



JUN 21 2013

Ms. Margaret M. Guenveur, Vice President
Waverly Heights, LTD.
Waverly Heights
P.O. Box 179, 1400 Waverly Road
Gladwyne, Pennsylvania 19035

Dear Ms. Guenveur:

As a result of the Department of Public Welfare's licensing inspection on March 20, 2013 and March 22, 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 8, 2013 to June 8, 2014 was issued on March 1, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", written over a horizontal line.

Ronald Melusky
Director

Enclosure
Violation Report

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

PCH Name: WAVERLY HEIGHTS		License Number: 127820
Address: P O BOX 179 1400 WAVERLY ROAD, GLADWYNE, PA 19035		County:
Administrator: Nicole Stroman		Region: SOUTHEAST
Legal Entity Name: WAVERLY HEIGHTS LTD		
Legal Entity Address: P.O.BOX 179 1400 WAVERLY ROAD, GLADWYNE, PA 19035		
Certificate(s) of Occupancy C-1 02/10/1992 Commonwealth of PA		
Staffing Hours		
Resident Support:	Total Daily Staff: 33	Waking Staff: 25
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/20/2013: McHale, Christine 03/22/2013: McHale, Christine		
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: 41	Number of Residents who: Receive Supplemental Security Income: 0 Are 80 Years of Age or Older: 28 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 5 Have a Physical Disability: 1	
Number of Residents Served: 28		
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: 1		
Number of Hospice Residents in past year: 3		

*Nicole J. Stroman 5/14/13
Nicole J Stroman - PC Admin*

Violation Report: 12782 - 03/20/2013 - McHale, Christine
 PCH Name: WAVERLY HEIGHTS

1. REGULATION 55 Pa. Code §2800
 2600.29a(b)(11) - Documentation of compliance with this section is to be kept in the fire drill record, as well as in the resident's record. The documentation is to include the following:
 (i) A copy of the Department of Health license for the hospice agency.
 (ii) Written certification by the physician as specified in § 2600.29a(b)(1).
 (iii) Written informed consent as specified in § 2600.29a(b)(2).
 (iv) Written documentation of the home's consideration of relocation of the resident's bedroom as specified in § 2600.29a(b)(3).

2a. DESCRIPTION OF VIOLATION
 The home did not obtain a copy of the hospice agency's criminal background checks until the day of the renewal inspection on, 3/22/13.

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.
Plan of Correction:
 All required documentation, as it pertains to hospice services, is currently present in the fire drill record as well as in the resident record.

 To prevent a re-occurring violation, effective immediately, a copy of the Department of Health license for the hospice agency will be obtained upon each resident's admission to hospice. The Department of Health license, as well as physician certification and informed consent documents, will be placed in the fire drill record as well as the resident's record. The hospice agency will be required to provide an updated license upon its annual renewal. Background checks for hospice employees providing care on-site will be obtained upon each resident's admission to hospice. The hospice provider will be required to provide updated background checks if on-site staff change. Documentation of these background checks will continue to be maintained in the office of the administrative assistant of the Vice President for Healthcare.

 In collaboration with above procedure, effective immediately, the Personal Care Administrator will perform an audit of Hospice documentation upon the completion of applicable annual and significant change RASP documents, to ensure up-to-date documents are on-file at all times.

 The above policy and procedure was reviewed with the nursing staff on 5/14/13 (see attachment #2 and 3).
 Nicole J. Stromann, MSW
 Personal Care Administrator

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Nicole J. Stromann*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Nicole Stromann PC Admin* Date *5/14/13*

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

The above plan of correction is approved as of <i>5/16/13</i> (Date)	Plan of correction implementation status as of <i>5/16/13</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: 12782 - 03/20/2013 - McHale, Christine
 PCH Name: WAVERLY HEIGHTS

1. REGULATION 55 Pa.Code §2600
 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION
 Cameras located throughout the home record images and the recordings are saved for 30 days. Residents of the home are not informed that the cameras record images upon admission.

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.

Regulation 2600.42(s)

Plan of Correction:

All current residents, or designated representative as appropriate, have signed a contract addendum which informs them that security cameras are present throughout the common areas and record images which are kept for 30 days (see attachment # 5). This addendum is now present on their medical record.

Signs are posted in inconspicuous areas throughout the facility, informing visitors that there are cameras present, which record images that are kept for 30 days.

To prevent a re-occurring violation, effective immediately, all residents of Personal Care will sign the contract addendum upon admission to Personal Care.

Nicole J. Stroman, 5/14/13
 Nicole J. Stroman, MSW
 Personal Care Administrator

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Nicole J. Stroman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nicole J Stroman PC Admin</i>	Date <i>5/14/13</i>
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Violation Report: 12782 - 03/20/2013 - McHale, Christine
 PCH Name: WAVERLY HEIGHTS

1. REGULATION 55 Pa.Code §2600
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
 (1) Medication self-administration training.
 (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 (3) Care for residents with dementia and cognitive impairments.
 (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 (5) Personal care service needs of the resident.
 (6) Safe management techniques.
 (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
 The 2012 annual trainings provided to direct care staff person A and B did not included :
 1. Medication self-administration training.
 2. Instruction on meeting the needs of the resident as described in the preadmission screening form, assessment tool, medical evaluation and 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.

