

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to BARNES AID OPCO LLC
LEGAL ENTITY

To operate BARNES HOUSE
NAME OF FACILITY OR AGENCY

Located at 2021 JAMES STREET, LATROBE, PA 15650
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 68
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from January 11, 2014 until January 11, 2015,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 444880

Robert E. Robinson
ISSUING OFFICER

[Signature]
ACTING DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

FEB 03 2014

Mr. Daniel M. Guill, Authorized Representative
Barnes AID OPCO, LLC
301 Commerce Street, Suite 3300
Fort Worth, Texas 76102

RE: Barnes House
2121 James Street
Latrobe, Pennsylvania 15650
License #: 444880

Dear Mr. Guill:

As a result of the Department of Public Welfare's licensing inspection on November 4, 2013, November 5, 2013 and January 2, 2014, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

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

Enclosures
License
Licensing Inspection Summary

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

PCH Name: BARNES HOUSE		License Number: 44488
Address: 2021 JAMES STREET, LATROBE, PA 15660		County: Westmoreland
Administrator: JENNIFER POST		Region: WEST
Legal Entity Name: BARNES AID OPCO LLC		
Legal Entity Address: 2021 JAMES STREET, LATROBE, PA 15660		
Certificate(s) of Occupancy		
C-2 LP	5B	
09/26/1997	01/06/2009	
Labor & Industry	Commonwealth of PA Derry TW	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 45	Waking Staff: 34
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s)		
Renewal, Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site		
11/04/2013: Filmer-Alman, Lisa; Bacher, Mike		
11/05/2013: Filmer-Alman, Lisa; Bacher, Mike		
Off-Site Inspection Dates and Inspectors, If Applicable		
<p>RECEIVED</p> <p>DEC 23 2013</p> <p>WEST REGION FIELD OFFICE Human Services Licensing</p>		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 68 Number of Residents Served: 33 Secured Dementia Care Unit in Home: No Arous: Secured Dementia Unit Capacity, if applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 10	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 33 Have Mental Illness: 2 Have an Intellectual Disability: 0 Have a Mobility Need: 12 Have a Physical Disability: 3	

Violation Report: 44488 - 11/04/2013 - Finner-Alman, Lisa
PCH Name: BARNES HOUSE

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

2a. DESCRIPTION OF VIOLATION

On 11/4/13, there was an unsealed bag of sausage patties and a large box of sirloin beef patties in freezer #2 in the kitchen.

On 11/4/13, there were five bunches of uncovered and unwrapped asparagus on the top shelf of refrigerator #6.

On 11/4/13, a large box of rice was opened and unsealed in the pantry.

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 2A of 9
POC

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Human Services Licensing

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*, MS, PCH

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Tennison Post, Residence Director* Date *12/19/2013*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 11/8/14
(Date)

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

Plan of correction implementation status as of 11/3/14
(Date)

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

2A of 9

Monday, December 23, 2013

Barnes House
2021 James Street
Latrobe, PA 15650

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation: 2600.103(g)

Plan of Correction (POC)

Immediately – The Dining Services Coordinator sealed the bag of sausage patties. The asparagus was wrapped, sealed, dated and labeled by the Dining Services Coordinator. The Dining Services Coordinator sealed the bag of rice inside the box. 11/4/2013

Changing Practice – Reports during the daily staff meeting by the Dining Services Coordinator and cook have been implemented to ensure proper food storage compliance. 11/12/2013

Teaching - Staff were in-serviced on proper storage and sealing of food in the freezers, refrigerators, and dry storage areas 11/12/2013 (see attached 'In-service Training Summary').

Ongoing Monitoring – For the next six months, the Residence Director, Dining Services Coordinator and/or Designee will monitor food storage regulation 2600.103(g) with the addition of a daily task sheet to ensure food is properly sealed and stored. 11/12/2013

12/23/13

Margaret Emerick Wellness Director,
RN

Margaret Emerick

[Handwritten signature]
11/8/14

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WEST REGION FIELD OFFICE
Human Services Licensing Page 3 of 9

Violation Report: 44488 - 11/04/2013 - Finner-Aimen, Lisa
PCH Name: BARNES HOUSE

1. REGULATION 66 Pa.Code §2600
2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
The fire drill record indicates that five of the six exits were used for 9 of the last 11 fire drills: January through August 2013, September 13, 2013 and October 2013; however, the record does not indicate which exit routes were used and which exit was blocked.

