



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**JUL 19 2013**

Mr. John Ardente, Executive Director  
Evangelical Manor, Inc.  
Wesley Enhanced Living at Evangelical Manor  
8401 Roosevelt Boulevard  
Philadelphia, Pennsylvania 19152

Dear Mr. Ardente:

As a result of the Department of Public Welfare's licensing inspection on March 12, 2013, 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.

Your regular license for the period of June 2, 2013 to June 2, 2014 was issued on May 13, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky  
Director

Enclosure  
Violation Report

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

PCH Name: Wesley Enhanced Living at Evangelical Manor		License Number: 17638
Address: 8401 Roosevelt Blvd, Philadelphia, PA 19152		County: Philadelphia
Administrator: Kimberly McIlhenny, LPN		Region: SOUTHEAST
Legal Entity Name: Evangelical Manor, Inc		
Legal Entity Address: Wesley Enhanced Living at Evangelical Manor, Philadelphia, PA 19152		
<b>Certificate(s) of Occupancy</b> Other 12/17/1982 Philadelphia L & I		
<b>Staffing Hours</b>		
Resident Support:	Total Daily Staff: 29	Waking Staff: 22
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 03/12/2013: Adams, Patricia; Scharpf, Amy		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 50 Number of Residents Served: 18 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 1		<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 18 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 11 Have a Physical Disability: 0

Violation Report: 17600 - 03/12/2013 - Adams, Patricia FCH Name: Wesley Enhanced Living at Evangelical Manor	
1. REGULATION 88 Pa. Code §2600 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.	
2a. DESCRIPTION OF VIOLATION On 3/12/13, a copy of 88 Pa. Code Chapter 2600 was posted in a locked cabinet on the third floor of the home.	
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.	
<p>As of 3/12/2013, the lock was removed from the case/bulletin board. This information can now be viewed at any time in accordance with regulation 2600.3(c).</p>	
Report Violation No	Date(s) of Previous Violation(s)
Signature of Legal Entity Representative (Required on EVERY Page) <i>Kimberly McIlenny</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>John Ardente, McIlenny</i> Date <i>6/3/13</i>	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <i>6/13/13</i> (Date)	Plan of correction implementation status as of <i>6/13/13</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 17080 - 06/12/2013 - Adams, Patricia  
 PCH Name: Wesley Enhanced Living at Evangelical Manor

1. REGULATION OR Pa.Code §2600  
 2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION  
 On 6/12/13 at 10:15am the Department requested records. The home did not provide the records requested until after 10:51am.

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.

Personal Care Administrator produced the Wesley Enhanced Living PC Policies and Procedures manual. Upon inspector's revision, the Manual was outdated and insufficient. The Personal Care Administrator had to then print the updated manual off of our share drive. The server was down and IT was called to repair. It was finally printed and presented at 10:51am.

Personal Care Administrator has printed the updated Policy and Procedure manual. There is a copy in administrator's office as well as on the PC Unit. PC administrator will now print the manual as it is updated and replace in binder to keep in compliance with regulation 2600.5(a)

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kimberly McIlhenny* Date *6-3-13*

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The above plan of correction is approved as of *6/13/13*  
 (Date)

Plan of correction implementation status as of *6/13/13*  
 (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: 17038 - 06/12/2013 - Adams, Patricia  
PCH Name: Wesley Enhanced Living at Evangelical Manor

1. REGULATION 68 Pa.C.S. §2800  
2800.28(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION  
The home did not have documentation to indicate that it has implemented it's quality management 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.

Wesley Enhanced Living has a policy that coincides with this regulation regarding Quality Management. We meet quarterly to discuss the listed topics. Personal Care Administrator has printed the items that are reviewed and they are now kept in a binder in Administrator's office. PC Administrator will update the binder after each quarterly meeting.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Kimberly McIlhenny*

Printed Name and Title of Legal Entity Representative      Date  
(Required on EVERY Page) *Kimberly McIlhenny*      *6-3-13*

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Violation Report: 17638 - 06/12/2013 - Adams, Patricia  
 FCH Name: Wosley Enhanced Living at Evangelical Manor

**1. REGULATION 65 Pa. Code §2800**  
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:  
 (1) Resident rights.  
 (2) Emergency medical plan.  
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (36 P.S. §§ 10225.101-10226.0102).  
 (4) Reporting of reportable incidents and conditions.

**2a. DESCRIPTION OF VIOLATION**  
 Direct care staff persons A and B did not receive orientation in the following:  
 (1) Resident's rights.  
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act.

**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.*

Resident Rights Training and OAPSA Training have been added to the new hire orientation and the Community orientation (Attached). These training days are always done within the first 40 hours of training in accordance with Regulation 2600.65(b). HR representative and PC Administrator will ensure that all training is complete within the first 40 hours of hire.

