



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
Norristown State Hospital
1001 Sterigere Street
Bldg 2 Rm. 161
Norristown, Pennsylvania 19401

ADULT RESIDENTIAL LICENSING

1-866-711-4115
610-270-1137

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
Mailing Date: August 2, 2012

Mr. Barry A. Lazarus, Vice President
Arden Courts of King of Prussia Pa, LLC
333 North Summit Street
Toledo, Ohio 43604

RE: Arden Courts of King of Prussia
620 West Valley Forge Road
King of Prussia, Pennsylvania 19406

Dear Mr. Lazarus:

As a result of the Department of Public Welfare's licensing inspection on July 2, 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.

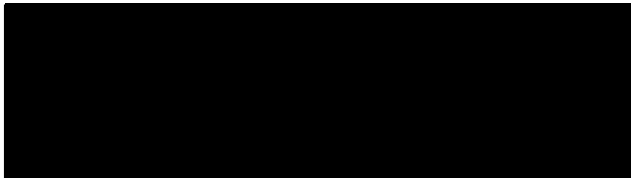
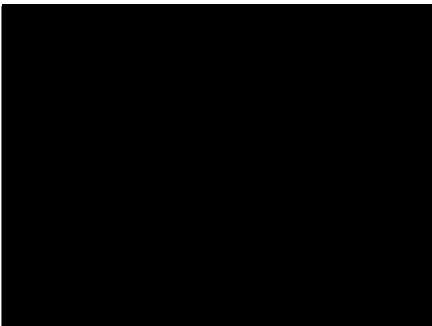
Sincerely,

A handwritten signature in black ink that reads "Chevon Miller" followed by a stylized flourish.

Chevon Miller
Regional Licensing Administrator

Enclosure(s)
Violation Report

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

PCH Name: ARDEN COURTS OF KING OF PRUSSIA		License Number: 129950
Address: 620 WEST VALLEY FORGE ROAD, KING OF PRUSSIA, PA 19406		County: Montgomery
Administrator: Mark Dorsey		Region: SOUTHEAST
Legal Entity Name: ARDEN COURTS OF KING OF PRUSSIA PA LLC		
Legal Entity Address: 333 NORTH SUMMIT STREET, TOLEDO, OH 43604		
Certificate(s) of Occupancy C-2 LP 05/10/1995 Commonwealth of PA		
Staffing Hours		
Resident Support:	Total Daily Staff: 108	Waking Staff: 81
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 07/02/2012: Adams, Patricia		
Off-Site Inspection Dates and Inspectors, if Applicable 07/05/2012: Adams, Patricia; Adams, Patricia		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 56 Number of Residents Served: 54 Secured Dementia Care Unit in Home: Yes Area: Secured Dementia Unit Capacity, If Applicable: 56 	Number of Residents who: 	

Violation Report: 12995 - 07/02/2012 - Adams, Patricia
PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2. DESCRIPTION OF VIOLATION

On 6/22/12, an allegation of abuse against resident #1 was reported to staff person A. The home did not report the allegation to the local area agency on aging or the State Department of Aging.

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.

See Attached

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Date 7.14.12

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

The above plan of correction is approved as of

7/27/12
(Date)

Verification of Legal Entity Representative Signature

7/27/12
(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: 12995 - 07/02/2012 - Adams, Patricia PCH Name: ARDEN COURTS OF KING OF PRUSSIA	
1. REGULATION 55 Pa.Code §2600 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).	
2. DESCRIPTION OF VIOLATION -On 3/2/12 resident #3 had a physical altercation with another resident. The home failed to report the incident to the Department. -On 6/21/12, resident #2 accused staff person B of putting black and blue bruises on their arm and "busting" the resident's lip. The home did not submit an incident report to the Department and nor did they report the incident by telephone.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i> <div style="text-align: center; font-size: 2em; font-family: cursive;">See Attached</div>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 03/28/2012
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>7/27/12</u> (Date)	Verification of Legal Entity Representative Signature <u>7/27/12</u> (Date)
The above plan of correction was approved by <u>CPM</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: 12995 - 07/02/2012 - Adams, Patricia
PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600

2600.16 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2. DESCRIPTION OF VIOLATION

The home borrowed resident #3, #5, #7 and #8's prescribed narcotic medication, Lorazepam 0.5MG and administered the medication to other residents. The home is in violation of federal law which prohibits the transferring of prescription medications from one person to another.

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.

See Attached

Repeat Violation: No

Date(s) of Previous Violation(s)

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Date

Mark Dorney

7.14.12

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

The above plan of correction is approved as of

7/27/12
(Date)

Verification of Legal Entity Representative Signature

7/27/12
(Date)

The above plan of correction was approved by

CDM
(Initials)

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

Violation Report: 12995 - 07/02/2012 - Adams, Patricia
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600

2800.186(b) - Prescription medications shall be used only by the resident for whom the prescription was prescribed.

2. DESCRIPTION OF VIOLATION

The home borrowed prescribed medication, Lorazepam, belonging to resident #3 and administer the medication to the following residents:

- On 11/11/11, resident #4 was administered Lorazepam 0.5MG.
- On 11/3/11 and 1/11/12 resident #5 was administered Lorazepam 0.5MG.
- On 11/30/11 and 1/11/12 resident #6 was administered Lorazepam 0.5MG.
- On 1/23/12 resident #7 was administered Lorazepam 0.5MG.

The home borrowed prescribed medication, Lorazepam, belonging to resident #5 and administered the medication to the following residents:

- On 12/7/11 resident #7 was administered Lorazepam 0.5MG.
- On 12/11/11 resident #8 was administered Lorazepam 0.5MG.
- On 2/22/12 and 2/26/12 resident #3 was administered Lorazepam 0.6mg.

The home borrowed prescribed medication, Lorazepam, belonging to resident #7 and administered the medication to the following residents:

- On 1/2/12 resident #5 was administered Lorazepam 0.5MG.
- On 1/2/12 resident #6 was administered Lorazepam 0.5MG.

The home borrowed prescribed medication, Lorazepam, belonging to resident #8 and administered the medication to resident #9 on the following dates:

- On 5/19/12 at 12PM and 4PM resident #9 was administered Lorazepam 0.5MG.
- On 5/20/12 at 8AM, 12PM and 4PM resident #9 was administered Lorazepam 0.5MG.
- On 5/21/12 at 12PM and 7PM resident #9 was administered Lorazepam 0.5MG.

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.

See Attached

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Mark D. Dorben			7.14.12

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

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The above plan of correction was approved by <u>CRM</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: 12995 - 07/02/2012 - Adams, Patricia
PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2. DESCRIPTION OF VIOLATION

On 11/7/11 at 1:20 PM, 11/15/11 at 8 AM and on 11/22/11 at 8 AM resident # 3 was administered PRN Ativan 0.5mg for agitation. The medication is prescribed for anxiety.

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.

See Attached

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

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

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The above plan of correction is approved as of 7/27/12
(Date)

Verification of Legal Entity Representative Signature 7/27/12
(Date)

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

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

Violation Report: 12996 - 07/02/2012 - Adams, Patricia
PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa.Code §2600

2600.226(a) - 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.

2. DESCRIPTION OF VIOLATION

The date, the assessment was finalized, was left blank and compliance could not be determined for resident #1, admitted 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.

Repeat Violation: No

Date(s) of Previous Violation(s):

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

Date

Mark Dorney

7/4/12

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The above plan of correction is approved as of

7/27/12
(Date)

Verification of Legal Entity Representative Signature

7/27/12
(Date)

The above plan of correction was approved by

CDM
(Initials)

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

Violation Report: 12995 - 07/02/2012 - Adams, Patricia
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 55 Pa. Code §2600

2600.234(a) - 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.

2. DESCRIPTION OF VIOLATION

- Resident #1 was admitted to the SDCU on 5/25/12. The date the support plan was finalized was blank and compliance could not be determined.

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.

Repeat Violation: No	Date(s) of Previous Violation(s)		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Mark Dornay Date 7.14.12

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 (Date)

Verification of Legal Entity Representative Signature 7/27/12
 (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: 12995 - 07/02/2012 - Adams, Patricia
 PCH Name: ARDEN COURTS OF KING OF PRUSSIA

1. REGULATION 65 Pa.Code §2800

2600.234(b) - The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

2. DESCRIPTION OF VIOLATION

-The support plan, undated, for resident #1 does not address the residents increased sexual aggression, which included touching inappropriately, toward other SDCU residents and staff.

-The support plan, dated 3/22/12, for resident #2 does not address the resident's attention seeking behavior of yelling, screaming, accusing residents and at times staff, of alleged physical assault.

-The support plan, dated 10/29/11, for resident #3 was not updated and did not address the resident's behavior that includes choking, hitting, physical violence, aggressiveness and threatening behaviors toward other SDCU residents and staff. The home conducted a family meeting, on 12/8/11, to discuss the residents needs and the family advised the home the resident "cannot fully understand what is being said." On 12/9/11 the speech therapy assessed that the resident has severe cognitive linguistic deficits and has difficulty communicating. The home did not update the residents support plan to include this cognitive need, physical therapy and speech therapy.

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.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	12/09/2011
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **Mark Dorka** Date **7.14.12**

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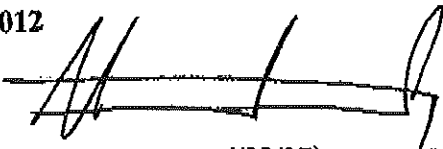
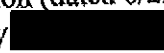
Verification of Legal Entity Representative Signature 7/27/12
 (Date)



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


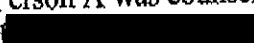
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- Not Implemented


POC - KOP
July, 2012


15(a)

 7/27/12
1. The allegation (dated 6/22/12) was reported to the local area agency on aging on July 3, 2012 by  Executive Director Yardley Arden Courts.
Report is attached.

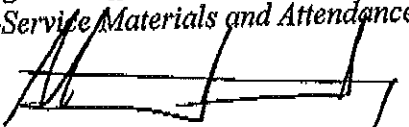

2. Resident #1 was admitted to the Mercy Suburban Behavioral Unit on June 22, 2012.  returned to the facility with new medication orders on July 3, 2012.  continues to be followed by psych.
Discharge Orders and Psych. Consult are attached.

3. Staff Person A was counseled on July 18, 2012, by  Executive Director (ED), and  Resident Services Coordinator (RSC), re. regulation 15(a) regarding reporting appropriately to AAA and the State Department of Aging.
Counsel is attached.


4. A mandatory in-service for all staff by Area Agency on Aging regarding abuse and reporting will be held on a date to be determined. Left messages to  (AAA) on 7/10/12 and 7/17/12 regarding request for in-service.
The In-Service Materials and Attendance Sheets will be forwarded when in-service is complete.

5. Allegations of abuse will be discussed during the Morning Kick-Off Meeting for reporting compliance. These procedures were reviewed during an in-service with Coordinators and Nursing Supervisors on July 18, 2012, by  ED.
Morning Kick-Off Meeting format is attached.
The In-Service Materials and Attendance Sheet are attached.

16(c)

 7/27/12
1. The incident which occurred on 3/2/12 was reported to the Department on 3/2/12 by  Executive Director.
Report is attached.

2. Resident #2 was seen by psych. on July 17, 2012, for post-incident anxiety.
Psych. Consult is attached.

3. Staff person B was suspended on July 3, 2012, by  Executive Director, Investigation completed and staff member returned to duty on July 5, 2012.
The documentation of the investigation is attached.

4. A mandatory in-service for all staff by Area Agency on Aging regarding abuse and reporting will be held on a date to be determined. Left messages to [REDACTED] (AAA) on 7/10/12 and 7/17/12 regarding request for in-service.
The In-Service Materials and Attendance Sheets will be forwarded when in-service is complete.

5. Allegations of abuse will be discussed during the Morning Kick-Off Meeting for reporting compliance. These procedures were reviewed during an in-service with Coordinators and Nursing Supervisors on July 18, 2012, by [REDACTED]
*Morning Kick-Off Meeting format is attached.
The In-Service Materials and Attendance Sheet are attached.*

18

 7/27/12

1. The staff members who borrowed the prescribed medications were counseled by [REDACTED] ED, and [REDACTED] Administrative Services Assistant (ASC) regarding the federal law which prohibits the transferring of prescription medications from one person to another.
Counsel materials are attached.

2. The staff members who borrowed the prescribed medications were in-serviced on the federal law which prohibits the transferring of prescription medications from one person to another and that prescription medications shall be used only by the resident for whom the prescription was prescribed. The in-service was presented on July 18, 2012, by [REDACTED] ED, and [REDACTED] ASC.
The In-Service Materials and Attendance Sheets are attached.

3. All Medication Technicians were in-serviced by [REDACTED] RSC, regarding the federal law which prohibits the transferring of prescription medications from one person to another and that prescription medications shall be used only by the resident for whom the prescription was prescribed.
The In-Service Materials and Attendance Sheets are attached.

4. The Medication Technician Medication Pass Tool will be used by all Medication Technicians and Nurses on a daily/shift basis. The Nurse will review/sign the Tool at the end of each shift. The Medication Technicians and Nurses were in-serviced on the Tool by Tracey McLendon, RSC.
*The Medication Technician Medication Pass Tool is attached.
The In-Service Materials and Attendance Sheets are attached.*

5. The Medication Cart Audit will be completed weekly by the Resident Services Coordinator (RSC) or designee. The Audits will be reviewed weekly by [REDACTED] ED. The Medication Technicians and Nurses were in-serviced on the Audit Tool by [REDACTED] RSC.
The Medication Cart Audit Tool is attached.

The In-Service Materials and Attendance Sheets are attached.

6. The Individual Resident Controlled Drug Record will be reviewed daily by the Executive Director or designee for accuracy and evidence of no "borrowing" activity. The Nursing Supervisors were in-serviced on the proper completion of the Individual Resident Controlled Drug Record by [REDACTED] ED.

*The Individual Resident Controlled Drug Record is attached.
The In-Service Materials and Attendance Sheets are attached.*

7. The pharmacist will conduct medication cart audits every six (6) months as a Quality Management measure beginning July 18, 2012. Results will be summarized in the Quality Management minutes beginning July 30, 2012.

The summary and follow up activity of the audit will be forwarded in the QM minutes by the Executive Director by August 1, 2012.

186(b)

~~1. The staff members who borrowed the prescribed medications were counseled by [REDACTED] ED, and [REDACTED] ASC, regarding "Prescription medications shall be used only by the resident for whom the prescription was prescribed."~~ *7/27/12*
Counsel materials are attached.

2. The staff members who borrowed the prescribed medications were in-serviced regarding "Prescription medications shall be used only by the resident for whom the prescription was prescribed." The in-service was presented on July 18, 2012, by [REDACTED] ED, and [REDACTED] ASC.

The In-Service Materials and Attendance Sheets are attached.

3. All Medication Technicians were in-serviced by [REDACTED] RSC, regarding "Prescription medications shall be used only by the resident for whom the prescription was prescribed." *The In-Service Materials and Attendance Sheets are attached.*

4. The Medication Technician Medication Pass Tool will be used by all Medication Technicians and Nurses on a daily/shift basis. The Nurse will review/sign the Tool at the end of each shift. The Medication Technicians and Nurses were in-serviced on the Tool by [REDACTED] RSC.

*The Medication Technician Medication Pass Tool is attached.
The In-Service Materials and Attendance Sheets are attached.*

5. The Medication Cart Audit will be completed weekly by the Resident Services Coordinator (RSC) or designee. The Audits will be reviewed weekly by [REDACTED] ED. The Medication Technicians and Nurses were in-serviced on the Audit Tool by [REDACTED] RSC.

*The Medication Cart Audit Tool is attached.
The In-Service Materials and Attendance Sheets are attached.*

6. The Individual Resident Controlled Drug Record will be reviewed daily by the Executive Director or designee for accuracy and evidence of no "borrowing" activity. The Nursing Supervisors were in-serviced on the proper completion of the Individual Resident Controlled Drug Record by [REDACTED] ED.
*The Individual Resident Controlled Drug Record is attached.
The In-Service Materials and Attendance Sheets are attached.*

7. The pharmacist will conduct medication cart audits every six (6) months as a Quality Management measure beginning July 18, 2012. Results will be summarized in the Quality Management minutes beginning July 30, 2012.
The summary and follow up activity of the audit will be forwarded in the QM minutes by the Executive Director by August 1, 2012.

202

1. Resident #3 was discharged on 5/22/12.
Discharge summary attached.

2. Medication Technicians and Nurses were in-serviced regarding the Regulation 202, related to prohibited procedures by [REDACTED] RSC.
The In-Service Materials and Attendance Sheets are attached.

3. PRN medications records will be reviewed weekly by the Resident Care Supervisor or Designee to ensure appropriate administration and documentation during weekly Medication Cart Audits.
The Medication Cart Audit Tool is attached.

4. The Executive Director, RSC, or designee will review PRN medications monthly for appropriate use, need, and documentation. The summary of the review will be included in the QM minutes beginning July 30, 2012.
The summary of the audit will be forwarded in the QM minutes by the Executive Director by August 1, 2012.

5. A mandatory in-service for all staff by Area Agency on Aging regarding abuse and reporting will be held on a date to be determined. Left messages to [REDACTED] (AAA) on 7/10/12 and 7/17/12 regarding request for in-service.
The In-Service Materials and Attendance Sheets will be forwarded when in-service is complete.

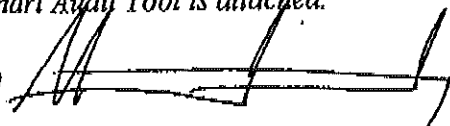
225(a)

Resident #1 updated Assessment/Support Plan (RASP) was dated July 17, 2012, by [REDACTED] Executive Director.
RASP is attached.

The Coordinators will be in-serviced on dating of the RASP on July 18, 2012 by [REDACTED]
[REDACTED] Executive Director.
The In-Service Materials and Attendance Sheets are attached.

The Resident Assessment-Support Plan will be audited using the Chart Audit Tool by the Executive Director or designee within seven (7) days of completion for date inclusion.
The Chart Audit Tool is attached.

234(a)

 7/27/12

Resident #1 updated Assessment/Support Plan (RASP) was dated July 17, 2012, by [REDACTED]
[REDACTED] Executive Director.
Assessment is attached.

The Coordinators will be in-serviced on appropriate dating of the Resident Assessment-Support Plan on July 18, 2012 by [REDACTED] Executive Director.
The In-Service Materials and Attendance Sheets are attached.

The Resident Assessment-Support Plan will be audited using the Chart Audit Tool by the Executive Director or designee within seven (7) days of completion for date inclusion.
The Chart Audit Tool is attached.

234(b)

Residents #1, 2, and 3 Support Plans were updated on July 17, 2012, by [REDACTED]
ED, to reflect current needs.
Support Plans attached.

The Coordinators and Supervisors were in-serviced on July 18, 2012, by [REDACTED]
ED, regarding regulations 234(b) – The support plan must identify the resident's physical, medical, social, cognitive, and safety needs.
The In-Service Materials and Attendance Sheets are attached.

The needs of the residents will be reviewed daily during the Morning Kick-Off Meeting and documented when the Support Plan revision is completed. This will be completed by the Executive Director or designee.
Morning Kick-Off Meeting Format attached.