

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MORRIS-PACE ASSISTED LIVING INC
LEGAL ENTITY

To operate MORRIS-PACE PERSONAL CARE
NAME OF FACILITY OR AGENCY

Located at 416 READING AVENUE, WEST READING, PA 19611
(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 63
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 February 21, 2013 until August 21, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 215901

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



CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: FEB 21 2013

Mr. Nathaniel D. Pace, Administrator
Morris-Pace Assisted Living, Inc.
Morris-Pace Personal Care
416 Reading Avenue
West Reading, Pennsylvania 19611

Dear Mr. Pace:

As a result of the Department of Public Welfare’s (Department) licensing inspection on December 14, 2012 of the above personal care home, the violations specified on the enclosed Violation Report were found.

A PROVISIONAL license is being issued based on the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

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 Human Services Licensing so that compliance can be verified.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
141a1	III	63	\$3	\$189	15 calendar days from mailing date of this letter
227a	III	63	\$3	\$189	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

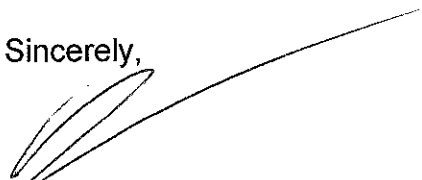
No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Public Welfare
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.



Sincerely,



Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: MORRIS PACE PERSONAL CARE		License Number:
Address: 416 READING AVE., WEST READING, PA 19611		County: Berks
Administrator: Nathan Pace		Region: NORTH
Legal Entity Name: Morris Pace Assisted Living Inc.		
Legal Entity Address: 416 Reading Ave., West Reading, PA 19611		
Certificate(s) of Occupancy Other 08/28/2007 West Reading Borough		
Staffing Hours Resident Support: 63 Total Daily Staff: 126 Waking Staff: 95		
Type of Inspection: Full		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 12/14/2012: Yellenic, Cindy; Hummel, Jesse		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 63 Number of Residents Served: 63 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: 		Number of Residents who: 

Violation Report: 21590 - 12/14/2012 - Yellenic, Cindy
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

The criminal background check for Direct Care Staff Person A, hired 9/3/2012, indicates this employee was convicted of a prohibitive offense and therefore is ineligible to work at the personal care home.

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

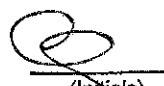
1/21/13

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.

This regulation protects the health, welfare & safety of our residents. Criminal background was completed, however, I wasn't aware of which code is prohibitive. My records keeper downloaded the list and now I have what I need to prevent this from happening again. Staff Person "A" was terminated 12/22/12 by [redacted] after I rec'd a phone call from Inspector notifying M-P of this violation. Now that I have the list, I can insure that I won't have this again, I will compare my list with any background check and act accordingly. If I'm not sure, I will contact D/PW for assistance.

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
Nathaniel S. Pace		1/21/13

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

The above plan of correction is approved as of <u>02-01-13</u> (Date)	Plan of correction implementation status as of <u>02-01-13</u> (Date)
The above plan of correction was approved by  (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: 21590 - 12/14/2012 - Yellenic, Cindy
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Person B received only 6 hours of annual training in training year 2011.
 Direct Care Staff Person C received only 6 hours of annual training in training year 2011.
 Direct Care Staff Person D received only 10 hours of annual training in training year 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.

1/21/13

Training is important to ensure the Knowledge and Skills are current. I, as the Administrator, overlooked these training. I must make better checks when scheduling these training so all staff are present. I've contacted ET Consultants to handle these training, they will be completed by 2/20/13. I, as the Admin. must check the training against my staffing list, this will give me a better view of who has missed and who has taken the training. I am the responsible person to keep all staff trained on time. Adm will send a copy of the training check list for review

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

Signature of Legal Entity Representative (Required on EVERY Page) *Nathaniel S. Pace*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *NATHANIEL S. PACE* Date *1/21/13*

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

The above plan of correction is approved as of <u>2-1-13</u> (Date)	Plan of correction implementation status as of <u>2-1-13</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21590 - 12/14/2012 - Yellenic, Cindy
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

On 12/14/12 at 4:00pm Department Representatives exited through the door adjacent to room A-5. The door is utilized as the emergency egress route from the first floor of the facility down two sets of stairs to the exit door leading to the rear of the building. The fluorescent lighting fixture located in the ceiling of the hallway is inoperable and therefore does not provide sufficient lighting for residents and or staff to safely evacuate down the stairs and exit the building in the event of an emergency.

