

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CEDAR PARK ASSISTED LIVING, LLC

LEGAL ENTITY

To operate ABINGTON MANOR AT MORGAN HILL

NAME OF FACILITY OR AGENCY

Located at 215 CEDAR PARK BOULEVARD, EASTON, PA 18042

(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 90
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 November 24, 2011 until November 24, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **219620**

Robert E. Robinson

ISSUING OFFICER

R.C. King

DIRECTOR

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 - 01/11



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

JAN 06 2012

Ms. Connie L. Bills, Administrator
Cedar Park Assisted Living, LLC
4161 Walter Road
Bethlehem, Pennsylvania 18020

RE: Abington Manor at Morgan Hill
215 Cedar Park Boulevard
Easton, Pennsylvania 18042

Dear Ms. Bills:

As a result of the Department of Public Welfare's licensing inspection on November 15, 2011 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 black ink, appearing to read 'R. Melusky', with a long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME ABINGTON MANOR AT MORGAN HILL, 215 CEDAR PARK BOULEVARD EASTON, PA 18042		CURRENT LICENSE NUMBER 219620	
INSPECTION DATES (Include all dates of the inspection) 11/15/2011		REGIONAL REPRESENTATIVE Florence Babiarz, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center;"><i>Connie L. Bills, Lpn, ccr Administrator</i></p>			
SIGNATURE OF LEGAL ENTITY <i>Connie L. Bills, Lpn, ccr</i>	DATE <i>11/28/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Nozick</i>	DATE <i>12/14/11</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
44g The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the	The most current personal care home complaint hotline phone number was not listed on the posters located adjacent to the elevators on the 1st, 2nd, and 3rd floors of the home. The current number is 877-401-8835; the number posted was 1-800-254-5164.	<i>11/30/11</i>	<ol style="list-style-type: none"> 1) all postings of the Personal Care Home complaint hotline were changed to correct number. 2) New policy + procedure written. 3) Administrator or Designee will be responsible for maintaining any change or updates. 4) Administrator will check DPA website on Monday to observe any changes. 5) Noted changes will be taken care of by Administrator or Designee. 6) Documentation by Administrator or Designee will be kept. 7) Administrator will maintain all documentation in QA Book. <p style="text-align: right;"><i>(See attachment #1)</i></p>	<i>MM 12/14/11</i>

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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>Conie Hillman</i>	DATE 11/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>L. Moskalyk</i>	DATE 12/14/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
home.			<p style="font-size: 2em; margin: 0;">-</p> <p style="font-size: 1.5em; margin: 0;">Cont. from previous page</p>	

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

NAME AND ADDRESS OF PERSONAL CARE HOME ABINGTON MANOR AT MORGAN HILL, 215 CEDAR PARK BOULEVARD EASTON, PA 18042		CURRENT LICENSE NUMBER 219620	
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SIGNATURE OF LEGAL ENTITY <i>Conie Hill</i>	DATE 11/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Nojmalczyk</i>	DATE 12/4/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	The hot water temperature exceeded 120 degrees in the following rooms: In resident room #312, the temperature measured 123.0° F. In resident room #328, the temperature measured 123.2° F. In resident room #222, the temperature measured 127.9° F. In resident room #213, the temperature measured 125.9° F. In resident room #135, the temperature measured 131.3° F. In resident room #129, the temperature measured 125° F. In resident room #133, the temperature measured 127° F.	11/28/11	<ol style="list-style-type: none"> 1) Water temperature was decreased using mixing valve in maintenance room on 11/15/11. 2) New policy + procedure was implemented 3) The maintenance person will be responsible for checking water temps q Friday in one resident room on each floor + documenting reading. 4) The marketing Director will be responsible for checking water temps q wks in 3 different resident rooms + documenting reading. 5) any reading over the allotted 120° will be adjusted immediately by moving the mixing valve in the maintenance room. 6) The Administrator will keep all documentation in QA book. (see attachment #2) 	MM 12/4/11

