

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to REDSTONE PRESBYTERIAN SENIORCARE

LEGAL ENTITY

To operate REDSTONE HIGHLANDS

NAME OF FACILITY OR AGENCY

Located at 4949 CLINE HOLLOW ROAD, MURRYSVILLE, PA 15668

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 48  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa. Code §§ 2600.231-239 - Capacity 20

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 March 6, 2012 until September 6, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 443381

*Robert E. Robinson*

ISSUING OFFICER

*R. C. [Signature]*

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 07 2012

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

Mr. Randy E. Thornton, Assistant Secretary  
Redstone Presbyterian SeniorCare  
6 Garden Center Drive  
Greensburg, Pennsylvania 15601

RE: Redstone Highlands  
4949 Cline Hollow Road  
Murrysville, Pennsylvania 15668

Dear Mr. Thornton:

As a result of the Department of Public Welfare's licensing inspection on January 19, 2012 and January 24, 2012, of the above personal care home, we have found that your personal care home is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (related to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, violations on the enclosed Violation Report were found. 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.

Your PROVISIONAL license is enclosed, based on substantial but not complete complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in cursive script that reads "Ronald Melusky" followed by a stylized flourish.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

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

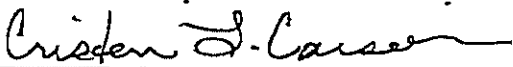
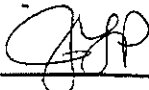
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NAME AND ADDRESS OF PERSONAL CARE HOME REDSTONE HIGHLANDS PERSONAL CARE HOME, 4951 CLINE HOLLOW ROAD MURRYSVILLE, PA 15668		CURRENT LICENSE NUMBER 428070	
INSPECTION DATES (include all dates of the inspection) 1/24/2012		REGIONAL REPRESENTATIVE Jan Cutler, Tera Newman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Cristen Carson, Campus Director, PCHA			
SIGNATURE OF LEGAL ENTITY Cristen S. Carson	DATE 2/24/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Joe J. Perry (JJP)	DATE 3-2-12

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
95 Furniture and equipment shall be in good repair, clean and free of hazards.	There was an enabler bar on the bed in room #A205 that was not securely attached to the bed.	1/24/2012 Day of Survey	Maintenance supervisor securely attached the enabler bar to the bed in A205 on day of survey.	JJP 3-2-12
1017 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 room #A-102 did not have a source of light that can be turned on/off from bedside.	1/24/2012 Day of Survey	CNA or designee will ensure that enable bar stays secure on a daily basis and will notify the maintenance supervisor immediately should it loosen. See Attached Photo #1	JJP 3-2-12
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <b>Western Region</b>             MAR 01 2012             Adult Residential Licensing         </div>			Resident does not want a lamp at bedside but was agreeable to an alternative light source. Light was secured to headboard as is seen in photo #2	

4-2-12 All bedrooms will be checked at least once per month by the administrator or designated staff person to ensure each resident has an operable source of lighting that can be turned on/off from bedside. 3-2-12 JJP

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> REDSTONE HIGHLANDS PERSONAL CARE HOME, 4951 CLINE HOLLOW ROAD MURRYSVILLE, PA 15668		<b>CURRENT LICENSE NUMBER</b> 428070	
<b>INSPECTION DATES</b> (Include all dates of the inspection) 1/24/2012		<b>REGIONAL REPRESENTATIVE</b> Jan Cutter, Tera Newman	
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<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 3/1/12	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 3-2-12

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
103g Food shall be stored in closed or sealed containers.	There were three bags of chicken breasts in the freezer that were not sealed.  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <b>Western Region</b>                           MAR 01 2012                           Adult Residential Licensing                     </div>	1/24/12 Day of Survey and going forward	Once opened, food shall be stored in a sealed container with the date on the label. The dietary supervisor or designee will complete random daily inspections of all locations where open food is stored to ensure compliance. Food that has not been dated and stored in a sealed container will be disposed of immediately. Dietary Staff will be re-educated on the importance of proper storage/dating of open food at their next monthly meeting.	 3-2-12