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

12/15/12

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 lighting in all areas must be lit to prevent any hazards. Staff (All) are required to notify and document any/all hazardous situations in and around building. This is done by writing in our "daily notes" that checked daily by office manager & Admin. All staff can/should replace bulbs as they burn out. Staff is required to make weekly checks of all stairwells on Fridays, the day that staff isn't so busy. Office Manager, while making room checks, will also check all stairwells, if any lights are out, they will be replaced immediately. Admin must submit office manager's weekly room check tool for review. 02-21-13

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

Signature of Legal Entity Representative (Required on EVERY Page) *Nathaniel S. Pace*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nathaniel S. Pace* Date *1/21/13*

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Violation Report: 21590 - 12/14/2012 - Yellenic, Cindy
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

On 12/14/12 at 4:15pm Department Representatives measured the hot water temperature at the sink located in the kitchenette in the D wing of the home. The hot water temperature measured 146.6 degrees Fahrenheit.

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

1/21/13

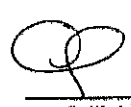
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Hot water above 120° is harmful to residents. This faucet is attached to the kitchen hot water tank. There is no way to disconnect it or turn it down. I removed the handle (see attached), turned off both hot water valves under sink, and sealed the cabinet with screws. This will ensure that no hot water can/will be used. Cold water is use-able only. All staff, while doing our housekeeping, will check the cabinet for security/confinement. This is the only kitchenette connected to the kitchen.

Admin will post signage @ this sink that it is not for food prep or cleaning. 2-1-13

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
Nathaniel S. Pace		1/21/13

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The above plan of correction was approved by  (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: 21590 - 12/14/2012 - Yellenic, Cindy
 PCH Name: MORRIS PAGE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The telephone, located in the 1st floor hallway, does not have emergency service numbers posted on or near this phone.

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

12/15/13

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.

Emergency Contact numbers are to be posted to help residents when a need arises. On 12/15/13
 Emergency contacts were re-attached to tables as required.
 All staff should/will be checking for these contact numbers on tables when residents have their phones located. I remind staff that these numbers MUST be present at all times. Office manager shall make sure these numbers are attached to tables. I also instructed residents not to remove. If a resident wants one, well we will supply it. (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
Nathaniel J. Pace		12/21/13

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

The above plan of correction is approved as of <u>1-13</u> (Date) Adm must submit for use by Office Manager for review.	Plan of correction implementation status as of <u>2-1-13</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21590 - 12/14/2012 - Yellenic, Cindy
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

The door by the 1st floor bulletin board, identified as GH door, has nine panes of glass in it. Three of the nine panes of glass are cracked across the middle of the pane.

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.

This cracked glass could harm a resident, glass was ordered. Glass company finally brought in and replaced the cracked glass as identical as GH. 1/12/13 It was a special order. I ask my staff to be aware and report any/all hazardous conditions. Staff informed me and I called Glass Company. All staff are responsible to keep our resident safe, this includes reporting any/all broken items in and around facility. Office manager & Admin will check daily log daily, then promptly make repairs. Adm will submit + date logs used by Office Manager/Adm for review.

OR 2-1-13

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Nathaniel Pace</i>
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date 1/21/13

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

The above plan of correction is approved as of <u>2-1-13</u> (Date)	Plan of correction implementation status as of <u>2-1-13</u> (Date)
The above plan of correction was approved by <u><i>Q</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21590 - 12/14/2012 - Yellenic, Cindy
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The first floor laundry room has a dryer that does not work and it has a piece of heavy guage wire for a handle. The end of the wire has a sharp edge that sticks out and poses a possible hazard for those who use the washer next to this dryer.

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

12/15/12

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.

Wire was removed the day of my inspection. This could have been a serious issue, once reported to me, I removed it. I will continue to instruct all staff to be mindful of these kinds of hazards and report them by writing them in our daily report log that is checked everyday. It will be the office manager & Admin. to check daily log and have repairs done promptly.

Admin will submit the Daily Log checklist used by the home's office manager for review.

