



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 02 2013

Ms. Susan L. Timoner, Vice President/Assistant Secretary
MS Lower Makefield SH, LLC
Sunrise Senior Living Mgmt, Inc.
7902 Westpark Drive
McLean, Virginia 22102

RE: Sunrise Senior Living of Lower Makefield
631 Stony Hill Road
Yardley, Pennsylvania 19067

Dear Ms. Timoner:

As a result of the Department of Public Welfare's licensing inspection on May 30, 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 August 13, 2013 to August 13, 2014 was issued on June 13, 2013. Your regular license remains in good standing.

Sincerely,

Ronald Melusky
Director

Enclosure
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2800

PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD		License Number: 13809
Address: 631 STONY HILL ROAD, YARDLEY, PA 19087		County: Bucks
Administrator: Anda Durso		Region: SOUTHEAST
Legal Entity Name: MS LOWER MAKEFIELD SH LLC		
Legal Entity Address: 7902 WESTPARK DRIVE, MCLEAN, VA 22102		
Certificate(s) of Occupancy		
07/16/2008 Lower Makesfield Township		
Staffing Hours		
Resident Support:	Total Daily Staff: 127	Working 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		
05/30/2013: Adams, Patricia; Kurtz, Andrea		
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: 95 Number of Residents Served: 82 Secured Dementia Care Unit in Home: Yes Area: First floor Secured Dementia Unit Capacity, if Applicable: 29 Number of Residents Served in Secured Dementia Care Unit, if applicable: 26 Number of Current Hospice Residents: 8 Number of Hospice Residents in past year: 20		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 82 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 45 Have a Physical Disability: 0

Violation Report: 13809 - 06/30/2013 - Adams, Patricia
PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

1. REGULATION 55 Pa.Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
On 5/30/13, the lower shelf of the freezer, located in the second floor activity room, had residual food stains and debris.

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

See attached documents. Page 1 of
Attached Plan of Correction

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Anda Durso

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

Anda Durso, Executive Director

Date

6/19/13

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

The above plan of correction is approved as of

6/28/13
(Date)

Plan of correction implementation status as of

6/28/13
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

Sunrise Senior Living, Inc. Plan of Correction

Name of Personal Care Home: Sunrise Senior Living of Lower Makefield
 Address of PCH: 631 Stony Hill Road, Yardley, PA 19067
 License number: 138090
 Inspection date(s): May 30, 2013
 Name/Title of Legal Entity Representative Signing the Plan of Correction: Anda Durso, Executive Director
 Signature of Sunrise Representative: *Anda Durso*
 Date of Submission: June 19, 2013, Resubmitted 6/27/13

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
88(a)	5/30/13	The Activity and Volunteer Coordinator (AVC) cleaned the bottom of the freezer the day of inspection.
	6/5/13	The Executive Director (ED) met with all team members during the monthly mandatory Town Hall meeting and reviewed the importance of keeping the refrigerators and freezers clean and communicated to all team members that each time they use the freezer they must check for cleanliness.
	6/5/13 and ongoing	The Activities team (AVC, Activities Assistant, and two Life Enrichment Managers) met to review the schedule for each one of them to check the cleanliness of the refrigerator and freezer that are located in the upstairs Activities area.

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Signature of Legal Entity Representative: *Anda Durso* Date: 6/27/13

Violation Report: 13809 - 05/30/2013 - Adams, Patricia
PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

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
In bedroom numbers 214, 243 and 245 did not have emergency service numbers posted on or nearby the telephone.

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

See attached documents.
See page 2 of attached plan of correction.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Anda Duso*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Anda Duso, Executive Director* Date *6/19/13*

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

The above plan of correction is approved as of *6/25/13* (Date)

Plan of correction implementation status as of *6/28/13* (Date)

