



JAN 28 2014

Ms. Kelly Cook Andress, President
Senior Living NP LLC
501 Plush Mill Road
Wallingford, Pennsylvania 19086

RE: Plush Mills
501 Plush Mill Road, 2nd & 4th Floors
Wallingford, Pennsylvania 19086
License #: 131040

Dear Ms. Hanson:

As a result of the Department of Public Welfare's licensing inspection on October 29, 2013 and October 30, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period December 9, 2013 to December 9, 2014 was issued on August 30, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

Violation Report: 13104 - 10/29/2013 - Adams, Patricia
 PCH Name: PLUSH MILLS

1. REGULATION 55 Pa.Code §2600
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 On 8/27/13, the fire alarm sounded as a result of burning toast. The residents were evacuated and the Fire Department responded. The home did not submit an incident report or report the incident by telephone to the Department.

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.

What Specific change will be made:
 Administrator and department heads have been re-educated on the DPW requirements for mandatory reporting with emphasis placed on fire safety reporting. The incident that evoked the fire department response was reported to the regional office via fax on 12/12/13.

Who Will Make The Change:
 The administrator and or designee will be responsible for reporting all reportable events including minor events that trigger a fire department response.

When Will The Change Be Made: On 11/01/2013 the administrator and department heads were re- educated on the PA, DPW reportable incidents and conditions and will report minor events that trigger a fire department response within 24 hours of the event

How Will the Change Be Made:
 The Administrator and Department heads have been re-educated on the mandatory reporting requirements by reviewing the Regulatory Compliance Guide with special emphasis placed on including a reportable to regional office for minor events that trigger a fire department response such as burnt toast. Reportable Incident Conditions Policy reviewed.

System Implemented to make sure same violation does not occur again: The Administrator and or designee will be contacted regarding all reportable events including minor events that trigger a fire department response. The Administrator and or designee will provide regional office with a report on the approved reportable format and submit to the regional office within 24 hours. All department heads have been educated to report to the administrator any reportable events including false alarms and minor incidents involving the response of the fire department. The administrator and department heads have reviewed the requirements for documentation and have been trained on the completion of the form and method of transmission. All incidents are reviewed monthly as part of the quality safety program.

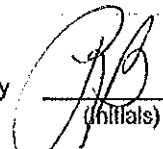
Supportive documentation: Training Record; DPW Reportable Record for 08/27/2013; Reportable incident and conditions Policy

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)  12/13/13

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Megan Longley, Administrator Date 12/13/2013

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

The above plan of correction is approved as of <u>12/17/13</u> (Date)	Plan of correction implementation status as of <u>12/17/13</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: 13104 - 10/29/2013 - Adams, Patricia
 PCH Name: PLUSH MILLS

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contract for resident # 1 was not signed by the resident.

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.

What Specific Change Will Be Made:
 The Administrator or designee will review all new resident contracts to assure that the resident and payer have signed the resident contract. The contract will not be considered valid until approved by the administrator and or designee.

Who Will Make the Change:
 The Administrator has notified and trained all support staff.

When Will The Change Be Made:
 The change has been made since 11/01/2013.

What System have you implemented to make sure the same violation will not occur again:
 All resident contracts will be reviewed for resident and payer signatures by the Administrator and or designee prior to admission. The Administrator and or designee will review the resident contract and authorize the contract by signing the Resident Contract Authorization Form. Support staff have been trained to obtain authorization from the Administrator and or designee prior to resident contract approval. A quality Review Audit conducted randomly by Administrator will substantiate compliance.

Supporting documentation: Copy of directive from Administrator; Training Records; Resident Authorization Contract Form

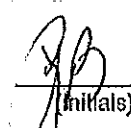
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page)  12/13/13

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Megan Loughey, Administrator Date 12/13/2013

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 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 12/12/13
 (Date)

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

Violation Report: 13104 - 10/29/2013 - Adams, Patricia
 PCH Name: PLUSH MILLS

1. REGULATION 55 Pa.Code §2600

2600.64(a) - Prior to initial employment as an administrator, a candidate shall successfully complete the following:

- (1) An orientation program approved and administered by the Department.
- (2) A 100-hour standardized Department-approved administrator training course.
- (3) A Department-approved competency-based training test with a passing score.

2a. DESCRIPTION OF VIOLATION

Staff person A, who is the home's administrator, did not have documentation of successfully completing the Department - approved orientation program.