2-1-13

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
Nathaniel S. Pace		1/21/13

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Violation Report: 21590 - 12/14/2012 - Yellenic, Cindy
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.102(j) - Towels and washcloths shall be in the possession of the resident in the resident's living space unless the resident has access to the home's linen supply.

2a. DESCRIPTION OF VIOLATION

On 12/14/12 at 10:00am, Department Representatives observed two green washcloths hanging inside the shower of the common bathroom adjacent to room C-4. Neither wash cloth was labeled with a resident's name.

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

12/15/13

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.

Wash clothes, towels, or any other personal are not to be left in any public rest room. All staff are required to remove these items when found, they take them into wash areas and laundered. If a resident reports that these items were removed from bathroom, All staff will remind residents to remove their items once they have finished. We don't want items shared between residents, this causes a health risk. Over night staff check all public baths for compliance. Adm will submit the tool

used by night shift staff to measure compliance. Tool must be initialed & dated by staff performing these checks.

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Nathaniel Pace

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

Nathaniel D. Pace Date 1/21/13

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

The above plan of correction is approved as of 2-1-13
 (Date)

Plan of correction implementation status as of 2-1-13
 (Date)

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

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

Violation Report: 21590 - 12/14/2012 - Yellenic, Cindy
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

Located in the double door refrigerator in the kitchen area, was on a partial 1 pound of butter which was not wrapped, sealed, or dated.

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

12/15/12

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 food, opened from original container, must be dated and re-sealed for compliance. Kitchen staff, Day staff, Evening, & overnight staff are all responsible to see that this is done daily. [Redacted] will be making daily checks. Kitchen staff is directed to label, date, & seal all items in refrigerator so that all foods are safe for consumption. Adm will oversee the completion of a checklist to be used by kitchen staff. Tool will be used daily, initialed & dated by staff person performing the task. Adm will submit this checklist to NE Regional office for review.

2-1-13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Nathaniel Pace

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

Nathaniel S. Pace

Date

1/21/13

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

The above plan of correction is approved as of 2-1-13
 (Date)

Plan of correction implementation status as of 2-1-13
 (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: 21590 - 12/14/2012 - Yellenic, Cindy
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

Located on a shelf, next to the stove was a 1/2 gal. jug of Soy Sauce, with an expiration date of 10/28/12.

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

12/15/12

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 outdated foods are to be thrown out once they have met their expiration. Kitchen staff must make better checks on this issue. [redacted] will ensure that M-P meets this regulation, he will be making periodic checks. Kitchen staff are required to clean out refrigerator weekly and dispose of all/any outdated items. Adm or designee will implement the use of a checklist to implement daily checks of this regulation. Employee doing the compliance check will initial & date the log. Adm will send a copy of this tool to the NE Regional Office for review.

12-13

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
Nathaniel J Pace		1/21/13

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

The above plan of correction is approved as of <u>1-13</u> (Date)	Plan of correction implementation status as of <u>1-13</u> (Date)
The above plan of correction was approved by (Initials)	<input type="checkbox"/> Fully Implemented
	<input type="checkbox"/> Partially Implemented - Adequate Progress
	<input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress
	<input type="checkbox"/> Not Implemented

Violation Report: 21590 - 12/14/2012 - Yellenic, Cindy
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the facility on 8/28/12. The home did not have a medical evaluation completed for the resident until 9/30/12 which is not within 30 days of the resident's admission date as required.

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.

1/21/13

All admission documents must be completed in a timely manner. Administrator is responsible to make sure all documents are completed in a timely fashion. M-P request that med eval be completed "prior" to admission. This wasn't the case for resident 1. I will ask my office manager and records person to double check behind me to prevent this from happening again. If any document is NOT completed upon arrival, the necessary supports shall be called to get them completed immediately. The home will develop a checklist of all required forms for every resident record. Staff person will fill in all required dates for required items. Initial & date upon completion of each. Adm will perform an audit of all req. med evals to insure current compliance and also going forward.

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/06/2011

Signature of Legal Entity Representative (Required on EVERY Page) *Nathaniel Dale*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nathaniel Dale* Date *1/21/13*

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

The above plan of correction is approved as of 2-1-13 (Date)

Plan of correction implementation status as of 2-1-13 (Date)

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

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

Violation Report: 21590 - 12/14/2012 - Yellenic, Cindy
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Person E's med administration certification expired on 11/13/12 and has not completed the annual Department-approved medications administration practicum. This staff person has been administering medications to residents without the proper training.