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

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- Not Implemented

<p>91</p>	<p>5/30/13</p>	<p>The Maintenance Coordinator (MC) replaced the emergency service phone number tags in rooms 214, 243, and 245. The MC also spoke to the residents whose phone tags were missing and asked them why they were removed. Upon finding out that the residents found the flapping plastic tags a nuisance; the MC placed the tags on the wall next to the phone for one resident with double sided Velcro tape.</p>
	<p>5/31/13</p>	<p>The MC, Maintenance Assistant and housekeeping team completed a thorough check of all resident rooms and other phones in the community to ensure that the emergency phone number tags were on or next to each phone.</p>
	<p>6/5/13</p>	<p>During the monthly Housekeeping meeting, the MC reviewed with all housekeeping staff the new room inspection form which has been revised to include the verification of all phones to ensure that these emergency service phone number tags are available on each phone.</p>
	<p>6/6/13 and ongoing</p>	<p>Starting 6/6/13, the housekeeping team will utilize this room inspection form weekly to ensure compliance.</p>
	<p>6/5/13 and Ongoing</p>	<p>The ED met with all team members during the monthly mandatory Town Hall meeting and reviewed the importance of ensuring that all phones have the emergency service phone number tag. The ED also informed team members that if any residents prefer not to have these service number tags on their phones, they could request that the tags be mounted on the wall with double sided Velcro tape next to the phone by the Maintenance team.</p>
	<p>6/12/13, 6/13/13 and Ongoing</p>	<p>During the monthly Reminiscence (secured dementia unit) and Personal Care meetings, Coordinators reiterated once again with their individual teams the importance of the service phone number tags and how they can replace them or ask the MC to mount them on the wall next to the phone.</p>

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Signature of Legal Entity Representative:

Alida S. Lino, ED Date: 6/27/13

Violation Report: 13B09 - 05/30/2013 - Adams, Patricia
PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

1. REGULATION 55 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
The beds in room numbers 128 and 213 do not have a source of light that can be turned on/off from bedside.

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

See attached documents.
See page 3 of attached plan
of correction.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Alida Russo

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

Alida Russo, Executive Director

Date 6/19/13

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The above plan of correction is approved as of

6/28/13
(Date)

Plan of correction implementation status as of

6/28/13
(Date)

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- Not Implemented

The above plan of correction was approved by

[Signature]
(Initials)

<p>101(1)(7)</p>	<p>5/30/13</p>	<p>The MC ensured the bedside lamps in rooms 128 and 213 were plugged in and functional. The MC also spoke to the caregivers assigned to these rooms and asked why the lamps were unplugged. The MC found out that room 213 needed extra outlets for the durable medical equipment in this resident's room that needed to be close to the bed. The MC therefore added a multi outlet power strip and surge protector to this resident's room. For room 128, the night stand was moved back near the bed to ensure the lamp could reach the outlet and be within the resident's arm reach.</p>
	<p>5/31/13</p>	<p>The MC, Maintenance Assistant and housekeeping team completed a thorough check of all resident rooms to ensure that each resident has an operable source of light that is within arm's reach.</p>
	<p>6/5/13</p>	<p>During the monthly Housekeeping meeting, the MC reviewed with all housekeeping staff the new room inspection form which has been revised to include the verification of all rooms to ensure that each resident has an operable source of light within arm's reach.</p>
	<p>6/6/13 and Ongoing</p>	<p>Starting 6/6/13, the housekeeping team will utilize this room inspection form weekly to ensure continued compliance.</p>
	<p>6/5/13 and Ongoing</p>	<p>The ED met with all team members during the monthly mandatory Town Hall meeting and reviewed the importance of ensuring that all residents have an operable source of light within arm's reach of their bed. The ED also informed team members that if the night stand needs to be moved or the family or resident prefers not to have it next to the bed, they could request a self mounting touch lamp to be placed near the head of the resident's bed.</p>
	<p>6/12/13, 6/13/13 and Ongoing</p>	<p>During the monthly Reminiscence (secured dementia unit) and Personal Care meetings, Coordinators reiterated once again with their individual teams the importance of ensuring each resident has an operable source of light near their beds, and to ask the MC to mount a touch lamp for those residents who can not have a night stand with a lamp near their bed.</p>

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Signature of Legal Entity Representative: Anda Suwara, ED Date: 6/27/13

Violation Report: 13809 - 06/30/2013 - Adams, Patricia
PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

1. REGULATION 55 Pa.Code §2600
2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

- On 5/30/13, there were two bags of undated frozen cookie dough in the freezer.
- On 5/30/13, there was an undated bag of green beans in the freezer.

