

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SUCCESS REHABILITATION, INC.

To operate SUCCESS REHABILITATION AT ROCK RIDGE

Located at 5666 CLYMER ROAD, OUKERTOWN, PA 18951

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

The total number of persons which may be cared for at one time may not exceed 35
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

and shall remain in effect from August 18, 2012 until August 18, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 127300

Robert E. Robinson
ISSUING OFFICER

[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.



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

JUL 17 2012

Ms. Harilyn Galietta, President/CEO
Success Rehabilitation, Inc.
Success Rehabilitation at Rock Ridge
5666 Clymer Road
Quakertown, Pennsylvania 18951

Dear Ms. Galietta:

As a result of the Department of Public Welfare's licensing inspection on May 26, 2012 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'.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 12730 - 05/26/2012 - Yellenic, Cindy
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

1. REGULATION 56 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 5/26/12, at 10:15 AM, Department representatives observed a binder with resident #1's name on the front cover that was unlocked and accessible out of a two drawer filing cabinet by room 12. The binder contained confidential information regarding the resident's program goals.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The resident #1's binder was placed back in the cabinet and locked immediately after being found. Memo was typed and distributed to staff, as well as posted in all sections of the building as a visual reminder on 6/6/12. Memo describes the importance of not leaving confidential information regarding the residents' program goals where it can be viewed by others. To ensure that this doesn't occur again in the future, the section leader and/or team leader will periodically monitor adherence to this regulation in each section throughout each shift. Please see attachment "A".

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Joanne P. Traynor, MSW, LSW, C.V.P.

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

JOANNE P. TRAYNOR, MSW, LSW, C.V.P.

Date 6.19.12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

6/28/12
 (Date)

Plan of correction implementation status as of

6/28/12
 (Date)

The above plan of correction was approved by

CRM
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12730 - 05/28/2012 - Yellenic, Cindy
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A's employee record did not contain a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry. Staff person A was hired on 2/9/06.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

- During inspection, copy of proof of qualifications for staff person A were not available in the staff's personnel file as required. A copy of staff person A's high school transcript was obtained and is attached (Attachment "B"). All current employee files were checked to make sure that there are no other files without documentation and there were none. Appropriate documentation is obtained at hire and ^{files} will be reviewed quarterly to ensure documents are filed by Human Resource Department.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Joanne P. Tangney, MSW, LSW & V.P.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>JOANNE P. TANGNEY & V.P.</i>	Date <i>6.19.12</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6/28/12
 (Date)

Plan of correction implementation status as of 6/28/12
 (Date)

The above plan of correction was approved by OPM
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12730 - 05/26/2012 - Yellenc, Cindy
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

1. REGULATION 56 Pa.Code §2600
 2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION
 The home's Emergency Drill Orientation Training does not cover smoking safety procedures, the home's smoking policy and location of the smoking areas; the location of smoke detectors & fire alarms; and telephone use & notification of emergency services.

Direct care staff person B, hired on 4/23/12, & direct care staff person C, hired on 5/9/11, did not receive orientation in smoking safety procedures, the home's smoking policy and location of the smoking areas; the location of smoke detectors & fire alarms; and telephone use & notification of emergency services.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Orientation content includes all areas required in this regulation, but the training record did not properly reflect this. The training record has been modified to assure all areas are covered and documented in the future.

Please see Attachment "C".

Fire Safety Expert at SRI will review this new form with Staff Person B and C and then obtain their signatures once reviewed.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Joanne P. Tangney, MSW, LSW a.v.p.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Joanne P. Tangney, a.v.p.</i>	Date <i>4.19.12</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u><i>6/28/12</i></u> (Date)	Plan of correction implementation status as of <u><i>6/28/12</i></u> (Date)
The above plan of correction was approved by <u><i>CKM</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12730 - 05/26/2012 - Yellenic, Cindy
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

1. REGULATION 56 Pa.Code §2600
 2600.66(g) - 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.
 (4) The Older Adult Protective Services Act (36 P. S. §§ 10225.101-10225.5102).
 (5) Falls and accident prevention.
 (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION
 Ancillary staff person D did not receive training in resident rights, the Older Adult Protective Services Act, and falls and accident prevention during the training year January 2011 - December 2011.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff person D did receive training in 2011, but documentation was not accessible at the time of the inspection. Please see attachment "D". In the future, this training documentation will be kept with all other training documentation and not with the annual performance review so that it is always accessible. Files will be reviewed quarterly to ensure documents are filed by Human Resources Department.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Joanne P. Tangney, MSW, LSW - C.V.P.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *JOANNE P. TANGNEY, C.V.P.* Date *6.19.12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u><i>6/28/12</i></u> (Date)	Plan of correction implementation status as of <u><i>6/28/12</i></u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12730 - 05/26/2012 - Yellenic, Cindy
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

The trash can in the kitchen did not have a lid.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

During inspection, lid was not attached to trash receptacle in back kitchen. Lid to trash receptacle in back kitchen was attached and can no longer be removed/remains attached to the side when bags are removed to easily flip back over on top of trash receptacle.

The Facilities Manager checked all trash receptacles throughout the building to ensure lids were attached and secure so that they also can not be removed/detached.

The Facilities Manager will check trash receptacles throughout the building routinely each month to ensure compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Thomas P. Langley, MSW, USA Q.V.P.

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Thomas P. Langley, Q.V.P.