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

12/18/12

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 med staff must meet all required training to administer medication. [Redacted] is responsible for making sure all Med Staff are trained properly. This was an oversight. I will continue to make my monthly inspection of staff med training to ensure this regulation. Staff person "E" is completed this training. Adm or designee must develop an employee tracking form w/ required elements and dates. Adm or designee must audit all direct care staff records to insure current compliance. Logs or tracking sheets must be reviewed by NERO

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

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The above plan of correction is approved as of 2-1-13
 (Date)

Plan of correction Implementation status as of 2-1-13
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 21590 - 12/14/2012 - Yellenic, Cindy
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed a bottle of Advil Liqui-Gels unlocked and accessible. The medication was located on the dresser inside of resident room D-4.

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

1/21/13

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.

OTC medications are not allowed in residents rooms unless they are in a locked container and Sr. is aware of med, this could cause a medical need to another resident. Resident bought med w/o informing staff. M-P holds all meds, OTC & prescribed, in MED cart. OTC was removed from resident's room. [Redacted] was notified. M-P reminds all residents that this can not happen w/o Sr's order and all meds must be kept in med room. All staff will continue to enforce regulation by making weekly room checks and report any problems.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Nathaniel Pace*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nathaniel Pace* Date *1/21/13*

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

The above plan of correction is approved as of *1-1-13* (Date)
 Documentation of weekly room checks one to be maintained for review by dept.

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

Plan of correction implementation status as of *2-1-13* (Date)

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

Violation Report: 21590 - 12/14/2012 - Yellenic, Cindy
 PCH Name: MORRIS PACE PERSONAL CARE

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

Resident #1 is prescribed Advair 250/50, 1 puff two times a day. Betamethasone VA Cream 0.1%, apply to affected area two times daily. Combivent Inhaler, 2 puffs four times a day. These medications were not initialed and or documented on the resident's Medication Administration Record from 12/1/12 through 12/13/12. The MAR was blank for these days.
 Resident #3 is prescribed Hydrocortisone Cream 2.5% apply to rash two times per day. Triamcinolone Act 0.1% Cream apply to affected area three times per day. These medications were not initialed and or documented on the residents Medication Administration Record from 12/1/12 through 12/13/12. The MAR was blank for these days.

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

1/21/13

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 meds that Med Staff must be signed out. Inhaler, Inhaler, & Creams are administered by resident, not med staff. Once these items are handed to residents, they administer, then hand back for storage. M-P has a policy in place for this regulation. If need be, M-P shall have all residents sign out all Creams & Inhalers when they administer these meds, this way regulation can be met. Admins should create document & make checks.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Nathaniel Pace

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

Nathaniel Pace

Date 1/21/13

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

The above plan of correction is approved as of 2-1-13
 (Date)

Plan of correction implementation status as of 2-1-13
 (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: 21590 - 12/14/2012 - Yellenic, Cindy
PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident #4 is prescribed the following medications, Flonase nasal spray .05% two sprays in each nostril once daily for allergies. ADVAIR 100/50 one puff two times daily for breathing. These medications are not available at the home for Resident #4.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) 1/21/13
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 medication must be in facility for compliance. Resident has not asked for this medication nor has had any complaints about not receiving these meds. M-P has called [redacted] requesting information and instruction. [redacted] request requested that if a resident is refusing, not asking, or wants any med, call him and he will make the decision on whether to re-order or discontinue. All medication are re-ordered on a weekly basis. [redacted] shall make weekly checks to ensure all meds are in facility. Med steps are instructed to notify [redacted] if a resident refuses, runs out of, or doesn't want any med, will make the call to Dr.

Repeat Violation: No Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) *Nathaniel Pace*
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nathaniel Pace* Date *1/21/13*

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

The above plan of correction is approved as of 2-1-13 (Date)
Weekly checks records as to be initiated & dated by staff performing them. Records as to be maintained on home for review by Dept.
The above plan of correction was approved by *[Signature]* (Initials)

Plan of correction implementation status as of 2-1-13 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 21590 - 12/14/2012 - Yellenic, Cindy
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed the following medications, Flonase nasal spray .05% two sprays in each nostril once daily for allergies. ADVAIR 100/50 one puff two times daily for breathing. These medications were not administered to the resident as prescribed on 12/14/12 due to the medication not being available at the facility. The home did not notify the resident, the resident's designated person, or the prescribing physician of these medications errors.

