

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ST. ANNE HOME, INC.

LEGAL ENTITY

To operate VILLA ANGELA AT ST. ANNE HOME

NAME OF FACILITY OR AGENCY

Located at 685 ANGELA DRIVE, GREENSBURG, PA 15601

(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 54  
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 January 25, 2012 until January 25, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **428040**

*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

**MAR 20 2012**

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

Mr. Jeffrey S. Long, President/CEO  
St. Anne Home, Inc.  
Villa Angela at St. Anne Home  
685 Angela Drive  
Greensburg, Pennsylvania 15601

Dear Mr. Long:

As a result of the Department of Public Welfare's licensing inspection on December 30, 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 be 'R Melusky', written over a horizontal line.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME Villa Angela at St. Anne Home 685 Angela Drive, Greensburg, PA 15601		CURRENT LICENSE NUMBER 428040	
INSPECTION DATE(S) (Include all dates of the inspection) 12/30/2011	REGIONAL REPRESENTATIVE Jan Cutter, Mindy Orme		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (required on FIRST PAGE only unless multiple representatives produce the plan) Jennie R. Long, Director Villa Angela at St. Anne Home			
SIGNATURE OF LEGAL ENTITY 	DATE 2/23/2012	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

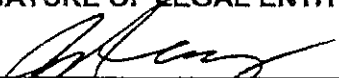
REGULATION 55 Pa.Code § 2600.	VIOLATION/CLASS	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
25c8  (8) The home's rules related to home services, including whether the home permits smoking	The rules do not specify whether or not whether weapons are permitted in the home.	<i>Withdrawn 2/23/12</i> 	This is the incorrect regulation for the listed PROPOSED violation. The regulation pertaining to Firearms and weapons is §2600.108 (1) – (5).  After close review of this regulation, the facility is asking that this violation be abated for the following reasons:  In the <u>Commonwealth of PA, Pennsylvania Code, Title 55. Public Welfare, Dept. of Public Welfare, Chapter 2600. Personal Care Homes regulation §2600.108 (1) – (5) [pg. 2600-39 -40]</u> as written by law, does not specify that if the facility chooses not to have weapons on premises that it has to	

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FEB 23 2012

Western Field Office  
Adult Residential Licensing

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

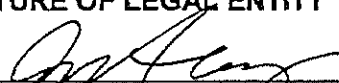
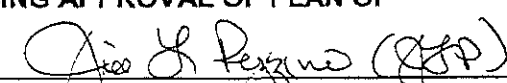
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25c8 continued			<p>be listed in the Home Rules.</p> <p>On page 100 of the RCG the Discussion portion mentions this, however it is not Law.</p> <p>In Part II of the RCG entitled "Regulatory Issues and Frequently Occurring Situations of the PCH," on page 204, under the heading Home Rules, it is written "The Department RECOMMENDS that rules also include: Prohibiting weapons of any kind on the premises."</p> <p>This is a Departmental recommendation, not LAW as defined in the Pennsylvania Code. (Please see attachments 1, 2, 3)</p>	

*Withdrawn 2/29/12 JRP*

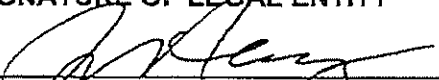

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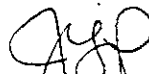
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<p><b>81 b</b> Wheelchairs, walkers, prosthetics devices and other apparatus used by residents shall be clean, in good repair and free of hazards.</p>	<p>Resident #4 had an enabler bar attached to the bed with an 11 inch opening that could present an entrapment hazard.</p> <p>Repeated Violations: 11/15/2010</p> <p align="center"><b>RECEIVED</b></p> <p align="center">FEB 23 2012</p> <p align="center">Western Field Office Adult Residential Licensing</p>	<p align="center">12/30/11</p>	<p>After close review of this regulation, the facility is asking that this violation be abated for the following reasons:</p> <p>This regulation is to assure that the assistive devices are in good repair and less likely cause injury or illness to our residents.</p> <p>Resident # 4 was alert and oriented and a hospice patient. The device attached to [redacted] bed was a transfer bar. It was clean, in good condition and was free of hazards. It was attached to the left lower side of [redacted] bed. [redacted] chair was also on the left side of [redacted] bed. [redacted] utilized the transfer bar to assist [redacted] from [redacted] chair because [redacted] had a difficult time transferring out of [redacted] bed to</p>	