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 POC, 3A of 9

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jennifer Post, MS, RCHA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jennifer Post, Residency Dir.* Date *12/19/2013*

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

The above plan of correction is approved as of 11/8/14
(Date)

Plan of correction implementation status as of 11/8/14
(Date)

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

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

3A of 9

Violation: 2600.132(c)

Plan of Correction (POC)

Immediately – The Residence Director scheduled and completed an unannounced fire drill on 11/12/2013. The drill was completed at 3:15pm with five exits used and documented in the fire log indicating the exact exits used during the drill. See attached fire drill log indicating exits used. 11/12/2013.

Changing Practice – The Residence Director reviewed with Maintenance Technician the procedures and documentation required for fire drills. The exact exits and number of exits used in each drill will be documented by the Residence Director, Wellness Director and/or Designee.

Teaching – Staff in-service training on fire drills and evacuation procedures was completed on 12/20/2013. Regulation 2600.132 reviewed with staff which included fire drill records and documentation and review of annual employee training requirements. See attached In-service Training Summary. 12/20/2013

Ongoing Monitoring – The Residence Director, Wellness Director and/or Designee will monitor fire drills and fire drill records in accordance with 2600.132 regulations, and ^{monthly} that record includes exit routes used.

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11/18/14

12/23/13

Margaret Emerick
Wellness Director
RW

Margaret Emerick

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11/18/14

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Violation Report: 44488 - 11/04/2013 - Filmer-Alman, Lisa
PCH Name: BARNES HOUSE

1. REGULATION 56 Pa.Code §2000
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

The past four drills held during sleeping hours were conducted at approximately the same time of day:

- 12/9/12 at 5:10 a.m.
- 3/11/13 at 5:05 a.m.
- 6/10/13 at 5:00 a.m.
- 9/13/13 at 5:05 a.m.

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 POC 4 of 9

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Jennifer Post, MS, RCHT*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jennifer Post, Residence Dir.* Date *12/19/2013*

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

The above plan of correction is approved as of 1/8/14
(Date)

Plan of correction implementation status as of 1/8/14
(Date)

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

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

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Violation: 2600.132(g)

Plan of Correction (POC)

~~Immediately. The Residence Director scheduled the time of the next overnight fire drill~~
for 12:00am midnight on 12/10/2013. The fire drill was unannounced with staff and residents having no prior knowledge of the fire drill.

Changing Practice – The Residence Director, Wellness Director, and/or Designee will ensure the rotation for the monthly fire drills per shift include rotation of times within each shift.

Teaching – Staff in-service training on fire drills and evacuation procedures was completed on 12/20/2013. Regulation 2600.132 reviewed which included fire procedures and rotation of fire drills and times required monthly. See attached staff In-service Training Summary 12/20/2013.

Ongoing Monitoring – The Residence Director, Wellness Director and/or Designee will monitor fire drills and fire drill records monthly.

12/23/13

Memerick Wellness Director, RN
Margaret Emerick

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1/8/14

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WEST REGION FIELD OFFICE
Human Services Licensing Page 5 of 9

Violation Report: 44488 - 11/04/2013 - Flinnor-Alman, Lisa
POH Name: BARNES HOUSE

1. REGULATION 56 Pa. Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted on 7/10/13. The resident's medical evaluation form was completed on and signed by the physician on 7/9/13; however, the resident's in-person medical evaluation with the physician is dated 7/28/13.

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.