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

NAME AND ADDRESS OF PERSONAL CARE HOME REDSTONE HIGHLANDS PERSONAL CARE HOME, 4951 CLINE HOLLOW ROAD MURRYSVILLE, PA 15668		CURRENT LICENSE NUMBER 428070	
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SIGNATURE OF LEGAL ENTITY <i>Cristen L. Curison</i>	DATE 3/1/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 3-2-12

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
103i Outdated or spoiled food or dented cans may not be used.	There were three bags of chicken breasts in the freezer that were undated.	1/24/12 Day of Survey and going forward	Once opened, food shall be stored in a sealed container with the date on the label. The dietary supervisor or designee will complete random daily inspections of all locations where open food is stored to ensure compliance. Food that has not been dated or properly stored in a sealed container will be disposed of immediately. Dietary Staff will be re-educated on the importance of proper storage and dating of open food at their next monthly staff meeting.	<i>JJP</i> 3-2-12
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p><b>Western Region</b></p> <p>MAR 01 2012</p> <p>Adult Residential Licensing</p> </div>				



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

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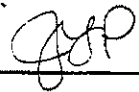
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SIGNATURE OF LEGAL ENTITY <i>Cristine S. Carson</i>	DATE 3/1/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 3-2-12

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
132g Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.	According to the staff schedule, the least amount of staff working during the 11:00 p.m. to 7:00 a.m. shift is 4; however, there has not been a fire drill conducted with only 4 staff present.  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p align="center"><b>Western Region</b></p> <p align="center">MAR 01 2012</p> <p align="center">Adult Residential Licensing</p> </div>	2/29/2012	The next sleeping fire drill will be completed by 2/29/2012. The administrator or designee will observe this drill to ensure proper procedures are followed and that only 4 staff members participate. Evacuation time, staff present, location, and date will be noted on fire drill log.	<i>JJP</i> 3-2-12

2/29/12 Sleeping hours fire drill completed with 4 staff in 8 minutes 3-2-12 JJP

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

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<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> REDSTONE HIGHLANDS PERSONAL CARE HOME, 4951 CLINE HOLLOW ROAD MURRYSVILLE, PA <del>15668</del>		<b>CURRENT LICENSE NUMBER</b> 428070	
<b>INSPECTION DATES (Include all dates of the inspection)</b> 1/24/2012		<b>REGIONAL REPRESENTATIVE</b> Jan Cutter, Tera Newman	
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	Mon	Date	Time	Evac. Time	FSE			
	Jan				No			
	Feb				No			
	Mar				No			
	Apr				No			
	May				No			
	Jun				No			
	Jul	07/19/2011	03:15 PM	3 min.	No			
	Aug	08/23/2011	03:05 PM	8 min.	No			
	Sep	09/22/2011	10:10 PM	8 min. 30 sec.	No			
	Oct	10/21/2011	01:30 PM	5 min.	No			
	Nov	11/29/2011	10:50 AM	4 min.	No			
	Dec	12/30/2011	11:50 AM	6 min.	No			


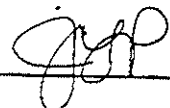
**Western Region**

MAR 01 2012

Adult Residential Licensing

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

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<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> REDSTONE HIGHLANDS PERSONAL CARE HOME, 4951 CLINE HOLLOW ROAD MURRYSVILLE, PA 15668		<b>CURRENT LICENSE NUMBER</b> 428070		
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183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Resident #4 had Ciprofloxacin 500mg in the medication cart which is no longer a current prescription.	1/24/12 on day of survey and ongoing	Disposed of medication immediately. Nursing meeting on 2/9/12 reviewed the need to remove all discontinued medications from the cart immediately and properly discard per company policy. Weekly medication cart audit will be performed by the weekend night shift nurse or designee and the audit form will be completed each time. Personal Care Manager will track this auditing process to ensure compliance.	Steps have been taken to correct violation; full compliance is not verifiable Initials (DPW) Date
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <b>Western Region</b>                       MAR 01 2012                       Adult Residential Licensing                 </div>		(Please see attached documents) ① Audit form ② meeting minutes		