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Kimberly McIlhenney</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kimberly McIlhenney</i>	Date <i>6-3-13</i>
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Violation Report: 17636 - 03/12/2013 - Adams, Patricia  
 PCH Name: Wesley Enhanced Living at Evangelical Manor

**1. REGULATION 56 Pa.Code §2800**  
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

**2a. DESCRIPTION OF VIOLATION**  
 Direct care staff persons A and B did not receive training in Fire safety and The Older Adult Protective Services Act during training year 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.

PC administrator, Facilities Director, and Executive Director attended the Fire Safety "Train the Trainer" course on 4/15/2013 (attached). We are now incorporating this into our yearly training of all direct care staff at Wesley Enhanced Living. This training will be tracked by PC administrator, Human Resources and Facilities Director.

OAPSA training (attached) has also been incorporated into our yearly training for direct care staff.

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

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Violation Report: 17838 - 03/12/2013 - Adams, Patricia POH Name: Wesley Enhanced Living at Evangelical Manor	
1. REGULATION 58 Pa.Code §2009 2600.86(a) - Sanitary conditions shall be maintained.	
2a. DESCRIPTION OF VIOLATION On 3/12/13 there was an over powering smell of urine in room M420.	
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.	
<p>Resident in room M420 was prescribed a new medication on 3/2/13 which resulted in incontinence. This resident has now been moved to our Skilled Nursing Facility for incontinence needs. Personal Care and Housekeeping staff members have been retrained on the importance on maintaining the sanitary conditions in the home.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Kimberly M. Henney</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kimberly McIlhenney</i>	Date <i>6-3-13</i>
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**Violation Report:** 17638 - 03/12/2013 - Adams, Patricia  
**PCH Name:** Wesley Enhanced Living at Evangelical Manor

**1. REGULATION 55 Pa.Code §2600**  
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

**2a. DESCRIPTION OF VIOLATION**  
 The trash can located in the 3rd floor kitchen does not have a lid.

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

Dining Management ordered the proper lid to the trash receptacle. It has been delivered and is currently being used in the dining room. Dining Management will continue to monitor the condition of the lid and replace as needed. Spare Trash Bin Lid has also been purchased in the instance the current one breaks.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Kimberly McHenry* Date *6-3-13*

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**Violation Report:** 17638 - 03/12/2013 - Adams, Patricia  
**PCH Name:** Wesley Enhanced Living at Evangelical Manor

**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 emergency service numbers posted near the telephone located in the dining room on the third floor does not include numbers for the nearest hospital, police department, fire department, poison control, local emergency management and personal care home complaint hotline.  
 - The fourth floor hall telephone does not have emergency service numbers posted nearby.

**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.*

As of 3/12/13, stickers with all the necessary information have been place on all hallway phones that have an outside line and are licensed for PC services. This will ensure that we are consistently in compliance with regulation 2600.91.

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

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 (Required on EVERY Page) *Kimberly McIlhenny* Date *6-3-13*

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Violation Report: 17838 - 03/12/2013 - Adams, Patricia  
PCH Name: Wesley Enhanced Living of Evangelical Manor

1. REGULATION 58 Pa.Code §2600  
2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION  
The home's emergency procedures are not posted in a conspicuous and public place.

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.

On 3/12/13 the Emergency Preparedness Procedures were in an enclosed bulletin board that was locked. The lock was removed that day so that the material on that board will always be accessible, in compliance with 2600.123(b)

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kimberly McHenry*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kimberly McHenry* Date *6-3-13*

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Plan of correction implementation status as of *6/13/13* (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 17038 - 03/12/2013 - Adams, Patricia PCH Name: Wesley Enhanced Living at Evangelical Manor	
1. REGULATION 66 Pa.Code §2609 2609.141(b)(1) - A resident shall have a medical evaluation at least annually.	
2d. DESCRIPTION OF VIOLATION Resident # 1, admitted 11/16/09, last medical evaluation was completed in 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.	
<p>Medical Evaluation was completed on 10/27/12 for [REDACTED] according to nurse's notes. As of March 2013, PC Administrator has scanned and saved all medical evaluations to her computer. This will ensure that we always have an electronic back up for our Medical Evaluations.</p>	
Repeat Violation No	Date(s) of Previous Violation(s)
Signature of Legal Entity Representative (Required on EVERY Page) <i>Kimberly M. Henney</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kimberly M. Henney</i> Date <i>6-3-13</i>	
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Violation Report: 17638 - 03/12/2013 - Adams, Patricia  
 POH Name: Wesley Enhanced Living at Evangelical Manor

1. REGULATION 55 Pa.Code §2807  
 2600.161(b) - At least three nutritionally well-balanced meals shall be offered daily to the resident. Each meal shall include an alternative food and drink item from which the resident may choose.