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.

What Specific Change Will Be Made:

The Administrator, Staff person A, will provide the Department a copy of the approved orientation program in her name.

Who Will Make the Change:

The Administrator, Staff person A, will provide the documentation that she has successfully completed the orientation program as required by DPW.

When Will the Change Be Made:

The Administrator, Staff person A, has repeated the orientation program on November 18, 2013 and has been presented with the Training Documentation Record as required.

How Will the Change Be Made:

The Administrator, Staff person A, attended The Commonwealth of Pennsylvania Department of Public Welfare Personal Care Home Administrator Program on November 18, 2013.

System implemented : All official documents required for personal care home administrators will be maintained in the homes files.

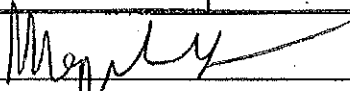
Supporting Documentation:

The Personal Care Home Administrator Orientation Program Training Documentation Record for Administrator dated November 18, 2013 attached.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)



12/16/13

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

Megan Langley, Administrator

Date 12/13/13

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 (Date)

The above plan of correction was approved by



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- Not Implemented

Violation Report: 13104 - 10/29/2013 - Adams, Patricia
 PCH Name: PLUSH MILLS

1. REGULATION 55 Pa.Code §2600

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 B and C and ancillary staff person D did not receive training in (4) The Older Adult Protective Services Act during training year 10/1/12 to 9/30/13.

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.

What Specific Change will be made:

The Older Adult protective Services Act computerized training program was updated to include local area phone numbers for PA. All staff will be required to complete the Older Adult Protective Services Course for the upcoming training year with the PA local phone exchanges included for their information. The Department of Aging's Elder Abuse Hotline toll free number was added to the online course information for staff education. In addition to the Area On Aging hotline number the following support services were also added with their toll free phone numbers: Aging and Disability Resource Center; Appise; children of Aging Parents; Long Term Care/Alzheimer's Hotline.

Who Made the Change: When Was the Change Made: How Will the Change be Made:

The Older Adult protective services Act course outline was updated for Plush Mills under the direction of the Administrator on 11/01/13. The Pennsylvania Department of Aging brochure has been added to the computerized training program designed for Plush Mills so that all the local phone numbers are readily available. All staff will receive updated training for the year 2013 to 2014. Staff identified deficient have received training on 11/01/13.

System Implemented:All online training content has been reviewed by the administrative team to assure that the local area on aging and Pa contacts are included in all in-house training.

Support Documentation: The PDA Pennsylvania Department of Aging brochure -OAPSA Brochure ACT 79- Online Course Outline


Note-STAFF MEMBER B received training on OAPSA from attending DPW webinar and training by Director of Nursing on 10/02/13. Documentation attached.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)  12.18.13

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Megan Longley, Administrator Date 12/13/13

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Violation Report: 13104 - 10/29/2013 - Adams, Patricia
 PCH Name: PLUSH MILLS

1. REGULATION 56 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

The home's designated evacuation time from a fire safety expert is 5 minutes. The home's fire drill evacuation time, on 7/19/13 was 5 minutes 20 seconds.

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.

What specific change will be made- The Administrator will ensure all fire drill evacuation times are five minutes or less. If the drill is reported to be over 5 minutes, the drill results will be reviewed and presented at the fire safety meeting for discussion. The fire drill will be rescheduled for that month in order to achieve compliance per fire safety expert.

Who Will Make the Change/When: The Administrator effective 11/01/13

How Will Change Be Made: All fire drills that take more than 5 minutes will be rescheduled by the Administrator. The root, cause analysis will be performed for drills exceeding the recommended time frame.

System implemented: The Administrator will meet with staff and review fire drill events for drills that take longer than allotted time recommendation of the fire safety expert. A report will be generated documenting the root, cause analysis of the delay. The time factor for all fire drills will be routinely monitored by the administrator. The fire safety quality review team will monitor fire drills and results as part of their quality review and safety compliance initiative.

Supportive documentation: Drill times for November and December 2013 fire drill; Training Record; Report

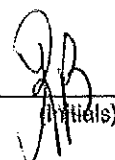
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Megan Lonsley, administrator Date 12/13/13

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- Not Implemented

Violation Report: 13104 - 10/29/2013 - Adams, Patricia
 PCH Name: PLUSH MILLS

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The middle exit was used during the fire drill conducted on 8/27/13, 9/10/13 and 10/10/13.