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

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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	<p>The following labels on the medication administration record do not match the medication labels:</p> <ul style="list-style-type: none"> <li>The medication administration record for Resident #2 reads Omeprazole 20 mg. for Prilosec OTC 20 mg.</li> <li>The medication administration record for Resident #2 reads Docusate Sodium OTC for Rite Aid Col-nite.</li> <li>The medication administration record for Resident #2 reads Warfarin 1 mg. give 3 days hold 1 day. The medication card reads take 1 tablet at dinner time or as directed.</li> <li>The medication administration record for Resident #3 reads Multivitamin OTC for Certz-Vit Sr. w/Lutein TA.</li> </ul> <p>The diagnosis or purpose of the medication was not listed on the medication administration record for Resident #2's Amiodarone.</p> <p>The diagnosis or purpose of the medication was not listed on the medication administration record</p>	2/9/12 and ongoing	<p>Nurse meeting of 2/9/12 reviewed that the name of the medication must be written/printed on the MAR. If a generic or substitution is permitted by the doctor, then the MAR must list the medication and state "use for" with the substitute being used. Each medication on the MAR must have a diagnosis listed and all nurses have been re-educated on this requirement at the 2/9/12. Each nurse to audit MAR and to ensure that medication labels match order and that a diagnosis is listed for each medication.</p>	<p>Stops have been taken to correct violation; full compliance is not verifiable</p> <p>Date: <i>[Signature]</i> Initials (DPW): <i>[Signature]</i></p>

3-2-12 - A designated staff person will audit all MARs at the beginning of the month to ensure the medications listed in the MARs matches the medication labels and all medications listed have a diagnosis or purpose 3-2-12 JJP

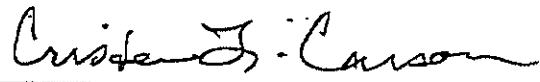
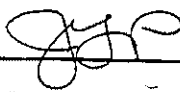
VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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NAME AND ADDRESS OF PERSONAL CARE HOME REDSTONE HIGHLANDS PERSONAL CARE HOME, 4951 CLINE HOLLOW ROAD MURRYSVILLE, PA 15668		CURRENT LICENSE NUMBER 428070	
INSPECTION DATES (Include all dates of the inspection) 1/24/2012		REGIONAL REPRESENTATIVE Jan Carter, Tera Newman	
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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.	for Resident #3's Simvastatin or Citalopram.  <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <p align="center"><b>Western Region</b></p> <p align="center">MAR 01 2012</p> <p align="center">Adult Residential Licensing</p> </div>		<i>See previous page.</i>	

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187d The home shall follow the directions of the prescriber.	Resident #1 receives Novolog insulin based on a sliding scale. <ul style="list-style-type: none"> <li>On 1/14/2012 at 11:00 a.m., the resident should have received 2 units of Novolog, but the medication administration record indicates that no units were administered.</li> <li>At 4:00 p.m. on 1/14/2012, 4 units should have been administered, but the medication administration record indicates that no units were administered.</li> <li>On 1/15/2012 at 11:00 a.m., 2 units should have been administered, but the medication administration record indicates that no units were administered.</li> </ul> Resident #4 has a bottle of Lantus Insulin with instructions to inject 20 units; however, the medication administration record indicates to inject 15 units at bedtime.	2/9/12 and going forward	Nurse meeting on 2/9/12 reviewed the need for insulin orders to be followed and documented as prescribed by physician. Any changes to the insulin order must be indicated by placing a sticker stating "med change" directly on the resident's bottle(s) of insulin. Weekend nurse or designee to audit insulin flow sheets for proper documentation and placement of stickers when change is prescribed by MD. Nurse manager to monitor adherence to auditing.	Steps have been taken to correct violation: full compliance is not verifiable Date: 3/1/12 Initials (DPW): JJP

**Western Region**

MAR 01 2012

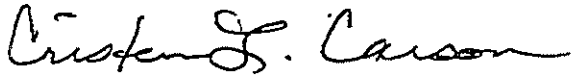
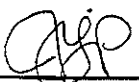
Adult Residential Licensing