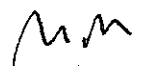
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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Craig Hillman</i>	DATE 11/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mostakalzyk</i>	DATE 12/14/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	<p>The phone belonging to resident # 8 in bedroom #135 did not have the required phone numbers posted on or near it.</p> <p>The phone belonging to resident # 9 in bedroom #210 did not have the required phone numbers posted on or near it.</p> <p>The phone belonging to resident # 1 in bedroom #133 did not have the required phone numbers posted on or near it.</p>	11/28/11	<p>1) The emergency phone numbers for those residents were corrected on 11/15/11.</p> <p>2) New policy + procedure was written.</p> <p>3) Upon admission the marketing Director will ensure all new admits will have emergency phone numbers attached to all phones in resident's room.</p> <p>4) Documentation will be kept done by marketing Director.</p> <p>5) Housekeeping Department will monitor on a weekly basis when room cleaning is done to ensure emergency phone numbers are intact.</p> <p>6) Documentation will be done by Housekeeping Department.</p> <p>7) Administrator will keep all documentation.</p> <p>8) Any missing phone number tag will be reported to marketing Director to be replaced. (see attachment #3)</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Date Initials (DPW)</p>

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

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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>Cornie Hillman</i>	DATE 11/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mofkaly</i>	DATE 12/14/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
101j6 Each resident shall have the following in the bedroom: A mirror.	Bedroom #133, occupied by two residents, did not have a mirror in the bedroom.	11/30/11	<ol style="list-style-type: none"> 1) mirror was placed in room #133 + all semi-private rooms were checked for mirrors. 2) New policy + procedure written 3) Upon each semi-private room admission the marketing Director will ensure this is an extra mirror, proper furnishing + a covered trash can 4) the Director of Resident Care + the marketing Director will ensure all personal belongings in the semi-private room is labeled per SPA regulations. 5) The housekeeping Department will maintain on a weekly basis that all semi-private rooms have proper marking + furnishings. 6) Documentation will be kept + done. (see attachment #4) 	 12/4/11

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SIGNATURE OF LEGAL ENTITY <i>Crisie Zbilipman</i>	DATE 11/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. No Skalczynski</i>	DATE 12/14/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
125a Combustible and flammable materials may not be located near heat sources or hot water heaters.	The floor behind the white GE dryer located on the first floor had an excessive amount of lint behind the dryer. It measured approximately 7 inches in width by 3 inches in length.	11/30/11	<ol style="list-style-type: none"> 1) New policy + procedure written. 2) Housekeeping Department will be responsible for clear behind-around all 3 dryers daily + wiping down their connections. 3) The lint trap will be cleared daily by Housekeeping + after each use by the Nursing Department. 4) All lint found is to be removed immediately + properly disposed of. 5) Documentation is to be done 6) Administrator will keep all documentation in QA Book. (see attachment # 5) 	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <div style="display: flex; justify-content: center; align-items: center;"> <div style="border-left: 1px solid black; border-right: 1px solid black; height: 20px; width: 20px; margin-right: 5px;"></div> <div style="font-size: 8px; text-align: center; margin-right: 5px;">Date</div> <div style="border-left: 1px solid black; border-right: 1px solid black; height: 20px; width: 20px; margin-right: 5px;"></div> <div style="font-size: 8px; text-align: center; margin-right: 5px;">Initials (DPW)</div> </div>

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144c2 The location of a smoking room or outside smoking area shall be a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.	On 11/15/11 at 1:15pm, resident # 2 was observed smoking on the left-hand side of the covered entry way into the home which is located in a common walkway leading into the home. Repeated Violations: 09/20/2010	11/16/11	<ol style="list-style-type: none"> ① Administrator spoke to all 3 smokers regarding Designated Smoking Area - that they are to smoke only in that area. ② Signs were placed outside under portico to remind residents where to smoke ③ all managers / staff will be responsible for ongoing monitoring of "smokers" ④ In near future facility has given the OK from the Township to place a Gazebo near the side of the building for the "smokers" ⑤ this shelter will be supplied by the end of January 	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: _____ Initials (DPW): <i>FB</i></p>