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

1/21/13

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 medications must be in facility for compliance. Resident will be notified if any medication are not in facility by Med nurse. When medication is not available, this is a med error and must be reported to Admin, ^{Resident + Physician} [redacted] + Sw. Med Staff. [redacted] must complete an incident report immediately and fax to Dept. All meds are re-ordered on a weekly basis [redacted] shall make checks to ensure Med Staff are instructed to notify [redacted] if resident refuses, runs out of, or doesn't want any med; [redacted] will then contact Dr. for instruction, then check incident report for compliance.

2-1-13

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	1/21/13

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

The above plan of correction is approved as of <u>2-1-13</u> (Date) Admin or designee will perform weekly med cart audits to insure required meds & treatments are on hand as ordered. Documentation will be kept. The above plan of correction was approved by <u>[Signature]</u> (Initials)	Plan of correction implementation status as of <u>2-1-13</u> (Date) <ul style="list-style-type: none"> <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 21590 - 12/14/2012 - Yellenic, Cindy
 PCH Name: MORRIS PAGE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #5 was admitted to the facility on 3/9/12. The preadmission screening completed for the resident is not dated when it was completed and is also not signed by the person that completed the screening.
 Resident #6 was admitted to the facility on 7/19/12. The preadmission screening for this resident was completed on 5/15/12 which is more than 60 days prior to the resident's admission date.

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.


12/15/12

For admit screening must be completed ^{30 day} prior to admittance.
 M-P is responsible to check and make sure all areas are completed properly. Office Manager shall inspect all document prior to admittance, then Admin will make final inspection to ensure ~~compliance~~ compliance. M-P will be checking for dates + signatures upon receiving application. If missing, contact referral source for completion. Documentation of these reviews by the office manager will be initialed & dated by employee. These records will be maintained by the nurse and provided to Dept for review. Adm or designee will perform audit on all current residents to insure compliance.

2-1-13

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
Nathaniel J. Pace		1/21/13

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The above plan of correction is approved as of <u>2-1-13</u> (Date)	Plan of correction implementation status as of <u>2-1-13</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21590 - 12/14/2012 - Yellenic, Cindy
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.224(c) - The preadmission screening shall be completed by the administrator or designee.

2a. DESCRIPTION OF VIOLATION

The preadmission screening dated 8/16/12, for Resident #1, admitted 8/28/12, was completed by a Physician [redacted] who is not a representative of a referral agency.

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.

12/15/12

Pre admit screening was completed by Spence Manor, a nursing facility that resident 1 resided. Social Services was supposed to complete. Dr. [redacted] was the prescribing Physician for all therapy's & meds. M-P should have checked the signature. Office manager shall make every effort to check signatures and dates for ~~correct~~ compliance. M-P shall also inform Social Services that Dr's are not to complete Pre-Admit screening. Office Manager shall check to ensure. A checklist of all resident & word required forms will be maintained & completed. These reviews will be conducted for all existing residents, and all new residents going forward. Documentation of these reviews will be maintained on the home and provided to Dept for review. ER 2-1-13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Nathaniel S. Pace

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

Nathaniel S. Pace

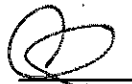
Date

1/21/13

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The above plan of correction is approved as of 2-1-13
 (Date)

Plan of correction implementation status as of 2-1-13
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 21590 - 12/14/2012 - Yellenic, Cindy
PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.225(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.

2a. DESCRIPTION OF VIOLATION

Resident #6 was admitted to the facility on 7/19/12. The resident assessment was completed on 8/9/12 which is not within 15 days of the resident's admission to the facility.
The assessment completed for Resident #6 dated 8/9/12 does not include the resident's level of supervision if any is required.
Resident #1 was admitted to the facility on 8/28/12. The resident's assessment was completed on 9/14/12, which is not within 15 days of the resident's admission date.
Resident #5 was admitted to the facility on 3/9/12. The home did not complete an assessment of the resident's personal care needs within 15 days of the resident's admission date as required. The most recent assessment completed for Resident #5 was completed on 10/5/12.

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

1/21/13

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.