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.

What Specific Change: The exits utilized during fire drills will be alternated. A plan to alternate exits will be put in place by the administrator, building engineer and director of nursing.

Who: The Administrator and or Designee, Building Engineer and the Director of Nursing will monitor the exit routes utilized and develop a plan for future drills by planning on alternating sites.

When: The exit routes utilized in the next months will reflect the use of alternate exits.

How: The Administrator and the Director of Nursing will pre-plan and strategically schedule fire drills in advance in order to utilize and train staff in fire safety and evacuation in alternate areas of the building. The fire drill plan will be scheduled quarterly. The fire safety committee will perform quality reviews and make recommendation for future fire drills.

System in Place to assure violation is not repeated: Fire drills will be pre-planned and strategically scheduled so that fire drill times, locations, alternate exits, routes and days of the week can be considered in advance in order to make for more efficient training and enhanced safety results. Administrator, building engineer and director of nursing will meet prior to drill and review data from previous drills.

Supportive documentation: Drill report for November, December 2013; Policy; Training Record review of regulation 55 Pa.Code 2600.132(f)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
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[Signature] 12.13.13

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

Megan Longley, Administrator Date *12-13-13*

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[Signature]
 (Initials)

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Violation Report: 13104 - 10/29/2013 - Adams, Patricia
 PCH Name: PLUSH MILLS

1. REGULATION 55 Pa.Code §2600
 2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION
 Fire drills conducted by the home on 7/9/13, 8/27/13 and 9/10/13 were held on Tuesday.

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.

What Specific Change: Fire drill dates, days of the weeks and times will be strategically planned in advance by the administrator and the director of nursing in order to provide staff with varied experiences in order to achieve training and expertise in a variety of fire safety emergency situations.

Who: The Administrator, Building Engineer and Director of Nursing.

When: System has been put in place since 11/01/13.

How: Administrator and or designee, Building Engineer and Director of Nursing will develop a plan to hold fire drills on varied days of the week, different times of the day, different locations in order to provide varied training to afford safety measures in alternate situations. Prior to every fire drill the Administrator, Building Engineer and Director of Nursing will meet to review the dynamics of the previous fire drills and devise and plan to execute drills by alternating exits, days of the week and

System Implemented: Fire drills will be pre-planned and strategically scheduled so that fire drill times, locations, alternate routes and days of the week can be considered in advance to provide more efficient safety training results.

Supportive documentation: November and December 2013 drill summary.

Training Record and fire drill plan

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) 12.13.13

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Maureen Longney Administrator Date 12/13/13

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Violation Report: 13104 - 10/29/2013 - Adams, Patricia
 PCH Name: PLUSH MILLS

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

- On 10/22/13 through 10/30/13, the home did not follow procedures in the administration of resident #1's antibiotic, Sulfamethoxazole Tmp. The home continued to initial the resident's MAR, after the duration of the therapy was completed and there was no medication available. The Pharmacy dispensed enough medication for 7 days; to be administered two times daily.

- On 10/12/13 and 10/13/13, resident #1's Beneprotein powder was not available for administration. The medication was delivered by the Pharmacy after 1:00 pm, on 10/14/13. Direct care staff person E, initialed the MAR as administered on 10/12/13 and 10/13/13 for the 9:00 am and 1:00 pm dose.

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.

What Change Will Be Made: A 24 hour medication administration record review will be conducted by the overnight med tech daily for the previous 24 hour period. Complete and accurate Documentation according to Regulation 55 Pa.Code 2600.182© will be audited daily with corrective action put in place to afford immediate resolution and education.

Who/When: Director of Nursing will make the change effective 12/12/13.

How will the change be made: All medication administration records will be checked for accuracy and all discrepancies/problems will be noted on the 24 hour MAR report form by the overnight med tech for the previous 24 hour period. The professional nurse scheduled for that date reported will be responsible for reviewing the problem noted. A disposition of the problem will be identified by the nurse and corrective action solution will be put in place. All reports will be reviewed by the Director of Nursing and staff counseling and education will be provided when problems identified. All staff trained on use of form and policy. The system of auditing the MARS every 24 hours will identify problems daily and afford immediate resolution. Staff involved will benefit by quick detection and will become educated by participating in the corrective action planning, as necessary, being part of the solution and problem solving decision. All information will be studied and be utilized in identifying trends and quality compliance enhancements.