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SIGNATURE OF LEGAL ENTITY <i>Cornelia Hillman</i>	DATE 11/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mostkowsky</i>	DATE 12/4/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
182b Prescription medication that is not self-administered by a resident shall be administered by one of the following: (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic. (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.	Direct Care staff member "A" is not trained to administer medications to residents of the home. According to the Administrator, Direct Care staff member "A" (DOH 8/15/11) completed the Medication Administration Training Program; however the Medication Administration Observation form was incomplete.	11/30/11	<ol style="list-style-type: none"> 1) on 2 separate occasions staff member "A" was observed by properly trained observer passing medications. med pass was done well. 2) New policy + procedure written. 3) The Director of Resident Care will be responsible for obtaining a properly trained "Train the Trainer" person to do initial med courses. 4) The Administrator, who is a practicing observer will do the follow-ups. 5) Documentation will be kept. 6) Copy of trainee's qualifications will also be kept. <p style="text-align: center;">(See attachments #6)</p>	<div style="border: 1px solid black; padding: 5px; transform: rotate(-90deg); transform-origin: center;"> <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: _____ Initials (DPW): <i>AA</i></p> </div>

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SIGNATURE OF LEGAL ENTITY <i>Connie Hill</i>	DATE 11/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Proskaczynski</i>	DATE 12/14/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
<p>(3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.</p> <p>(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.</p>			<p>- Cont. from previous page</p>	

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SIGNATURE OF LEGAL ENTITY <i>Conie Hill for care</i>	DATE 11/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. No Realize</i>	DATE 12/14/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	An expired bottle of Novolog inj 100/ml insulin for resident # 3 was found stored in the refrigerator located in the 3rd floor medication room of the home. The home's notation on the medication indicated it was first punctured for use on 10/8/11 and that the expiration date was 11/8/11. The insulin was still available for use on the day of this inspection which was 11/15/11. Repeated Violations: 09/20/2010	11/30/11	<ol style="list-style-type: none"> 1) on 11/15/11 insulin vial was removed + sent back to pharmacy for disposal. 2) New policy + procedure written 3) The Director of Resident Care will check all insulin vials of Tuesday for dates. 4) The Team Leader will check all insulin vials of Thursday for dates. 5) a log will be kept of all checks + dates 6) Documentation will be maintained by Administrator 7) The Director of Resident Care will do ongoing training with all med-techs. 8) Colored labels will be used to clearly identify expiration dates of all OTC, CAM + insulin vials 9) DEC will do weekly med cart audits. 	<p align="center">Steps have been taken to correct violation, full compliance is not verifiable</p> <p>Date: _____ Initials (DPW): _____</p>

(See attachment #7)

Steps have been taken to correct violation, full compliance is not verifiable

Date: _____
Initials (DPW): _____

Identify expiration dates of all OTC, CAM + insulin vials
9) DEC will do weekly med cart audits.

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

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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>Amie Hillman</i>	DATE 11/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Mr. Morgan</i>	DATE 12/4/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
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	The November 2011 medication administration record for resident # 4 was improperly maintained. It did not indicate the PRN medication Ambien tab 5mg was administered to the resident on 11/4/11, 11/6/11, and 11/7/11 at 9pm, as indicated on the November 2011 narcotic count sheet. The 1st, 2nd, and 3rd floor medication administration records (MAR) did not include the required staff persons' printed names who administered medications to residents in November 2011. Repeated Violations: 09/20/2010	11/30/11 <i>see next page for pde.</i>	<ol style="list-style-type: none"> 1) New policy + procedure written. 2) The Director of Resident Care will be responsible for checking the MARs daily for accuracy. 3) The Administrator will check the MARs weekly for accuracy. 4) Documentation will be kept. 5) The Director of Resident Care will be responsible for ongoing training of all med-techs for proper documentation of meds + the importance of this. 6) Med techs who do not maintain proper documentation will be reprimanded, taken off meds + have to repeat course. 7) This will be started immediately. <p style="text-align: center;">(See attachment #8a)</p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">Date: <i>12/4/11</i> Initials: <i>(DPW)</i></p>