2a. DESCRIPTION OF VIOLATION  
 On 3/12/13 (his home did not offer an alternative food or drink item for lunch meals served on Monday through Thursday.

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.

There is now an always available alternate menu posted on the floor by the entrance of the dining room. This list will be discussed with the residents at the next scheduled dining committee meeting. Dining staff will refer to this menu if a resident is not interested in any food items on the menu for that meal.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kim McIlhenney* Date *6-3-13*

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Violation Report: 17838 - 03/12/2013 - Adams, Patricia PGH Name: Wesley Enhanced Living at Evangelical Manor	
1. REGULATION 56 Pa. Code §2000 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.	
2a. DESCRIPTION OF VIOLATION The home did not post weekly menus in advance as required. On 3/12/13, at 10:00 am, the only menu posted was for that day.	
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 cycle has been posted on our PC unit. Dining Management has ordered a new display case for the cycle menu. The menu will be visible for all residents to see and any time in accordance with regulation 2600.162(c).	
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Violation Report: 17838 - 03/12/2013 - Adams, Patricia  
 PCH Name: Wesley Enhanced Living at Evangelical Manor

**1. REGULATION 69 Pa.Code §2800**  
 2800.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**  
 The medication administration record for resident # 2 does not include a diagnosis for the administration of Kayexalate 169/80.

**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.

Medication (Kayexalate) is used as an alternative to dialysis treatment. This is now documented in MAR. PC Nurse conducts MAR reviews weekly and 11-7 staff member conduct MAR reviews monthly for all residents. As of 3/15/13, PC Aide (Lead Role), now reviews medication administration records monthly (and documents) as well to ensure that it meets the standard as specified in 2600.187(a).

Repeat Violation No	Date(s) of Previous Violation(s)	
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Kimmilhenney		6-13-13
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[Signature] (Initials)		

Violation Report: 17838 - 03/12/2013 - Adams, Patricia  
PCH Name: Wagley Enhanced Living at Evangelical Manor

1. REGULATION 55 Pa. Code §2400  
2600, 187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION  
- On 2/1/13 and 2/4/13, [redacted] refused to take scheduled dose of Oacal w Vitamin D 500/D200, Docuants Sodium 100 mg, Prontonix 40 mg and Tramadol HCL 30 mg at 4:00 pm; Pravaclatin 20 mg at 8:00 pm. The home did not report the refusal to the resident's doctor as required.  
- On 2/8/13, resident # 3 refused to take scheduled dose of Furosemide 20 mg at 8:00 am. The home did not report the refusal to the resident's doctor 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.

PC Administrator has instituted a Medication Refusal Form (attached) that is filled out after each medication refusal. This will ensure that all steps are taken after a medication refusal. This form is then put into PC Administrator's mailbox to review.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Kim McIlhenny			6-3-13
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Violation Report: 17838 - 03/12/2013 - Adams, Patricia PCH Name: Wesley Enhanced Living at Evangelical Manor	
1. REGULATION 69 Pa.Code §2600 2600.187(d) - The home shall follow the directions of the prescriber.	
2a. DESCRIPTION OF VIOLATION [REDACTED] has an order for daily blood pressure on the lower leg. On 2/14/13, 2/15/13, 2/16/13, 2/18/13 and 2/20/13 there was no documentation that the prescriber orders were followed.	
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.  PC staff was retrained on the importance of following directions according to the prescriber. PC Nurse audits the MAR weekly to ensure all prescribed orders are followed. All errors will be reported to DPW.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Kim McIlhenney</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kim McIlhenney</i>	
Date	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <i>6/13/13</i> (Date)	Plan of correction implementation status as of <i>6/13/13</i> (Date)
The above plan of correction was approved by <i>[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: 17638 - 03/12/2013 - Adams, Patricia  
PCH Name: Wesley Enhanced Living at Evangelical Manor

1. REGULATION 66 Pa. Code §2600  
2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION  
An assessment was completed for resident # 3 on 2/28/13. It does not address the resident's need for continuous oxygen usage.

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.

PC Aide (Lead Role) now audits RASP forms monthly to ensure that all needs are documented and met. PC Lead Role now uses the attached form to ensure that all necessary issues are accurately documented on RASP form.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Kim M. Lhenney*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Kim M. Lhenney*      Date *6-3-13*

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

The above plan of correction is approved as of *6/13/13*  
(Date)

Plan of correction implementation status as of *6/13/13*  
(Date)

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

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