See attached POC, 5A of 9

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]* MS, RCH/A

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Jennifer Post, Residency Dir. Date 12/19/2013

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

The above plan of correction is approved as of 11/8/14
(Date)

Plan of correction implementation status as of 1/8/14
(Date)

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

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

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Human Services Licensing

Violation: 2600.141(a)(1)

Plan of Correction (POC)

~~Changing Practice~~ The Residence Director and Wellness Director reviewed the medical evaluations for current residents to ensure boxes 1 through 10 were addressed.
11/4/13

The Residence Director, Wellness Director or designee will communicate and educate residents and residents' families prior to move-in that the physician must assess the resident prior to competing the medical evaluation.

Teaching: The Residence Director, Wellness Director, and/ or Designee will continue to evaluate and monitor medical forms for completeness. Staff educated during in-service on requirements of medical evaluation paperwork. See attached staff In-service Training Summary. 11/20/2013

Ongoing: The Residence Director, Wellness Director, and/or Designee will monitor new admissions to ensure that medical evaluations are completely filled out when received by physician prior to resident admission. See 'New Resident Move-in Checklist' Sheet. 11/15/2013

12/23/13
M Emerick Wellness Director, RN
Margaret Emerick

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WEST REGION FIELD OFFICE Page 6 of 9
Human Services Licensing

Violation Report: 44488 - 11/04/2013 - Finner-Alman, Lisa
PCH Name: BARNES HOUSE

1. REGULATION 65 Pa.Code §2000
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #3 is ordered Hydrocodone w/APAP 5/500mg, 1 tablet twice daily. On 7/8/13, a medication audit was completed and found three of the tablets were missing. Per the home's policy, the local police department will be notified in the event of missing narcotics; however the local police were not notified.

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 POC 6A of 9

Withdrawn
See 1/25/14

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
Jennifer Post, Residence Dir.			12/19/2013

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The above plan of correction is approved as of <u>1/8/14</u> (Date)	Plan of correction implementation status as of <u>1/8/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (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

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation: 2600.185(a)

Plan of Correction (POC)

~~Immediately The Residence Director and Wellness Director contacted Barnes House~~
Certified Medication Administrators (CMA's) on staff for a meeting to review missing medications/narcotics policies and procedures. 7/9/2013

Changing Practice – The Residence Director and Wellness Director re-educated staff on proper documentation on MAR and appropriate procedure when medications are not found, including policy on contacting the police to investigate any missing narcotics. See attached CMA In-service Training Summary. 7/9/2013

Teaching – The Wellness Director and/or Designee will provide training to new CMAs upon hire or initial certification and will re-educate current CMAs during quarterly medication observation evaluations.

Ongoing: The Residence Director, Wellness Director, and/or Designee will review MARs weekly, with new resident admissions, change of medications or re-admissions from hospitals/SNF.

12/23/13

Margaret Emerick, RN
Margaret Emerick

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Page 7 of 9

Violation Report: 44488 - 11/04/2013 - Pinner-Alman, Lea PCH Name: BARNES HOUSE	WEST REGION FIELD OFFICE Human Services Licensing
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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

The medication administration record for resident #4 was not initialed by staff for Oxycodone administration on 6/8/13, 6/9/13, 6/12/13, 6/17/13, 6/22/13, 6/23/13, 6/27/13, 7/6/13 and 7/7/13.

On 7/2/13 at 7:30 a.m., Hydrocodone w/APAP 5/500 mg was administered to resident #4. Staff person A did not initial the medication administration record until 7/8/13.

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.

See Attached POC 7A OF 9

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>	
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Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
Jennifer Post, Residence Dir.	12/19/2013

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

The above plan of correction is approved as of <u>1/8/14</u> (Date)	Plan of correction implementation status as of <u>1/8/14</u> (Date)
The above plan of correction was approved by <u></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>a</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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7A OF 9

WEST REGION FIELD OFFICE
Human Services Licensing

Violation: 2600.187(b)

Plan of Correction (POC)

~~Immediately, The Wellness Director re-educated Staff Person A on the requirement to~~
initial the dates and times of administration of medications for residents. 7/8/2013

Change of Practice – The Wellness Director will monitor and audit the narcotic sheets weekly against the MAR for completion and accuracy. 7/8/2013

Teaching: The Wellness Director and Residence Director counseled Staff Person A on proper documentation on MAR when medications are administered. Staff Person A suspended immediately pending in-service on proper documentation on MAR and narcotics administration. See attached In-service Training Summary for medication administrators. 7/9/2013

On-going: The Wellness Director and/or Designee will continue to observe medication administration quarterly for staff administering medications including Staff Person A. See attached Medication Administration Training Annual Practicum Observation Sheet for Staff Person A.