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81 b continued	<p><b>RECEIVED</b></p> <p>FEB 23 2012</p> <p>Western Field Office Adult Residential Licensing</p>		<p><del>chair and vise versa without it. This assistive device gave independence in room. did not utilize it in bed for positioning. The handle was only 11 inches wide as indicated by the licensing representative on the report. The resident has since passed with no ill effects from the transfer bar.</del></p> <p><del>If a transfer bar is found, staff verifies the measurement of the transfer bar to ensure that it meets state guidelines. If it does not meet those requirements, we notify the resident or family and have it replaced with another bar that meets those requirements.</del></p> <p align="right">See page 4A</p>	



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81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	Resident #4 had an enabler bar attached to the bed with an 11 inch opening that could present an entrapment hazard.  Repeated Violations: 11/15/2010		3/30/2012 - All staff persons will be educated in the entrapment hazards of an enabler that does not have a cover on it. Documentation shall be kept.  3/3/2012 - In the event a resident has an enabler attached to their bed, a designated staff person will inspect the enabler daily to ensure: <ul style="list-style-type: none"> <li>• it is attached securely</li> <li>• there is no space between the handle and the mattress</li> <li>• the handle does not have space for a person to get his/her limbs or head caught</li> </ul> Documentation shall be kept.	



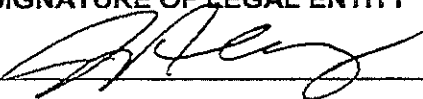
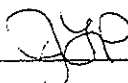
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82c Continued	<p><b>RECEIVED</b></p> <p>FEB 23 2012</p> <p>Western Field Office Adult Residential Licensing</p>	<p>3-30-2012</p> <p>3-30-2012 and ongoing</p>	<p>All Levels of staff will be educated on the safety concerns of having poisonous materials indicating "if ingested, contact poison control or physician immediately" in locked areas so that the residents do not have access to them unless requested by the resident or needed. 3-30-2012</p> <p>Staff will be required to do safety audits for QA on a monthly basis. This will include assessing resident rooms, kitchenettes and Laundry areas. (Please see Attachment 4)</p>	






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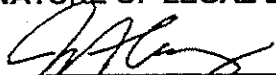
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91 continued	<b>RECEIVED</b>  FEB 23 2012  Western Field Office Adult Residential Licensing	3-30-12  3-30-12  On going	All levels of staff will be educated on the importance of having these Emergency Numbers posted by all outgoing phone lines.  Housekeeping staff will be responsible for checking each resident's room and outside line to ensure that these numbers are in place while working through their weekly housekeeping schedule. They will be responsible for signing off on a check sheet and turning it in at the end of their work week. (Please see Attachment 5)  We are also exploring new options having the numbers posted.	


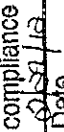
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<b>101j7</b> Each resident will have the following in a bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	Resident #5 does not have a source of light that can be turned on/off from bedside.  <div align="center"> <b>RECEIVED</b>             FEB 03 2012             Western Field Office            Adult Residential Licensing         </div>	2-18-2012          2-29-2012	The resident does have a night stand and lamp in [redacted] room. However it is placed at the foot of [redacted] bed, at [redacted] request.  This regulation is in place to ensure that residents have sufficient light to move safely around their room in the dark, reducing the risk of falls and injury.  A night light has been placed to provide lighting until another light source can be supplied.  A light will be purchased and placed in an area for the resident to have direct access to a light source.	 2-29-12