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

See attached documents
See page 4 of attached
plan of correction.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Anda Durso

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

Anda Durso, Executive Director

Date 6/19/13

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The above plan of correction is approved as of

[Signature]
(Date)

Plan of correction implementation status as of

6/28/13
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

103(e)	5/30/13	The Reminiscence Coordinator (RC) discarded the bags of cookie dough that were undated. The Dining Services Coordinator (DSC) discarded the undated and unlabeled frozen green beans.
	5/30/13	The RC, DSC and their teams inspected all refrigerators and freezers to ensure that all food products were labeled and dated.
	6/1/13 and 6/2/13	The ED and DSC met with individual members of the dining services team and reviewed regulation 103(e).
	6/6/13 and Ongoing	During the monthly dining services meeting, the DSC reviewed with his team the importance of labeling and dating all food items each time they are opened or left over to ensure compliance with this regulation.
	6/5/13 and Ongoing	The ED met with all team members during the monthly mandatory Town Hall meeting and reviewed the importance of ensuring that any food items that are opened or left over must be dated and labeled.
	6/12/13, 6/13/13 and Ongoing	During the monthly Reminiscence (secured dementia unit) and Personal Care department meetings, Coordinators reviewed regulation 103(e) and stressed the importance of labeling and dating newly opened or left over food.
	6/18/13 & Ongoing	The Dining Services Coordinator and cooks will conduct weekly inspections of the kitchen, including the refrigerators and freezers, to ensure that all regulations are met. The DSC and ED will conduct monthly mock inspections to ensure kitchen is meeting all regulations.

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Signature of Legal Entity Representative: [Signature] Date: 6/27/13

Violation Report: 13809 - 06/30/2013 - Adams, Patricia
PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

1. REGULATION 55 Pa. Code §2600
2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION
On 5/30/13, a bottle of Fiber Choice and a bottle of Advil Cold and Sinus capsules belonging to resident #1 located in the medication cart was not labeled with the resident's name.

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

See attached documents.
See page 5 of attached plan of correction.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Anda Nuss*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Anda Nuss, Executive Director* Date *6/19/13*

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The above plan of correction is approved as of *6/28/13* (Date)

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

Plan of correction implementation status as of *6/28/13* (Date)

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

184(b)	5/30/13	The medication care manager labeled the bottles of Fiber Choice and Advil Cold and Sinus with resident #1's name.
	5/31/13 and Ongoing	The Wellness Nurses and medication care managers audited each cart in our community to ensure all OTC and CAM medications are labeled with residents' names and are in compliance.
	6/13/13 and Ongoing	During the monthly medication care manager and Wellness meetings, the HCC reviewed with the nurses and the medication care managers the importance of identifying any OTC or CAM with the specific resident's name to whom they belong. The HCC also assigned a Medication Administration Record to medication cart audit schedule to ensure that we are complying with all regulations.

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Signature of Legal Entity Representative:

[Handwritten Signature]

Date:

6/27/13

Violation Report: 13809 - 05/30/2013 - Adams, Patricia
PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

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

2a. DESCRIPTION OF VIOLATION
On 5/30/13, resident # 2's Vitamini B 12 1000 mcg was not available for administration.

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

See attached documents
See page 6 of attached plan
of correction.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Anda Divo

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

Anda Divo, Executive Director

Date

6/19/13

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The above plan of correction is approved as of

6/28/13
(Date)

Plan of correction implementation status as of

6/28/13
(Date)

The above plan of correction was approved by

AD
(Initials)

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

187(d)	5/30/13	According to the pharmacy and physician, the Vitamin B12 Complex is a more effective/complete supplement than the Vitamin B12 1000 mcg that was ordered on the initial prescription. The HCC asked the primary care physician for resident [redacted] to change the prescription for the Vitamin D supplement to the Vitamin D Complex in order to match the medication available. The new order was obtained the day of the inspection.
	5/31/13-6/14/13	The Wellness Nurses and medication care managers audited each cart in our community to ensure all medications match the Physician's Orders and comply with all regulations.
	6/13/13 and Ongoing	During the monthly medication care manager and Wellness meetings, the HCC reviewed with the nurses and the medication care managers the importance of matching up all medications to the physicians' orders. The HCC also assigned a medication cart to Physician Order Sheet audit schedule to ensure that we are complying with all regulations.

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Signature of Legal Entity Representative: Anda Serrano, MD Date: 6/27/13

Violation Report: 13809 - 05/30/2013 - Adams, Patricia
PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

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 # [redacted] preadmission screening form, admitted 4/20/13, was completed 2/28/13; more than 30 days prior to 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.