All Med Tech staff working on 10/12, 10/13 and 10/22 through the 30th were educated and counseled as part of the corrective action.

System Implemented with supportive documentation: 24 hour medication administration record review policy; 24 hour MAR review report form; training records/counseling documentation

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature] 12/15/13

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

Megan Longley, Administrator Date 12/12/13

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The above plan of correction is approved as of

12/17/13
 (Date)

Plan of correction implementation status as of

12/17/13
 (Date)

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 (Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 13104 - 10/29/2013 - Adams, Patricia
 PCH Name: PLUSH MILLS

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

The medication administration record for resident #1 does not include duration of therapy for the antibiotic Sulfamethoxazole Tmp.

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.

What Change Will Be Made: A 24 hour MAR check will be completed nightly for all medication administration records for the previous 24 hour period to assure accuracy and maintain quality medication administration. The medication record will be checked for transcription accuracy per regulation 2600.187(a).

Who and When: Director of Nursing has initiated a 24hour MAR check effective 12/12/13.

How: The medication tech on overnight shift will review the medication administration records for the previous 24 hour period. The daily 24 hour MAR Review report form will be utilized to document all problems noted with the MAR such as duration of therapy. The professional nurse will receive the report and review for medication findings/disposition and provide a corrective action solution. The system of auditing the MARS every 24 hours will identify problems daily and afford immediate resolution. Education and counseling will be provided to all medication techs and or nurses identified responsible for problem reported. All nursing have been trained on the MAR 24 hour check policy and form. Nurse counseled and educated responsible for violation. All information identified during the 24 hour MAR check will be utilized as part of the corporate compliance quality initiative report.

System implemented with supportive documentation: Policy – form – Training records-counseling documentation

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

Megan Longley, Administrator

Date

12/15/13

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 (Initials)

Violation Report: 13104 - 10/29/2013 - Adams, Patricia
 PCH Name: PLUSH MILLS

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

- On 10/14/13, at 9:00 pm, resident #1's Donepezil 10 mg was administered. The MAR was not initialed to record the date and time of administration.
- On 10/14/13, at 5:00 pm, resident #1's Beneprotein Powder was administered. The MAR was not initialed to record the date and time of 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.

What Change Will Be Made: The medication tech on the overnight shift will perform a 24 hour Medication Administration Record check for MAR signature omissions for the previous 24 hour period. All MAR's that are not initialed to record the date and time of medication administration must be reported and documented on a Daily 24 hour MAR Review Form.

Who: The Director of Nursing.

When: The 24 hour medication administration record check will be initiated on 12/12/13.

How: The Medication Tech on overnight shift will review the medication administration records for the previous 24 hour period. The Medication Administration Record Review Report Form will be utilized to document all omissions of the med tech initials, and omission of the date and time of administration. The Medication Administration Record Report Form will be completed by the overnight med tech daily. All omissions as documented by the med tech on the Daily 24 hour MAR Review Report Form will be investigated by the nurse on duty. The nurse will document the findings or disposition and provide a corrective action and document as the solution. The system of auditing the MARS every 24 hours will identify problems daily and afford immediate resolution. Education and counseling will be provided to all medication techs responsible for medication omissions. All Med Techs and Nurses have been trained on the 24 hour MAR review policy and procedure. The 24 hour MAR review form will be maintained for the month in the 24 hour MAR Review Report binder at the nurse's desk

The Med Tech responsible for the omissions during the survey on 10/14/13 at 5pm and 9pm was educated and counseled. All Med Techs and nurses were retrained in relation to regulation 55 Pa. Code 2600.187(a)(13) Medication records and recording date and time of administration and 2600(a)(14)Recording the Name of the staff person administering medication.

All information regarding medication omissions will be reviewed and included in the quarterly medication quality review report as part of the corporate compliance initiative.

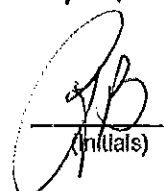
System Implemented with supportive documents: 24 hour Medication Administration Record Review Policy; 24 hour Medication Administration Record Review report Form; Training Records; Staff counseling documents.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)  12.13.13

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Megan Lindsey, Administrator Date 12/13/13

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

The above plan of correction is approved as of <u>12/17/13</u> (Date)	Plan of correction implementation status as of <u>12/17/13</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