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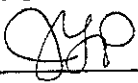
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<p><b>132d</b> Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.</p>	<p>According to fire drill records, not all the residents evacuated during the following drills:</p> <ul style="list-style-type: none"> <li>On 8/22/2011, 38 of the 39 residents in-house evacuated to a fire safe area.</li> <li>On 10/27/2011, 35 of 45 residents in-house evacuated to a fire safe area.</li> <li>On 12/29/2011, 34 of 46 residents were evacuated to a fire safe area.</li> </ul> <p><u>Mont Date Time Evac Time FSE</u>            Jan 01/25/2011 02:05 PM 3 min 42 sec No            Feb 02/23/2011 08:00 PM 3 min 10 sec No            Mar 03/23/2011 11:30 PM 4 min 40 sec No            Apr 04/14/2011 07:06 AM 3 min 55 sec No            May 05/18/2011 04:00 PM 4 min 42 sec No            Jun 06/17/2011 12:01 AM 5 min 10 sec No            Jul 07/29/2011 12:55AM 4 min 53 sec No            Aug 08/22/2011 09:01 PM 4 min 55 sec No            Sep 09/08/2011 07:01 PM 5 min 22 sec Yes            Oct 10/27/2011 01:59 AM 5 min 13 sec No            Nov 11/22/2011 10:31 AM 4 min 55 sec No            Dec 12/29/2011 02:55 AM 4 min 50 sec No</p>	<p>3-30-12</p> <p>3-30-12</p>	<p>This regulation is to evacuate the residents with in the maximum allowed time to prevent fire related deaths and injuries.</p> <p>All levels of staff will be educated how to approach a resident who is refusing to evacuate firmly, but politely in order to meet the regulation requirement. The fire safety procedures will be reviewed at this time as well.</p> <p>The current residents will be educated on the importance of fire drills and the need to participate in them. They will be reminded that the drills are not meant to be a nuisance, but to save lives during a real emergency.</p> <p>The handbook/contract will be updated indicating that residents must participate and evacuated during fire drills as part of the home</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>            Initials (DPW)</p> <p>            Date</p>

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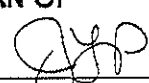
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
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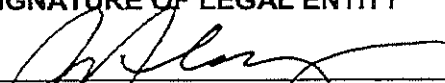
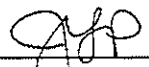
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132d continued	<p><b>RECEIVED</b></p> <p>FEB 23 2012</p> <p>Western Field Office Adult Residential Licensing</p>	3-15-2012  On going	<p>rules. If a Resident refuses to participate, both items will indicate that he/she is posing a danger to ones self and documented repeated refusals are grounds for discharge pursuant to § 2600.228 h 1 and 7. (Please see Attachment 6 and 7) The residents and/or their Power of Attorneys will be informed of the handbook changes via a letter 30 days prior to them taking effect. (Letter to be drafted)</p> <p>If a resident refuses, the RCC on the shift that the drill occurs will investigate why a resident is refusing to participate in the drill. This will be reported to the Director of Villa Angela for further follow up with the resident and possibly the Power Of Attorney involved.</p>	

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			<b>DATE</b> 2-29-12


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<p><b>141a</b> The medical evaluation shall include the following: (1) A general physical examination by a physician, physician assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies (6) Immunization history. (7) Medication regime, contraindicated medications, medication side effects, and the ability to self-administer medications.</p>	<p>The medical evaluations for resident #6, dated 9/14/2011, and Resident #7, dated 1/26/2011, do not include medications.</p> <p><del>The medical evaluation for resident #8, dated 10/5/2011, does not include medical diagnoses and medications.</del> <i>withdrawn 2/23/12 JRP</i></p> <p align="center" style="font-size: 2em; font-weight: bold;">RECEIVED</p> <p align="center">FEB 23 2012</p> <p align="center">Western Field Office Adult Residential Licensing</p>	<p>12/30/11</p>	<p>Resident # 8 medical evaluation dated 10/5/2011 had medical diagnosis and medication lists indicated on the DME in the appropriate sections by the Physician and were physically attached to the DME. (Please see <b>Attachment 8</b>) Please consider removing this resident from the violation report for 141a.</p> <p>Residents # 6 &amp; <sup>7</sup> did not have medications listed on the completed DME. This regulation is important for so that the facility can receive accurate medical information to help decide if a resident's needs' will be met at the home. This information helps the facility staff develop assessments and support plans and ensures that the resident's medical needs will be met.</p> <p>The nursing staff will be educated that when they receive a DME with out medications or diagnosis listed, they must immediately call the</p>	<p align="center" style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is not verifiable 2/29/12  Initials (DPW)</p>