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SIGNATURE OF LEGAL ENTITY <i>Cornel Hillman</i>	DATE 11/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Morkalczuk</i>	DATE 12/14/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
precautions, if applicable. (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.		11/20/11 (See attachment #8b)	re: printed names on MARs: 1) New policy & procedure written. 2) a master log for all med books + treatment books will be started. 3) the Director of Resident Care will be responsible for checking the master log sheet when checking MARs for accuracy. 4) the Director of Resident Care will be responsible for all ongoing training of all med-techs regarding the log usage + purpose. 5) the Administrator will be responsible for double checking the master log sheet on a weekly basis when re-checking the MARs. 6) documentation will be kept.	- Cont. from previous page.

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SIGNATURE OF LEGAL ENTITY <i>C. Hill</i>	DATE 11/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mostalczyk</i>	DATE 12/4/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	Resident # 5 most current assessment (dated 2/21/11) did not indicate the resident's special dietary need as indicated on the resident's most current medical evaluation (dated 2/2/11), which stated "aspiration precaution soft diet". The resident was admitted to the home on 2/7/11. Resident # 6 most current assessment (dated 3/28/11) did not indicate the resident's special dietary need as indicated on the resident's most current medical evaluation (dated 3/15/11), which stated "puree" diet. In addition, a new physician's order (dated 6/6/11) stated, "Reg solids thin liquids", the assessment was not updated to reflect this change in diet.	11/20/11	<ol style="list-style-type: none"> 1) Resident # 5 + #6 assessments were corrected immediately 2) New policy + procedure written 3) The Director of Resident Care will be responsible for updates on all resident assessments + make noted changes. 4) The Team Leader will be responsible for communicating to the DRC any changes in condition, new orders, hospitalizations + falls, when the DRC is not on duty. 5) All assessments when finished, will be reviewed by the Administrator for completeness. 6) Assessments will then be filed on resident's chart. 7) Administrator will audit resident charts quarterly for completeness + accuracy. (See attachments #9) 	MM 12/4/11

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

NAME AND ADDRESS OF PERSONAL CARE HOME ABINGTON MANOR AT MORGAN HILL, 215 CEDAR PARK BOULEVARD EASTON, PA 18042		CURRENT LICENSE NUMBER 219620	
INSPECTION DATES (Include all dates of the inspection) 11/15/2011		REGIONAL REPRESENTATIVE Florence Babiarz, Betty Bloch	
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>Conie Hillman</i>	DATE 11/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Moskalyk</i>	DATE 12/4/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	<p>The most current support plan (dated 3/7/11) for resident # 5 did not address the resident's special diet need of "aspiration precaution soft diet" as indicated on the resident's most current medical evaluation (dated 2/2/11).</p> <p>The most current support plan (dated 8/19/11) for resident # 7 does not address the special diet indicated on the resident's most current assessment (dated 8/5/11) which stated "Cholesterol controlled diet".</p>	11/20/11	<p>1) Residents # 5 & # 7 support plans were corrected immediately.</p> <p>2) New policy + procedure written.</p> <p>3) The Director of Resident Care will be responsible for completing all resident support plans in a timely manner as per DPH regulation.</p> <p>4) The Director of Resident Care will review support plan with resident + obtain signature.</p> <p>5) The team leader will be responsible for communicating of resident change, new orders, etc. to RCE when she is not on duty.</p> <p>6) After the support plan is completed the Administrator will double check support plan for completeness.</p> <p>7) Chart audit will (see attachments) be done quarterly + documented.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date <i>11/20/11</i> Initials (DPW) <i>M</i></p>