:</p>
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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	The bed in the following rooms do not have sources of light that can be turned on/off from bedside: Room B5, Room B302, Room B311.  Repeated Violation - 12/22/09, et al	9/20/2010	Touch lights have been placed on the wall at the head of the bed for resident use by the Maintenance Staff.  All resident rooms will have a source of light at the bedside. All resident rooms will be checked by Personal Care Staff on a weekly basis. Monitored quarterly by the PC Administrator.	<i>11/19/10 [Signature]</i>
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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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102d1 Toilet and bath areas shall have grab bars, hand rails or assist bars.	<p>-The powder room near Resident Room 8 in the Bennet Building has a loose grab bar by the toilet. The grab bar was easily movable and shook when it was pulled on.</p> <p>-There is no grab bar, hand rail or assist bar by the toilet in resident room B2.</p>	<p>9/20/2010</p> <p>9/20/2010</p>	<p>Maintenance Staff secured the loose grab bar.</p> <p>An assist Bar was placed on the toilet in C- #2</p> <p>Work orders will be sent to Maintenance Staff by the receptionist when informed by PC Staff that equipment is in need of repair.</p>	<p><i>11/9/10 MRV</i></p>
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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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103g Food shall be stored in closed or sealed containers.	The following food items on the steel racks in the back room of the kitchen pantry were opened and unsealed: -On the second shelf from the top: A bag of medium grain arborio rice -On the third shelf from the top: a container of chocolate flavored decoettes -On the 4th shelf from the top: a container of Progresso Italian bread crumbs and a bag of Uncle Ben's rice -On the 5th shelf from the top: a bag of light brown cane sugar	9/17/2010	Dietary staff was putting these opened items into sealed containers while Regional Representatives were here.  Dietary Manager will monitor on an ongoing basis.	<i>11/19/10 WAB</i>
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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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123c For a home serving 9 or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguisher and pull signals shall be posted in a conspicuous and public place on each floor.	The emergency evacuation diagrams by the elevators on each floor of the Bennet Building do not include the routes of travel.	9/21/2010	Emergency evacuation diagrams have had arrows placed on them to indicate the routes of travel. These diagrams are adjacent to the elevator doors on each of the four floors in the Bennett Building.	<i>11/19/10 MS</i>
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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	The home holds separate fire drills in each area of the building so that all residents never evacuate during any drill.	10/7/2010	<p>A new policy went into effect Oct. 7, 2010.</p> <p>There will be one fire drill for all PC areas on campus monthly.</p> <p>Monitored by the Maintenance Director</p> <p><i>During fire drills, the alarm will sound throughout the personal care building.</i></p> <p><i>All residents will be evacuated during each drill and real emergency.</i></p> <p style="text-align: right;"><i>only 11/19/10</i></p>																																																																	
		<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/21/2010</td><td>10:30 AM</td><td>4 min, 10 sec</td><td>No</td></tr> <tr><td>Feb</td><td>02/20/2010</td><td>09:30 PM</td><td>6 min, 38 sec</td><td>No</td></tr> <tr><td>Mar</td><td>03/08/2010</td><td>12:00 AM</td><td>6 min, 50 sec</td><td>No</td></tr> <tr><td>Apr</td><td>04/25/2010</td><td>10:30 AM</td><td>5 min, 62 sec</td><td>No</td></tr> <tr><td>May</td><td>05/28/2010</td><td>08:30 PM</td><td>6 min, 22 sec</td><td>No</td></tr> <tr><td>Jun</td><td>06/15/2010</td><td>03:00 AM</td><td>4 min, 56 sec</td><td>No</td></tr> <tr><td>Jui</td><td>07/07/2010</td><td>01:30 PM</td><td>3 min, 30 sec</td><td>No</td></tr> <tr><td>Aug</td><td>08/02/2010</td><td>07:30 PM</td><td>3 min, 50 sec</td><td>No</td></tr> <tr><td>Sep</td><td>09/02/2010</td><td>10:00 PM</td><td>3 min, 40 sec</td><td>Yes</td></tr> <tr><td>Oct</td><td>10/31/2009</td><td>01:45 PM</td><td>6 min</td><td>No</td></tr> <tr><td>Nov</td><td>11/24/2009</td><td>09:30 PM</td><td>5 min, 38 sec</td><td>No</td></tr> <tr><td>Dec</td><td>12/20/2009</td><td>01:30 AM</td><td>6 min, 40 sec</td><td>No</td></tr> </tbody> </table>		Mont	Date	Time	Evac. Time	FSE	Jan	01/21/2010	10:30 AM	4 min, 10 sec	No	Feb	02/20/2010	09:30 PM	6 min, 38 sec	No	Mar	03/08/2010	12:00 AM	6 min, 50 sec	No	Apr	04/25/2010	10:30 AM	5 min, 62 sec	No	May	05/28/2010	08:30 PM	6 min, 22 sec	No	Jun	06/15/2010	03:00 AM	4 min, 56 sec	No	Jui	07/07/2010	01:30 PM	3 min, 30 sec	No	Aug	08/02/2010	07:30 PM	3 min, 50 sec	No	Sep	09/02/2010	10:00 PM	3 min, 40 sec	Yes	Oct	10/31/2009	01:45 PM	6 min	No	Nov	11/24/2009	09:30 PM	5 min, 38 sec	No	Dec	12/20/2009	01:30 AM	6 min, 40 sec	No
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Jun	06/15/2010	03:00 AM	4 min, 56 sec	No																																																																
Jui	07/07/2010	01:30 PM	3 min, 30 sec	No																																																																
Aug	08/02/2010	07:30 PM	3 min, 50 sec	No																																																																
Sep	09/02/2010	10:00 PM	3 min, 40 sec	Yes																																																																
Oct	10/31/2009	01:45 PM	6 min	No																																																																
Nov	11/24/2009	09:30 PM	5 min, 38 sec	No																																																																
Dec	12/20/2009	01:30 AM	6 min, 40 sec	No																																																																