Date 6.19.12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

6/28/12
 (Date)

Plan of correction Implementation status as of

6/28/12
 (Date)

The above plan of correction was approved by

CPM
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12730 - 05/26/2012 - Yellenic, Cindy
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

1. REGULATION 56 Pa.Code §2000
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 Resident #2's bedside light source was inoperable as it did not have a light bulb.
 Resident #3 does not have a source of light that can be turned on/off from bedside.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

During inspection, Resident #2's light bulb was not in [redacted] bedside lamp. The light bulb was replaced immediately and is operable.

During inspection, Resident #3's bedside lamp was not on [redacted] nightstand next to [redacted] bed but instead Resident #3 admitted to moving it to bookshelf so light was not as bright when in use. A touch light was added to wall next to Resident #3's bed to ensure compliance.

Safety checks continue to be completed periodically each month by the PCHAs to ensure that there is bedside lighting.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Joanne P. Langley, M.S., L.S.W. a.v.p.* 6.19.12

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *JOANNE P. LANGLEY, a.v.p.* Date 6.19.12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *6/28/12*
 (Date)

Plan of correction implementation status as of *6/28/12*
 (Date)

The above plan of correction was approved by *CPM*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12730 - 05/26/2012 - Yellenic, Cindy
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

1. REGULATION 55 Pa.Code §2600
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION
 Department representatives observed a bowl of mashed potatoes and 3 plates of leftover food in the kitchen refrigerator that were not labeled and dated.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The leftover food was covered, labeled, and dated immediately after being found. Memo was typed and distributed to staff, as well as posted on all refrigerators and freezers as a visual reminder on 6/6/12. Please see attachment "E". Safety checks continue to be completed periodically each month by the PCHAs to ensure leftover foods are covered, labeled, and dated.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Joanne P. Tanguay, MSN, LSW & V.P.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *JOANNE P. TANGUAY, & V.P.* Date *6.19.12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *(Date)*

Plan of correction implementation status as of *(Date)*

The above plan of correction was approved by *(Initials)*

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12730 - 06/26/2012 - Yellenic, Cindy
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

1. REGULATION 88 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

Department representatives observed an opened container of cool whip, potato salad, yogurt, and chocolate chip cookie dough in the kitchen refrigerator/freezer that were not dated.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The open containers were immediately discarded after being found. Memo was typed and distributed to staff, as well as posted on all refrigerators and freezers as a visual reminder on 6/6/12. Please refer again to attachment "E".

Safety checks continue to be completed periodically each month by the PCHAs to ensure leftover foods are covered, labeled, and dated.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *John P. Trogney, MSW, LSW Q.V.P.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *John P. Trogney, Q.V.P.* Date *6.19.12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *(Date)*

Plan of correction implementation status as of *(Date)*

The above plan of correction was approved by *(Initials)*

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 12730 - 06/26/2012 - Yellenic, Cindy
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

1. REGULATION 55 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 The last two fire drills observed by a fire safety expert were conducted on 10/28/10 and 1/30/12. The period of time between the observed fire drills exceeds the 12 month requirement of this regulation.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Fire drill was scheduled to be completed in October 2011. Fire Safety Expert at SRI was notified of the death of the Fire Marshall and attempted to make contact but a new Fire Marshall had not yet been appointed. The fire drill was completed at the earliest date possible on 1/30/12. An additional fire drill is scheduled to be completed this year in October 2012. This was a one time unavoidable situation that is not expected to be repeated and plan is in place with the township to have a "back up" qualified fire safety expert available to complete drills if Township Fire Marshall is unavailable.

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Thomas P. Tanager, MSW, LSW, E.V.P.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *THOMAS P. TANAGER, E.V.P.* Date *6.19.12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *6/28/12*
 (Date) Plan of correction implementation status as of *6/28/12*
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *CTM*
 (Initials)

Violation Report: 12730 - 05/26/2012 - Yellenic, Cindy
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

Resident #2's Ciprolox 0.77% cream was discontinued on 4/27/12. The discontinued medication was still in the medication cart as of 5/26/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The discontinued medication of Resident #2 was appropriately removed and discarded from medication cart immediately after being found.

The nursing department has instituted procedures where 2 nurses will be assigned to compare orders to MARS to what is available to each resident in the medication cart to provide a "double check" to minimize errors and ensure compliance.

This new plan will be checked/verified monthly during safety checks completed periodically each month by the PCHAs.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Joanne P. Tangney, M.S.W., L.S.W. Q.V.P.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JOANNE P. TANGNEY, Q.V.P.* Date *6.19.12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *[Signature]* (Date)

Plan of correction implementation status as of *[Signature]* (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Initials]* (Initials)

Violation Report: 12730 - 05/26/2012 - Yellenic, Cindy
 PCH Name: SUCCESS REHABILITATION AT ROCK RIDGE

1. REGULATION 55 Pa.Code §2600

2600.187(a) - 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 (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record (MAR) for resident #2 does not include a diagnosis for Ibuprofen U-D 800mg.

The MAR for resident #3 does not include a diagnosis for Citalopram HBR 20mg.

Resident #4 has an order for Systane Drops that reads instill 1 drop into both eyes as needed. This medication was not listed on the resident's MAR.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The diagnosis for medications for Residents #2 and #3 were added and corrected by the pharmacy.

The medication that was not listed in Resident #4's MAR has been added. Please see Attachment "F." The new plan that is in place with the nursing department, please refer to page 11, will be checked/verified monthly during safety checks completed each month by the DCHAs.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/02/2011
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Joanne P. Tongue, MSW, LSW, E.V.P.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Joanne P. Tongue, E.V.P.* Date *6.19.12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *6/28/12*
 (Date)

Plan of correction implementation status as of *6/28/12*
 (Date)

The above plan of correction was approved by *CICM*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented