

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WG SOUTH HILLS SH LLC
LEGAL ENTITY

To operate ATRIA SOUTH HILLS
NAME OF FACILITY OR AGENCY

Located at 5300 CLAIRTON BOULEVARD, PITTSBURGH, PA 15236
(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 139
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 October 16, 2012 until October 16, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **442840**

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



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

NOV 01 2012

Mr. W. Bryan Hudson, Sr. VP
General Counsel and Secretary
WG South Hills SH, LLC
401 S. Fourth Street, Suite 1900
Louisville, Kentucky 40202

RE: Atria South Hills
5300 Clairton Boulevard
Pittsburgh, Pennsylvania 15236

Dear Mr. Hudson:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 23, 2012 and August 24, 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 Human Services Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,



A handwritten signature in black ink, appearing to read "R. Melusky", with a long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

RECEIVED

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

PCH Name: ATRIA SOUTH HILLS		OCT 3 2012	License Number: 442840
Address: 5300 CLAIRTON BOULEVARD, PITTSBURGH, PA 15236		County: Allegheny	
Administrator: -----	Western Field Office Adult Residential Licensing		Region: WEST
Legal Entity Name: WG SOUTH HILLS SH LLC			
Legal Entity Address: 401 S FOURTH STREET SUITE 1900, LOUISVILLE, KY 40202			
Certificate(s) of Occupancy C2LP 02/04/1999 L&I			
Staffing Hours			
Resident Support: 0	Total Daily Staff: 86	Waking Staff: 65	
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced	
Reason(s) for Inspection(s) Renewal, Complaint, Incident			
On-Site Inspections Dates and Department Representatives On-Site 08/22/2012: Marini, Michael; Kimberland, Jon; Pfaff, Vicki 08/24/2012: Marini, Michael			
Off-Site Inspection Dates and Inspectors, if Applicable 09/13/2012: Marini, Michael			
Other Details			
Partial or Full Triggers:		Random Indicators:	
Resident Demographic Data as of Inspection Dates			
Licensed Capacity: 139 Number of Residents Served: 75 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable:		Number of Residents who: 	
			

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OCT 3 2012

Violation Report: 44284 - 08/22/2012 - Marini, Michael
PCH Name: ATRIA SOUTH HILLS

1. REGULATION 55 Pa.Code §2600

Western Field Office

2600.56 - The administrator shall be present in the home an average of 20 hours or more per week in each calendar month.

2a. DESCRIPTION OF VIOLATION

The home has not had a qualified administrator since 8-8-12.

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 community is in the process of interviewing licensed candidates for the Administrator position. At the present time, the community is being supported by Corporate and Regional staff members of Atria a minimum of 20 hours per week who meet at least one of the qualifications of an Administrator as described in Regulation 2600.53.

A qualified administrator will be present in the home and performing administrative duties an average of 20 hours or more per week.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Margaret C. Marner

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

MARGARET C. MARNER, (M)

Date

10/3/12

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

The above plan of correction is approved as of 10-4-12
(Date)

Plan of correction implementation status as of 10-4-12
(Date)

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

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

RECEIVED

Violation Report: 44284 - 08/22/2012 - Marini, Michael
PCH Name: ATRIA SOUTH HILLS

OCT 9 2012

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Western Field Office
Resident Abuse

2a. DESCRIPTION OF VIOLATION

Calcium chloride, with a manufacturer's label indicating, "If swallowed seek medical attention.", and hydrocide germicide, with a manufacturer's label indicating, "If swallowed see a physician.", were unlocked and accessible to residents. Residents of the home, including resident 1, were not assessed capable of recognizing and using poisons safely.

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.

A lock has been placed on the shed where the chemical calcium chloride was found. The hydrocide germicide will be kept in a locked cabinet in the Beauty Shop. The Maintenance, Housekeeping and Beauty Shop Staff will be in-serviced on the importance of safely storing all chemicals by 10/12/12. The Executive Director, or her designee, will monitor for continued compliance.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Margaret C. Marini*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *MARGARET C. MARINI, Jd* Date *10/3/12*

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(Date)

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(Date)

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(Initials)

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Violation Report: 44284 - 08/22/2012 - Marini, Michael
PCH Name: ATRIA SOUTH HILLS

OCT 3 2012

1. REGULATION 55 Pa.Code §2600
2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Western Field Office

2a. DESCRIPTION OF VIOLATION
The cement in the resident smoking area was cracked and uneven and increases the risk of tripping.

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 concrete in the Resident smoking area identified as cracked and uneven will be repaired by 10/15/12.
The Maintenance and Housekeeping Staff will be in-serviced on how they can assist with identifying any potential trip hazards by 10/12/12.
The Executive Director, or her designee, will monitor for continued compliance.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Margaret C. Marini*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *MARGARET C. MARINI, CEO* Date *10/3/12*

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The above plan of correction is approved as of <u>10-4-12</u> (Date)	Plan of correction implementation status as of <u>10-4-12</u> (Date)
The above plan of correction was approved by <u><i>JSP</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: 44284 - 08/22/2012 - Marini, Michael
PCH Name: ATRIA SOUTH HILLS

Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600
2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
On 8-22-2012 an unattended cleaning cart blocked egress from the home's emergency exit by room G-5.

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 cleaning cart identified as blocking the means of egress was immediately removed. The Maintenance and Housekeeping Staff will be in-serviced on the importance of keeping all stairways, hallways, doorways, passageways and egress routes free and clear of any and all obstructions by 10/12/12.
The Executive Director, or her designee, will monitor for continued compliance.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *MARGARET C. MATTHEW JCA* Date *10/3/12*

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The above plan of correction was approved by <i>[Handwritten Signature]</i> (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: 44284 - 08/22/2012 - Marni, Michael
PCH Name: ATRIA SOUTH HILLS

Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600
2600.130(f) - Smoke detectors and fire alarms shall be tested for operability at least once per month. A written record of the monthly testing shall be kept.

2a. DESCRIPTION OF VIOLATION
The home failed to keep documentation that smoke detectors and fire alarms were tested from September 2011 to March 2012 and during the month of July 2012.

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 smoke detectors and fire alarms will be tested for operability on a monthly basis. Documentation will be maintained by the Maintenance Director.
The Executive Director, or her designee, will monitor for continued compliance.

The home is currently using the Department's fire drill record to document the testing of the smoke detectors and fire alarms. JPP

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Margaret C. Marni, JED*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *MARGARET C. MARNI, JED* Date *10/3/12*

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

The above plan of correction is approved as of 10-4-12
(Date)

Plan of correction implementation status as of 10-4-12
(Date)

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

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

Violation Report: 44284 - 08/22/2012 - Manni, Michael
PCH Name: ATRIA SOUTH HILLS

1. REGULATION 55 Pa.Code §2600
2600.132(a) - An unannounced fire drill shall be held at least once a month.
Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION
The home failed to conduct fire drills from September 2011 to March 2012 and during the month of July 2012.

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 Community will conduct unannounced fire drills monthly.
The Executive Director, or her designee, will monitor for continued compliance.
The administrator will monitor all fire drills and the fire drill record to ensure a fire drill is conducted at least once a month and is documented on a fire drill record which includes all information required by 2600.132c
11-10-12 All staff persons will be educated on the fire drill requirements of 2600.132a and the required documentation of fire drills in 2600.132c. Documentation will be kept. JPP 10-4-12

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *MARLENE C. MANNI, WED* Date *1/13/12*

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The above plan of correction was approved by <u>JPP</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

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OCT 3 2012

Violation Report: 44284 - 08/22/2012 - Marini, Michael
PCH Name: ATRIA SOUTH HILLS

Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600
2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
After fire drills on 8-3-2011, 4-24-2012, 6-15-2012, 5-31-2012, 6-14-2012, and 8-17-2012 the home failed to record the following information on the fire drill log:

- evacuation time
- exits used
- the number of residents in the home at the time of the fire drill
- the number of residents evacuated
- the number of staff involved in the drill
- any problems encountered
- whether the smoke detector was activated

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.

All fire drills will record the date, evacuation time, exits used, the number of Residents in the home at the time of the fire drill, the number of Residents evacuated, the number of Staff involved in the drill, any problems encountered, whether the smoke detector was activated. The Maintenance Director will monitor the outcome of each drill and will complete and maintain the required documentation.

The Executive Director, or her designee, will monitor for continued compliance at least once a month. JPP 10-4-12

The home is documenting unannounced fire drills on the Department's fire drill log. JPP

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

Signature of Legal Entity Representative (Required on EVERY Page) *Margaret C. Marini*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *MARGARET C. MARINI, CEO* Date *10/3/12*

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The above plan of correction is approved as of 10-4-12 (Date)

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

Plan of correction implementation status as of 10-4-12 (Date)

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

Violation Report: 44284 - 08/22/2012 - Marini, Michael
PCH Name: ATRIA SOUTH HILLS

1. REGULATION 55 Pa.Code §2600

Western Field Office
Adult Residential Licensing

144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION

The umbrella and chairs in the resident smoking area and the umbrella in the staff smoking area were not flame retardant and there was a full laundry cart in the staff smoking area.

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.

Flame retardant umbrellas were immediately purchased and are in use in the designated smoking area of the Community. The chairs have been replaced with fire resistant furnishings.

The Executive Director, or her designee, will monitor for continued compliance on a weekly basis. *gdp*

All staff persons will be educated on the homes' policy and procedures for smoking areas and the prohibition of flammable materials in the designated smoking area. Documentation will be kept. 10-4-12 *gdp*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Margaret Marini*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *MARGARET MARINI, CEO* Date *10/3/12*

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

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The above plan of correction was approved by *gdp* (Initials)
Plan of correction implementation status as of 10-4-12 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

RECEIVED

001 3 2012

Violation Report: 44284 - 08/22/2012 - Marini, Michael
PCH Name: ATRIA SOUTH HILLS

1. REGULATION 55 Pa.Code §2600

Western Field Office
Adult Protective Services

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident 2's Novolog was opened and undated.

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 Novolog insulin that was identified as opened and undated was disposed of by the Resident Services Director. Staff will be In-serviced on the importance of dating all insulin upon opening by 10/5/12. Opened items will be checked for dates and will be documented on a log which will be maintained by the Resident Services Director. Staff will be In-serviced on this procedure by 10/5/12. The Executive Director, or her designee, will monitor for continued compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Margaret O'Malley*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *MARGARET O'MALLEY, CEO* Date *11/3/12*

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

The above plan of correction is approved as of 10-4-12 (Date)

Plan of correction implementation status as of 10-4-12 (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: 44284 - 08/22/2012 - Marini, Michael
PCH Name: ATRIA SOUTH HILLS

08 3 2012

1. REGULATION 55 Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

Western Field Office
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Resident 3 had an order to have his/her blood glucose tested 4 times daily. The home failed to test the resident's blood glucose at 11 AM on 8-2-2012 and 11 AM on 8-3-2012.

Resident 3 had an order for 10 units of Novolog twice daily. The home failed to administer the resident's Novolog at 4 PM on 8-3-2012.

Resident 3 had an order for Novolog with dosing on a sliding scale. At 9 PM on 8-4-2012 the resident's blood glucose was 280 ug/dl. The resident should have received 8 units but the home failed to administer any insulin.

Resident 3 had an order for 36 units of Lantus at bedtime. The home failed to administer the Lantus on 8-3-2012.

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.

A Diabetic MAR Binder was created and all information related to insulin orders as well as monitoring blood glucose readings will be maintained in this separate Binder. Staff will be in-serviced on the use of this Binder by 10/5/12.

The Executive Director, or her designee, will monitor for continued compliance.

11-10-12 All staff persons administering medication will be reeducated on administering medication including following the orders of the prescriber. Documentation will be kept.

A designated staff person will monitor the medication administration records (MAR) and the administration of resident medication daily for 1 month to ensure the orders of the prescriber is being followed. Documentation will be kept.

The administrator will monitor the MAR and the administration of residents' medication weekly for at least one month to ensure the orders of the prescriber is being followed. Documentation will be kept. 10-4-12 JJP

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/17/2011

Signature of Legal Entity Representative (Required on EVERY Page) *Mark Marini*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *MARK MARINI, JED* Date *10/3/12*

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

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Plan of correction implementation status as of 10-4-12 (Date)

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

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

3 2012

Violation Report: 44284 - 08/22/2012 - Marini, Michael
PCH Name: ATRIA SOUTH HILLS

1. REGULATION 55 Pa.Code §2600 .
2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral, topical, eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Western Field Office

2a. DESCRIPTION OF VIOLATION
Staff person A administered medications on 8-22-12 and 8-24-12. Staff person A completed the Department-approved medications administration course on 3-23-2010 but has not completed the annual practicum since the initial training.

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 employee identified as having not completed the required annual practicum has been scheduled for training on 10/23/12 and will not pass medications until the training is complete. The Resident Services Director has developed a spread sheet to monitor the required annual practicum and quarterly reviews for Staff.
The Executive Director, or her designee, will monitor for continued compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Margaret C. Marini

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

MARGARET C. MARINI (ED)

Date

10/2/12

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(Date)

Plan of correction implementation status as of 10-4-12
(Date)

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

- Fully Implemented
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OCT 3 2012

Violation Report: 44284 - 08/22/2012 - Marini, Michael
PCH Name: ATRIA SOUTH HILLS

Western Field Office
Adult Residential Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - 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.

2a. DESCRIPTION OF VIOLATION

Resident 4's documentation of medical evaluation dated 3-8-2012 indicated the resident had anxiety, depression with suicidal ideation, dementia, and Obsessive Compulsive Disorder. The resident's support plan dated 8-7-2012 did not address the resident's behavioral health needs associated with these conditions.

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.

All Support Plans will include documentation on how to meet the Residents needs. Resident #4's Support Plan has been updated and is attached.

The Executive Director, or her designee, will monitor for continued compliance.

10-11-12

All staff persons completing support plans will be educated regarding the completion and accuracy of the document including the documentation of each residents care, needs and services. Documentation of the training will be kept.

The administrator or designated staff person will review all newly completed resident support plans to ensure completion and accuracy including each residents care, needs and services. 10-4-12 JJP

Repeat Violation: Yes

Date(s) of Previous Violation(s):

08/17/2011

Signature of Legal Entity Representative
(Required on EVERY Page)

Theresa Marini

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

MARLENE C. MARINI, O.D.

Date

10/3/12

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(Date)

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(Date)

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JJP
(Initials)

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