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INSPECTION DATES (Include all dates of the inspection) 09/17/2010		REGIONAL REPRESENTATIVE Michelle Morton	
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 <i>Carolyn L. United RN</i>	DATE 10/22/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 11/17/10

141a	<p>The medical evaluation for resident #3, dated 8/30/10, does not include a list of the resident's medications. The form says, "see attached MAR." The attached MAR was signed by an LPN and not the physician the completed the medical evaluation.</p>	9/20/2010	<p>Resident seen on 8/30/2010 for <del>the</del> medical evaluation. Physician neglected to sign the form at that time.</p> <p>Form was rechecked and MAR was signed by physician on 9/20/2010.</p> <p>Medical evaluation forms will be checked by the PC Administrator prior to being placed on the chart.</p> <p>On going monitoring by the PC Administrator.</p>	<p><i>11/19/10 [Signature]</i></p>
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effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.			See page# 28
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183b	<p>At 1:05 p.m. on 9/17/10, representatives of the Department observed an unlocked medication refrigerator in the 1st floor medication room. The medication room was also unlocked and unattended, allowing unauthorized access to the medications inside the refrigerator. The following medications were in the refrigerator: Foratil Aerolizer, Xalatan CP Solution, Humulin Insulin, Travatan Z Ophthalmic Drops, Nitroglycerin Sublingual tablets, Novolin N Subcutaneous Solution and Novolog Insulin.</p> <p>Repeated Violation - 12/22/09, et'al</p>	9/20/2010	<p>Maintenance Staff placed a padlock on the Medication Refrigerator in the Bennett Ground floor Medication Room.</p> <p>Staff will be in-serviced to close and lock the medication room when not in attendance.</p> <p>Monitored by the PC Administrator.</p>	<i>11/19/10 MA</i>
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SIGNATURE OF LEGAL ENTITY <i>Candace L. Zinkel RN</i>	DATE 10/23/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 11/17/10

188d	Resident #5 has an order for Lidoderm External Patch 5% with directions to apply to the right knee daily in the morning and to remove at bedtime. The medication was not present in the home.	9/17/2010	Medication ordered by staff after representative brought lack of medication to her attention. This was a PRN order. Resident did not use or want and medication was discontinued on 10/1/2010 when resident seen by the doctor.	
		9/24/2010	Staff have been re-instructed to have PRN medication available when it is needed.  PRN medication availability to be monitored by the evening LPN on a routine basis.	<i>cf/10/10/10</i>