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Villa Angela at St. Anne Home 685 Angela Drive, Greensburg, PA 15601		<b>CURRENT LICENSE NUMBER</b> 428040		
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 12/30/2011		<b>REGIONAL REPRESENTATIVE</b> Jan Cutter, Mindy Orme		
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (required on FIRST PAGE only unless multiple representatives produce the plan)</b> Jennie R. Long, Director Villa Angela at St. Anne Home				
<b>SIGNATURE OF LEGAL ENTITY</b> 		<b>DATE</b> 2/23/2012	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 2-29-12


REGULATION 55 Pa.Code § 2600.	VIOLATION/CLASS	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)	5 DATE COMPLIANCE VERIFIED BY
<b>141a continued</b>  (8) Body positioning and movement stimulation for resident, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.	<p align="center"><b>RECEIVED</b></p> <p align="center">FEB 23 2012</p> <p align="center">Western Field Office Adult Residential Licensing</p>	On going   3/30/12	Physician's office to notify them of the incomplete DME. The DME is to be returned to the physician's office for it to be completed. If the physician fails to complete, the family will be notified that the physician is out of compliance with the regulations.  We will monitor this by completing monthly QA audits on any new admissions, annuals, or significant changes to verify completion of the medical evaluations. (Please see Attachment 9)  <i>The home will notify residents #6 and #7's physician to update the medical evaluation to include medications or a new medical evaluation will be completed. 2-29-12 JJP</i>	


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

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<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 2/23/2012	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>

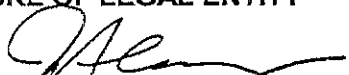
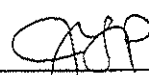
REGULATION 55 Pa.Code § 2600.	VIOLATION/CLASS	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY
<p>143a The home shall have a written emergency medical plan that includes the following: (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible. (2) Emergency transportation to be used. (3) An emergency staffing plan.</p>	<p>The home's emergency medical plan does not include an emergency staffing plan.</p> <p align="center"><b>RECEIVED</b></p> <p align="center">FEB 23 2012</p> <p align="center">Western Field Office Adult Residential Licensing</p>	<p><i>Withdraw</i></p> <p><i>Jan 2-29-12</i></p> <p><i>[Signature]</i></p>	<p>After close review of this regulation, the facility is asking that this violation be abated for the following reasons:</p> <p>The licensing representatives did not mention this during the exit review for us to present the necessary information.</p> <p>We do have an emergency staffing plan. This includes an Emergency Call-in Procedure in our disaster plan. (Please see Attachment 10) The staff listed on the Relay have wallet sized Emergency Call-in Relay cards. (Please see Attachment 11) We also have a "Mutual Aide Agreement" with other local as well as regional facilities that have the opportunity to utilize their staff in the event of an Emergency situation requiring more staff to be mobilized. (Please see Attachment 12 pg. 2-3)</p>	

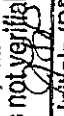
**VIOLATION REPORT  
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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REGULATION 55 Pa.Code § 2600.	VIOLATION/CLASS	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)	5 DATE COMPLIANCE VERIFIED BY
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 #9, 10 and 11's preadmission screenings are not dated  <b>RECEIVED</b>  FEB 23 2012  Western Field Office Adult Residential Licensing	<i>Withdrawn 2/23/12</i> 	After close review of this violation, the facility is asking that it be abated for the following reasons:  Residents # 9, 10, & 11 had all of their Pre admission screens completed and dated. The 3 pre-admission screens are attached as documentation to satisfy this violation. (Please see Attachment 13)  Please consider removing this violation from the report.	

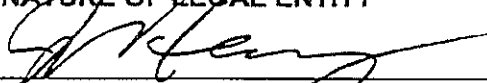
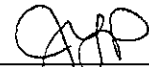
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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 2/23/2017	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 2-29-17