See attached documents

See page 7 of attached plan of correction

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

Signature of Legal Entity Representative (Required on EVERY Page) *Anda Dursio*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Anda Dursio, Executive Director* Date *6/19/13*

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

The above plan of correction is approved as of *6/21/13* (Date)

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

Plan of correction implementation status as of *6/21/13* (Date)

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

224(a)	5/31/13	The HCC and Director of Sales audited all resident charts to ensure no other pre-admission screening forms were conducted 30 days prior to admission.
	6/5/13	The ED met with the Care Coordinators and Directors of Sales to review pre-admission requirements. All team members involved in the pre-admission process were reminded to review the prospective resident's paperwork upon receipt, as well as 24 hours prior to admission. In cases where new residents are moving from out of state and the pre-admission screening may have been conducted more than 30 days prior to their admission, the admitting nurse or coordinator must complete the pre-admission screening form the day of move in to ensure the assessment is accurate and a realistic picture of the resident's condition.
	8/13/13 & Ongoing	The HCC met with the Wellness Nurses during their monthly meeting and reiterated the importance of ensuring pre-admission screenings are completed within 30 days of admission. In case of weekend admissions, the nurse on duty must complete the pre-admission screening form for any resident whose pre-admission evaluation form exceeds 30 days.
	5/31/13	The Directors of Sales, Care Coordinators, and nurses will review prospective residents' files 24 hours prior to admission to ensure all preadmission requirements are met within the specific time frame. The day of move in there will be a two point check system: 1) The Director of Sales will review all preadmission paperwork to ensure it is meeting regulatory requirements; and 2) The nurse on duty will review the medical preadmission paperwork to ensure it is complete and meeting regulatory requirements. In cases where the medical preadmission paperwork may be inaccurate or out of date, the nurse on duty must request permission from the resident's physician to make the necessary corrections. The nurse will initial and date the correction on the forms.

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Signature of Legal Entity Representative: Anda Sullivan, ED Date: 6/27/13

Violation Report: 13809 - 05/30/2013 - Adams, Patricia
PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

- Resident [redacted] admitted to the SDCU on 8/8/12, did not have a medical evaluation that documented the need for SDCU care.
- Resident [redacted] admitted to the SDCU on 5/6/13, did not have a medical evaluation that documented the need for SDCU care.
- Resident [redacted] admitted to the SDCU on 7/27/12, did not have a medical evaluation that documented the need for SDCU care.
- Resident [redacted] admitted to the SDCU on 8/10/12, did not have a medical evaluation that documented the need for SDCU care.

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

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

See attached documents.
See page 8 of attached plan
of correction.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Anda Duxo*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Anda Duxo, Executive Director* Date *6/19/13*

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

The above plan of correction is approved as of *6/28/13* (Date)

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

Plan of correction implementation status as of *6/28/13* (Date)

- Fully Implemented
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231(b)	5/30/13	The medical evaluations for residents [redacted] were corrected with the permission of these residents' physicians, indicating the need to be served in the secured dementia care unit (SDCU).
	5/31/13	The Director of Sales, Reminiscence (SDCU) Coordinator and HCC audited the charts of all residents in the SDCU and ensured that the forms were completed properly with the physicians' permission.
	6/5/13	The ED met with the Directors of Sales, RC and HCC to conduct additional training on regulation 231(b) and to carefully review box 3-"Secured Dementia Care (For SDCU admissions only)" of Section 4-"Special Health and Dietary Needs" of the medical evaluation which needs to be checked off for all residents moving into the secured dementia unit.
	6/13/13 & Ongoing	The HCC met with the Wellness Nurses during their monthly meeting and trained them on the proper completion of the medical evaluation form. She informed them that according to the technical assistance from the Department of Public Welfare's representatives, an RN or LPN could request permission from physicians to make a correction to a medical evaluation, as long as they initial and date the correction on the form.
	5/31/13	The Directors of Sales, Care Coordinators, and nurses will review perspective residents' files 24 hours prior to admission to ensure the medical evaluations are completed correctly. The day of move in there will be a two point check system: 1) The Director of Sales will review the medical evaluation ensure it is meeting regulatory requirements; and 2) The nurse on duty will review the medical evaluation to ensure it is complete and meeting regulatory requirements. In cases where the medical evaluation does not have the need for SDCU care documented, the nurse on duty must request permission from the resident's physician to make the necessary corrections. The nurse will initial and date the correction on the forms.

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Signature of Legal Entity Representative: Anda [Signature] Date: 6/27/13