Morris Pace nurse make sure that all required forms are completed in a timely fashion. Records keeper must inform Admin of any deadlines on documents. Admin must inform Records keeper of all new admits and their dates of arrival/admission; this shall ensure all documents are completed on time. Office manager will work closely with records keeper to ensure compliance. Records keeper has developed a list informing Office Manager of upcoming ~~forms~~ deadlines to meet this regulation. Documentation of records review will be provided to Dept. All current assessments must be reviewed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Nathaniel Pace

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

Nathaniel S. Pace

Date

1/21/13

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The above plan of correction is approved as of 2-1-13
(Date)

Plan of correction implementation status as of 2-1-13
(Date)

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

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

Violation Report: 21590 - 12/14/2012 - Yellenic, Cindy
 PCH Name: MORRIS PAGE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #5 was admitted to the facility on 3/9/12. The home did not complete a support plan to indicate how the needs of the resident would be met by the care provided by the home as required within 30 days of the resident's admission to the facility. The most recent support plan completed for Resident #5 was completed on 10/5/12.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) 1/21/13

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.

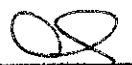
All documents are to be kept in the residents chart for 3 years, I believe my old office manager took it out and replaced it with a revised assessment/support plan after the resident had a reportable incident completed. This should not have happened!! I have instructed my current office manager to NEVER throw out anything from residents chart unless I ok it. I'm responsible for this and I will be making checks with my records keeper so we are in compliance. Adm or designee will develop & implement a checklist that includes all required resident record forms. A current resident records will be checked for compliance. All new resident records going forward will follow this model. Stop person measuring compliance and initial & date document upon measuring compliance. Records need to be retained for review by Dept.

Repeat Violation: Yes Date(s) of Previous Violation(s): 12/06/2011

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Nathaniel D. Pace Date 1/21/13

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The above plan of correction is approved as of <u>2-1-13</u> (Date)	Plan of correction implementation status as of <u>2-1-13</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21590 - 12/14/2012 - Yellenic, Cindy
PCH Name: MORRIS PACE PERSONAL CARE

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
The medical evaluation completed for Resident #7 dated 2/1/12 states the resident has a diagnosis of COPD, HTN, Hypothyroidism, Chronic Constipation, Urinary Stress, Incontinence, Hyperlipidemia, Schizophrenia, and Bipolar Disorder. These Medical and Psychological Disorders are not indicated on the resident's support plan, or how the home plans on meeting the resident's specific needs pertaining to each diagnosis.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) 1/26/13
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 diagnosis are to be included in support plan with the steps to meet the need of resident. I spoke to my records keeper, he has been instructed to make sure the diagnosis are included in personal/support plan. Again will make periodic checks to ensure compliance. I shall have my records keeper re-do the support plan on 1/25/13 and I will attach the completed document.
"Records keeper" will be implemented to include all required resident records. Home will audit all existing records to insure compliance documentation. All new residents going forward will have correct, complete support plans. Home will develop & implement a process to measure compliance. Documentation will be retained and reviewed on 1/26/13

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 1/24/13

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

The above plan of correction is approved as of 2-1-13 (Date)
The above plan of correction was approved by [Signature] (Initials)
Plan of correction implementation status as of 2-1-13 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 21590 - 12/14/2012 - Yellenic, Cindy
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

The support plan for Resident #5 dated 10/5/12 is not signed by the resident. The support plan indicates that the resident did in fact participate in the development of the support plan.
 The support plan for Resident #2 dated 4/27/12 is not signed by the resident. The support plan indicates that the resident did in fact participate in the development of the support plan.

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.

1/21/13

All documents that must be signed, shall be signed while resident & records keeper are completing, not when document are given to Admin for inspection. This way resident doesn't have to come back into office to sign, while I'm signing too. Residents don't like to sit that long to complete these documents. However, we must do better at re-directing the resident to sit through the completion and not walk in + out. The office manager will be checking behind me to be sure of compliance.

Adm or designee will develop & implement a protocol to review S.P. process, to insure documentation participation and signature process. Documentation of these efforts will be retained on the home and presented to Dept for review.
 [Signature] 2-1-13

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) Nathaniel J. Ace Date 1/21/13

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

The above plan of correction is approved as of 2-1-13 (Date)

Plan of correction implementation status as of 2-1-13 (Date)

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

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