REGULATION 55 Pa.Code § 2600.	VIOLATION/CLASS	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)	5 DATE COMPLIANCE VERIFIED BY
<p><b>225 a</b> A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.</p>	<p>The initial assessment for Resident #8, admitted 10/15/2011, was not dated when finalized. The initial assessment for resident #9, admitted 8/1/2011, was not completed until 8/25/2011 The initial assessment for resident # 12, admitted 11/28/2011, was not dated when finalized.</p> <p align="center"><b>RECEIVED</b></p> <p align="center">FEB 23 2017</p> <p align="center">Western Field Office Adult Residential Licensing</p>	<p>4-18-12</p> <p>On going</p>	<p>This regulation allows the facility to create a comprehensive profile of the resident's needs and when put together, formulates a plan to meet those needs.</p> <p>The staff that completed the assessments will be counseled on an individual basis, reviewing the assessment, focusing on where they need to be vigilant in completing their documentation in a timely manner.</p> <p>The 3 staff members that complete the assessments will be attending the DPW provided training on how to complete the RASP's correctly.</p> <p>There will be monthly QA audits of the assessments completed for the residents that are new admissions, annual evaluations, or significant changes to verify completion of the assessments. These results will be shared with the staff completing the assessments. (Please see Attachment 14)</p>	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center">2/29/17 Date</p> <p align="center"> Initials (DPW)</p>

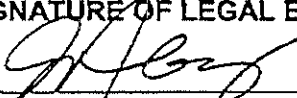
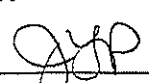



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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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226a continued	<b>RECEIVED</b>  FEB 03 2012  Western Field Office Adult Residential Licensing	On going	There will be monthly QA audits of the assessments completed compared to the DME for the residents that are new admissions, annual evaluations, or significant changes to verify successful completion of the assessments. These results will be shared with the staff completing the assessments. (Please see Attachment 9)	

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



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<p><b>227a</b> A resident requiring personal care services shall have written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.</p>	<p>The support plan for Resident #8, admitted on 10/15/2011, was not dated when finalized.</p> <p>Resident #12 was admitted to the home on 11/28/2011. The home has not yet developed a support plan for the resident.</p>	<p>3-7-12</p> <p>On going</p>	<p>The resident support plan ensures that each resident's needs are met and that accountability for meeting those needs is established.</p> <p>The staff members that completed these support plans will be counseled individually, reviewing the support plans, making the appropriate corrections and focusing on where they need to be vigilant in completing their documentation in conjunction with the physician's recommendations provided on the individual resident's DME.</p> <p>There are going to be specific assignments based on resident room numbers. The staff members will be accountable for specific rooms that they are going to be assigned for completing the RASP's in a timely manner.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p> Date 3/29/12 (Initials (DPW))</p>

**RECEIVED**



Western Field Office  
Adult Residential Licensing



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

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227a continued	<p><b>RECEIVED</b></p> <p>FEB 23 2012</p> <p>Western Field Office Adult Residential Licensing</p>	4-18-12	<p>(Please see Attachment 15)</p> <p>There will be monthly QA audits of the support plans completed for the residents that are new admissions, annual evaluations, or significant changes to verify completion of the support plans. These results will be shared with the staff completing the assessments. When opportunities for improvement present themselves, they will be addressed immediately to the individual staff member that it is affecting. (Please see Attachment 14)</p> <p>The 3 staff members that complete the support plans will be attending the DPW provided training on how to complete the RASP's correctly.</p>	

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

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227g Individuals who participate in the development of the support plan shall sign and date the support plan.	Residents #7, 8 and <del>11</del> participated in the development of their support plans but did not sign the plan.  <b>RECEIVED</b>  Western Field Office Adult Residential Licensing	<i>ME QJP 2-29-12</i>	Resident # 11 participated in the development of  initial support plan (11-8-2010) and signed it indicating  participation in the development. (Please see Attachment 16) Please consider removing this resident from the violation report for 227g.  Resident # 7 Daughter did sign however she did not indicate her parent's inability to sign.  Resident # 8 was not signed.  This regulation is important to encourage residents to participate in making choices regarding their care and to give a record of who participated in the development of the support plan.	<i>ME QJP 2-29-12</i>  Steps have been taken to correct violation; full compliance is not verifiable <i>ME QJP</i> Date Initials (DPW)

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227g continued	<b>RECEIVED</b>  Western Field Office Adult Residential Licensing	3-7-12  4-18-12  On going	<p>The staff members that completed these support plans will be counseled individually, regarding the importance of resident participation in completing the RASP.</p> <p>The 3 staff members that complete the support plans will be attending the DPW provided training on how to complete the RASP's correctly.</p> <p>There will be monthly QA audits of the support plans completed for the residents that are new admissions, annual evaluations, or significant changes to verify completion of the RASP's and any person who participated in the development of the RASP sign the document. (Please see Attachment 14)</p>	