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225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	The assessment for Resident #1, admitted to the SDCU on 8/10/2011, was completed on 8/17/2011.  Resident #5 had a request for PT/INR therapy and a request for a Psychiatric consultation. Both of these care needs were not included on the assessment dated 8/11/2011.	2/9/12 and going forward	Nurse meeting on 2/9/12 focused on the importance of proper timely completion of resident assessments. Nurses were taught the need to complete an assessment within 15 days of admission as well as the need to include changes in care needs on the assessment. The weekday night nurse or designee will review each resident assessment on a monthly basis to ensure accuracy. Nurse Manager will document this on an audit form when complete.	 3-2-12

**Western Region**

MAR 01 2012

Adult Residential Licensing

VIOLATION REPORT  
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INSPECTION DATES (include all dates of the inspection) 1/24/2012		REGIONAL REPRESENTATIVE Jan Cutler, Tara Newman	
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>Cristen L. Carson</i>	DATE 3/1/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3-2-12

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.	Resident #5 had a request for PT/INR therapy and a request for a Psychiatric consultation. The resident's support plan, dated 9/11/2011, did not address how the home will assist the resident in meeting these needs.  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p align="center"><b>Western Region</b></p> <p align="center">MAR 01 2012</p> <p align="center">Adult Residential Licensing</p> </div>	2/9/12	Educated the nurses to document appropriate and necessary information on the support plan. Nurse Manager to audit nurse documentation for proper and up to date information which indicates changes in the Resident's care needs. This audit by the nurse manager will be done on a bi-monthly and as needed basis.	3-2-12 <i>[Signature]</i>

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

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NAME AND ADDRESS OF PERSONAL CARE HOME REDSTONE HIGHLANDS PERSONAL CARE HOME, 4951 CLINE HOLLOW ROAD MURRYSVILLE, PA 15668		CURRENT LICENSE NUMBER 428070	
INSPECTION DATES (Include all dates of the inspection) 1/24/2012		REGIONAL REPRESENTATIVE Jan Cutter, Tera Newman	
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>Cristin L. Carson</i>	DATE 3/1/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3-2-12

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
231b A resident shall have a medical evaluation by a physician, physician's assistant or certified nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.	Resident #1, admitted to the SDU on 9/10/2011, did not have a medical evaluation completed until 9/19/2011.  <b>Western Region</b>  MAR 01 2012  Adult Residential Licensing	2/9/12	Educated all nurses on the requirements that need followed. When an MD complete a medical evaluation. Nurses were informed to request that the doctor complete the form a second time if not done properly initially, including they need to have a completed form 60 days prior to the admission of a resident to the dementia/secured unit.	<i>[Signature]</i> 3-2-12

*All nurse are responsible for ensuring proper medical evaluation completion. Nurse manager will audit quarterly for errors.*

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

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NAME AND ADDRESS OF PERSONAL CARE HOME REDSTONE HIGHLANDS PERSONAL CARE HOME, 4951 CLINE HOLLOW ROAD MURRYSVILLE, PA 15668		CURRENT LICENSE NUMBER 428070	
INSPECTION DATES (Include all dates of the inspection) 1/24/2012		REGIONAL REPRESENTATIVE Jan Cutler, Tera Newman	
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>Cristina L. Carson</i>	DATE 3/1/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JSP</i>	DATE 3-2-12

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
234a Within 72 hours of the admission or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.	<p>Resident #1 was admitted to the SDCU on 9/10/2011. The resident's initial support plan was developed on 9/16/2011.</p> <p>Resident #8 was admitted to the SDCU on 8/2/2011. The resident's initial support plan was developed on 8/30/2011.</p> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> <p align="center"><b>Western Region</b></p> <p align="center">MAR 01 2012</p> <p align="center">Adult Residential Licensing</p> </div>	2/9/12	<p>Nurse meeting on 2/9/12 focused primarily on proper completion of all D/W required paperwork including the support plan. Nurses were re-educated on the need for the support plan to be fully completed within 72 hours of admission or within 72 hours prior to the admission of a resident to the secured unit. All nurses</p>	<i>JSP</i> 3-2-12

*are responsible for compliance. Nurse manager to audit support plans weekly to oversee that the information is completed timely.*