Plan of Correction:
 In-servicing was held for direct care staff on 5/14/13 (see attachment # 7, 8, 9, 10, 11, 12 and 13). Training topics included the policy and procedure for medication self-administration and DPW forms (Pre-admission, DME and RASP) as it pertains to meeting the needs of residents living in Personal Care.

To prevent a re-occurring violation, effective immediately, new hire orientation and annual training will include review of the 'Self Administration of Medication' policy and procedure, and review of DPW documents (Pre-admission, DME, and RASP) as it pertains to meeting the care needs of residents of Personal Care. The agenda and course description for new hire orientation and annual training were updated to reflect new content (see attachment # 14, 15, 16 and 17)

Nicole J. Stroman, MSW 5/14/13
 Nicole J. Stroman, MSW
 Personal Care Administrator

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Signature of Legal Entity Representative (Required on EVERY Page) *Nicole J. Stroman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole J. Stroman, PC Admin* Date *5/14/13*

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Violation Report: 12782 - 03/20/2013 - McHale, Christine
 PCH Name: WAVERLY HEIGHTS

1. REGULATION 55 Pa.Code §2600
 2600.65(l) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION

The home did not have records of staff training for direct care staff persons A, B and C.

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.

Plan of Correction:

Training records for staff members A, B and C are currently present and maintained in the Human Resources Department. As referenced in violation 2600.65(f), the training records of direct care staff members A and B were not detailed and comprehensive enough. Effective immediately, new hire orientation and annual training content has been updated to include missing content. Training agendas and course descriptions have been updated to accurately reflect the content and training that staff members receive.

As discussed at the time of the renewal survey, staff member C does not qualify as a direct care staff member.

To prevent a re-occurring violation, effective immediately, new hire orientation and annual training will include review of the 'Self Administration of Medication' policy and procedure, and review of DPW documents (Pre-admission, DME, and RASP) as it pertains to meeting the care needs of residents of Personal Care. The agenda and course description for new hire orientation and annual training were updated to reflect new content (see attachment # 19, 20, 21, 22).

Nicole J. Stroman 5/14/13

Nicole J. Stroman, MSW
 Personal Care Administrator

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Nicole J. Stroman

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

Nicole J Stroman PC Admin

Date *5/14/13*

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5/16/13
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Plan of correction implementation status as of

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 (Date)

The above plan of correction was approved by

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 (Initials)

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

Violation Report: 12782 - 03/20/2013 - McHale, Christine
 PCH Name: WAVERLY HEIGHTS

1. REGULATION 55 Pa.Code §2600
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 3/22/13 the home used the house glucometer for two residents to check their glucose levels once a month. The practice of sharing a glucometer between residents is unsanitary.

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.

Plan of Correction

Effective on 3-22-13, all residents who require monitoring of their blood sugar have a glucometer available solely for their use.

To prevent a re-occurring violation, effective immediately, no glucometers will be shared between residents. Each resident requiring blood sugar checks will have their own glucometer.

The above procedure was reviewed with nursing staff on 5-14-13 (see attachment # 24).

Nicole J. Stroman, 5/14/13
 Nicole J. Stroman, MSW
 Personal Care Administrator

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Signature of Legal Entity Representative (Required on EVERY Page) *Nicole J. Stroman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole J. Stroman, PC Admin* Date *5/14/13*

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 (Date)

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

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

Violation Report: 12782 - 03/20/2013 - McHale, Christine
 PCH Name: WAVERLY HEIGHTS

1. REGULATION 55 Pa.Code §2600
 2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

2a. DESCRIPTION OF VIOLATION
 On 3/22/13, two cats were present at the home. The home does not have a current certificate of rabies vaccination for the pets.

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.

Regulation 2600.109(b)

Plan of Correction:
 A current certificate of rabies vaccination was obtained on 3/26/13 for one cat present in the home (see attachment # 26). The second cat present at the time of the renewal survey is no longer present in the home, effective 4/5/13.

To prevent a re-occurring violation, effective immediately, residents will be required to provide current immunization records for any pets upon admission to Personal Care. Residents will be responsible for keeping the immunizations of their pets up-to-date and for providing ongoing documentation to Personal Care. The Personal Care Administrator will ensure that the vaccination records are kept up-to-date by reaching out to residents/family members roughly two months prior to the expiration date of the vaccination to request updated records.

In collaboration with above procedure, effective immediately, the Personal Care Administrator will perform an audit of vaccination records upon the completion of applicable annual and significant change RASP documents, to ensure up-to-date records are on-file at all times (see attachment # 27).