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata	<p>-The medication cart on the first floor contained a bottle of LaBetaol HCL, 100 mg tablets for resident #4. The medication was not listed on the resident's medication administration record.</p> <p>-The medication administration record for resident #5 does not include initials for Tylenol Extra Strength 500 mg at 10:00 p.m. on 9/11/10.</p>	<p>9/17/2010</p> <p>11/19/2010</p>	<p>Medication had been discontinued. Removed from the medication cart.</p> <p>All staff will have been re-instructed in signing off medications or the refusal of medications.</p> <p><i>The LPN will review the med cart daily and remove discontinued medications. WMP 11/19/10</i></p>	<p><i>11/19/10 WMP</i></p>
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(PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.			See page # 22
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<p>225c</p> <p>The resident shall have additional assessments as follows:</p> <p>(1) Annually.</p> <p>(2) If the condition of the resident significantly changes prior to the annual assessment.</p> <p>(3) At the request of the Department upon cause to believe that an update is required.</p>	<p>Resident #6's record contains a nursing note dated 7/17/10 that states the resident was found by security at 4:30 a.m. sitting outside on a bench, was brought back into the building, and then went outside a second time at 6:30 a.m. The resident's assessment dated 3/19/10 said, "history of safety issues: yes" but included no explanation.</p>	<p>10/20/2010</p>	<p>Resident #6 assessment was updated to include the explanation of safety issues.</p> <p>Assessments will be rechecked for omissions prior to being filed in the chart. This will be on an ongoing basis.</p> <p>Monitored by the PC Administrator.</p> <p style="text-align: right;"><i>11/19/10 [Signature]</i></p>
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227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	An assessment was completed for resident #8 on 3/2/10 that indicates the resident is allergic to pork products. The resident's support plan completed on 3/15/10 does not include how the home will meet this need.	10/22/2010	<p>Resident #8 support plan has been updated on meeting the needs of the allergy to pork.</p> <p>Staff is aware and do not offer [redacted] pork products, but will offer [redacted] an alternate meat.</p> <p>Sign place inside kitchen cabinet as a reminder to staff.</p> <p style="text-align: right;"><i>11/19/10</i></p> <p style="text-align: right;"><i>The personal care administrator or designee will be responsible for completing the assessments and support plans to ensure that all needs identified on the resident's assessment are addressed on the support plan.</i></p> <p style="text-align: right;"><i>11/17/10</i></p>
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252	<p>The following resident records do not include an inventory of the residents' belongings: #1, 2, 4, 8, 9, and 10.</p> <p>Repeated Violation - 12/22/09, et al</p>	11/19/2010	<p>All residents will be offered to have their belongings inventoried or to sign their decline.</p> <p>All new residents upon admission will be given the opportunity to inventory belonging or to decline on the form.</p> <p><i>This will be monitored by the PC administrator upon admission. 11/17/10</i></p>	<p><i>11/19/10 [Signature]</i></p>
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Each resident's record shall include the following information:

- (1) Name, gender, admission date, birth date and Social Security number.
- (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
- (3) A photograph of the resident that is no more than 2 years old.
- (4) Language or means of communication spoken or used by the resident.
- (5) The name, address, telephone number and relationship of a designated person to be contacted in case of an

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emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for			See page # 27
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the services of visiting nurse or home health agencies.

(13) The preadmission screening, initial intake assessment and the most current version of the annual assessment.

(14) A support plan.

(15) Applicable court order, if any.

(16) The resident's medical insurance information.

(17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.

(18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and

~~See page # 27~~

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<p>voluntarily updated.</p> <p>(19) An inventory of the resident's property entrusted to the administrator for safekeeping.</p> <p>(20) The financial records of residents receiving assistance with financial management.</p> <p>(21) The reason for termination of services or transfer of the resident, the date of transfer and the destination.</p> <p>(22) Copies of transfer and discharge summaries from hospitals, if available.</p> <p>(23) If the resident dies in the home, a copy of the official death certificate.</p> <p>(24) Signed notification of rights, grievance procedures and applicable consent</p>			<p><del>See page # 27</del></p>
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to treatment protections specified in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any			See page # 27	
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