12/23/13

Margaret Emerick Wellness Director, RN
Margaret Emerick

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1/8/14

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WEST REGION FIELD OFFICE Page 8 of 9
Human Services Licensing

Violation Report: 44488 - 11/04/2013 - Flimmer-Aiman, Lisa
PCH Name: BARNES HOUSE

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

The pre-admission screening form for Resident #5, admitted 10/12/13, does not include a determination that the home can meet the service needs of 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.

See Attached POC 8A OF 9

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jennifer Post, MS, PCH/A*

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) *Jennifer Post, Residence Dir.* 12/19/2013

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The above plan of correction is approved as of 11/8/14
(Date)

Plan of correction implementation status as of 1/8/14
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

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DEC 23 2013

WEST REGION FIELD OFFICE
Human Services Licensing

Violation: 2600.224(a)

Plan of Correction (POC)

~~Immediately~~ The Wellness Director signed and dated the pre-admission screening with the current date and initials to complete pre-admission screening form accurately and in compliance. 11/4/2013

Note: Resident #5 is no longer living at the community.

Changing Practice – The Residence Director, Wellness Director, and/or Designee will review pre-admission screening forms for completeness and accuracy before resident admission. 11/4/2013

Teaching – The Residence Director, Wellness Director, and/or Designee will continue to monitor pre-admission screenings for dates, accuracy, and completion. See attached 'New Resident Move-In Checklist'.

Ongoing – The Residence Director, Wellness Director, and/or Designee will continue to ensure new resident paperwork is complete and accurate before and at the time of move-in as required. Accuracy will be monitored by utilization of new move-in checklist task sheets.

12/23/13
Margaret Emerick Wellness Director, RW
Margaret Emerick

1/8/14

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WEST REGION FIELD OFFICE
Human Services Licensing Page 9 of 9

Violation Report: 44488 - 11/04/2013 - Flinger-Alman, Lisa
PCH Name: BARNES HOUSE

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
The medical evaluation, dated 2/28/13, for resident #2 indicates that the resident is moderately immobile; however, the assessment, dated 1/15/13, indicates the resident is minimally immobile.

Resident #2 was ordered hospice services on 8/14/13 due to the significant change of a diagnosis of failure to thrive; however, a new assessment for the resident was not completed.

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 POC 9A of 9

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*, MS, PCHA

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Jennifer Post, Residence Director Date 12/19/2013

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

The above plan of correction is approved as of 1/8/14 (Date) Plan of correction implementation status as of 1/8/14 (Date)

The above plan of correction was approved by 1/8/14 (Initials)

 Fully Implemented
 Partially Implemented - Adequate Progress 2
 Partially Implemented - Inadequate Progress
 Not Implemented

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WEST REGION FIELD OFFICE
Human Services Licensing

9A of 9

Violation: 2600.225(c)

Plan of Correction (POC)

~~Immediately~~ The Wellness Director updated the Resident Assessment Support Plan (RASP) for Resident #2 dated 11/4/2013 to ensure that Resident #2's status was current.

Changing Practice – The Residence Director, Wellness Director, and/or Designee will continue to conduct monthly chart audits to include the Resident Assessment Support Plan and other related assessments to ensure accuracy and completion. First audit will be completed by 1/6/2014.

Teaching – The Residence Director and Wellness Director reviewed regulation 2600.225 to ensure the proper understanding in updating the RASP and other assessments after a resident's change of condition. 11/5/2013.

Ongoing – For the next six months, the Residence Director, Wellness Director, and/or Designee will audit current resident files beginning 1/6/2014 to ensure the RASP and other assessments match the resident's current status and are updated for any significant changes.

12/23/13
Margaret Emerick, Wellness Director, RW
Margaret Emerick


1/8/14