Residents will be made aware of this policy/procedure upon admission to Personal Care.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Nicole J. Strouman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole J. Strouman PC admin.* Date *5/14/13*

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 (Date)

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 (Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 12782 - 03/20/2013 - McHale, Christine
 PCH Name: WAVERLY HEIGHTS

1. REGULATION 55 Pa.Code §2600
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION
 According to the homes fire drill records, only 7 of the 18 residents evacuated during the fire drill on 3/10/13.

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.

Plan of Correction:

Effective immediately, ALL residents will be required to evacuate during a fire drill. All current residents, or designated representative as appropriate, have signed an addendum stating that they understand they will be required to participate in all fire drills during their residency in Personal Care (see attachment # 29). This addendum is now present in their medical record.

In addition, the policy and procedure for fire drills in Personal Care was updated to reflect that ALL residents must be evacuated during a fire drill (see attachment # 31).

The above procedure was reviewed with the nursing staff on 5/14/13 (see attachment # 30), with an emphasis on the importance of all residents participating and being evacuated during a fire drill.

To prevent a re-occurring violation, effective immediately, all residents of Personal Care will sign the contract addendum upon admission to Personal Care (see attachment # 29).

Nicole J. Stroman 5/14/13

Nicole J. Stroman, MSW
 Personal Care Administrator

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Signature of Legal Entity Representative (Required on EVERY Page) *Nicole J. Stroman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole J Stroman PC admin* Date *5/14/13*

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Violation Report: 12782 - 03/20/2013 - McHale, Christine
 PCH Name: WAVERLY HEIGHTS

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

2a. DESCRIPTION OF VIOLATION

The following resident medications were not ordered as prescribed:

- Resident #2 -Miralax Granules 1 cap PRN, Ocean nasal spray 0.65% PRN, Abbulenol Inh.083% PRN.
- Resident #3-Sama Lotion PRN, Sertraline tab 25mg

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.

Plan of Correction:

Effective 3/22/13, all PRN medications for Resident #2 and Resident #3 were obtained by the Director of Nursing and are present in the medication cart.

To prevent a re-occurring violation, effective immediately, the 11pm-7am nurse will check the PRN medications weekly to verify that they are all present in the medication cart. Information regarding any medications that need to be re-ordered will be indicated on the 24 hour report for the 7am-3pm nurse to address.

In collaboration with the above procedure, the Director of Nursing and/or Assistant Director of Nursing will perform random spot checks on an ongoing basis to ensure compliance.

The above policy/procedure was reviewed with the nursing staff on 5/14/13 (see attachment #33 and 34). The procedure will also be included for review in the nursing newsletter to be distributed to all nursing staff in June, 2013. This procedure will also be reiterated during routine monthly nursing meetings.

Nicole J. Stroman 5/14/13

Nicole J. Stroman, MSW
 Personal Care Administrator

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Nicole J. Stroman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole J Stroman-PC Admin* Date *5/14/13*

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Violation Report: 12782 - 03/20/2013 - McHale, Christine
 PCH Name: WAVERLY HEIGHTS

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Residents #1, 3 and 4 had significant changes and the home did not update their assessments.

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.

Plan of correction:

Assessments and Support Plans for residents #1, 3 and 4 have been updated to accurately reflect their current care needs. These updates are present on their medical record.

To prevent a re-occurring violation, effective April 8, 2013, Personal Care rounds, where the details of resident's current care needs are discussed, are held twice a week instead of once. This will aid in increasing communication and will ensure that direct care staff are well aware of any change in resident care needs allowing assessment and support plans can be updated timely.

What constitutes a significant change was reviewed with nursing staff on 5/14/13 (see attachment # 36 and 37).

Nicole J. Stroman, 5/14/13

Nicole J. Stroman, MSW
 Personal Care Administrator

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Nicole J. Stroman

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

Nicole J. Stroman PC Admin

Date 5/14/13

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[Signature]
 (Date)

Violation Report: 12782 - 03/20/2013 - McHale, Christine
 PCH Name: WAVERLY HEIGHTS

1. REGULATION 56 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 assessment for resident #4 dated 2/28/13 indicates the resident has a need for calling, prompting and transferring in/out of the bed/chair. The resident's support plan does not document how this need will be met.

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.

Plan of Correction:

The assessment for resident #4 was updated at the time of the renewal survey to include greater detail regarding how resident care needs would be met. The updated RASP was reviewed with lead surveyor, Christine McHale, who relayed that modifications were sufficient in providing greater detail regarding how resident's care needs will be met.

To prevent a re-occurring violation, effective April 8, 2013, Personal Care rounds, where the details of resident's current care needs are discussed, are held twice a week instead of once. This will aid in increasing communication and will ensure that direct care staff are well aware of resident care needs. Resident assessments and support plans will reflect the details discussed regarding how care needs will be addressed.

Nicole J. Stroman, 5/14/13

Nicole J. Stroman, MSW
 Personal Care Administrator

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Signature of Legal Entity Representative (Required on EVERY Page) *Nicole J. Stroman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Nicole Stroman - PC Admin* Date *5/14/13*

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