



pennsylvania

DEPARTMENT OF PUBLIC WELFARE

JAN 20 2014

Ms. Allison Showver, Administrator
Albrecht Inc.
1710 Maple Avenue
Coal Township, Pennsylvania 17866

RE: Guardian Angel Personal Care Home
License #: 202080

Ms. Showver:

As a result of the Department of Public Welfare's licensing inspection on November 7, 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 14, 2013 to December 14, 2014 was issued on October 1, 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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

Page 1 of 14

PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME		License Number: 2020B
Address: 1710 MAPLE AVENUE, COAL TOWNSHIP, PA 17866		County: Northumberland
Administrator: Allison Shower		Region: NORTHEAST
Legal Entity Name: ALBRECHT INC		
Legal Entity Address: 1710 MAPLE AVENUE, COAL TOWNSHIP, PA 17866		
Certificate(s) of Occupancy C-2 LP 06/25/1996 L & I		
Staffing Hours	Total Daily Staff: 19	Waking Staff: 14
Resident Support: 0	BHA Docket Number:	Notice: Unannounced
Type of Inspection: Full		
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/07/2013: Harvey, Jason; Patton, Leslie		
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: 20	Number of Residents who:	
Number of Residents Served: 19	Receive Supplemental Security Income: 14	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 11	
Area:	Have Mental Illness: 12	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 3	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

Violation Report: 20208 - 11/07/2013 - Harvey, Jason
 PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 P.A. 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 in the record of resident #1 (dated 1/31/13) was not signed by the payer.

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.

contract is now signed by the payer. All contracts were checked by administrator & asst. to insure compliance. Contracts will be signed by both the resident & payer from this point forward. The Admin. assist. will be responsible to prevent future violations

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Allison L. Spowen*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Allison L. Spowen* Date *12-11-13*

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

The above plan of correction is approved as of 12/31/13
 (Date)

Plan of correction implementation status as of 12/31/13
 (Date)

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

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

Violation Report: 20208 - 11/07/2013 - Harvey, Jason
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800
2600.25(d) SOPb2 - If the home collects a resident's rent rebate under § 2600.25(a), the resident-home contract is to include the home's intended use of the revenue collected from the rent rebate.

2a. DESCRIPTION OF VIOLATION
The contract in the record of resident #2 (dated 4/30/13) did not specify the intended purpose or use of the portion of the rent rebate kept by the home.

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

Residents contract now states purpose of rent rebate. All contracts were checked by Admin. to ensure compliance. Contracts were corrected at time of inspection. Admin. asst. is responsible to ensure future compliance

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
Allison L. Shower		12-11-13

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(Date)

The above plan of correction was approved by M
(Initials)

Plan of correction implementation status as of 12/31/13
(Date)

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

Violation Report: 20208 - 11/07/2013 - Harvey, Jason
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.28(g) - Upon discharge of the resident or transfer of the resident to a higher level of care, the administrator shall return the resident's funds being managed or stored by the home to the resident within 2 business days from the date the room is cleared of the resident's personal property.

2a. DESCRIPTION OF VIOLATION

Resident #3 was discharged from the home on 7/30/13, at which time the resident had \$25.00 in his/her resident fund. The resident received a rent rebate in the amount of \$325.00 on 8/19/13. The home continued to function in the role of the resident's representative payee and made a payment of \$350.00 to the pharmacy on the resident's behalf on 8/19/13. The funds that were present in the resident's account on the date of discharge were not returned to 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.

When the resident went to nursing home, it was initially short term. Resident owed the pharmacy over \$600 at the time. The home made a payment on the resident's behalf. From this point forward all funds will be returned within the specified time. *Admin. will be responsible to insure future compliance.

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Allison L. Shower		12-11-13

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(Initials)

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(Date)

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Violation Report: 20208 - 11/07/2013 - Harvey, Jason
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

- 1. REGULATION 55 Pa.Code §2800**
 2800.65(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
Staff member A did not receive training in Fire Safety, Older Adult Protective Services and Falls and Accident Prevention trainings for the year 2012.

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

All Staff receives required training. However Staff member A. had a death in her family and was off during the training. She was retrained as required in 2013. All staff training will be maintained as per regulations. Admin. will be responsible

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Alexandra L. Showers</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Alexandra L. Showers</i>			Date <i>12-11-13</i>

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

The above plan of correction is approved as of 12/31/13
(Date)

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

Plan of correction implementation status as of 12/31/13
(Date)

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

Violation Report: 20205 - 11/07/2013 - Harvey, Jason
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION
The fire extinguisher service tag located on the first floor next to the home's rear sliding glass doors expired on 10/31/2013.

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.

Fire Extinguisher was an extra one not required by regulations. ~~Att for ex~~ It was missed by fire inspec. co. All fire extinguishers that are required were inspected + are in compliance. The uninspected extinguisher was removed from the property. Admin will be responsible for future compliance

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

Signature of Legal Entity Representative (Required on EVERY Page) *Allison L. Shower*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Allison L. Shower Date 12-11-13

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The above plan of correction is approved as of 12/31/13 (Date)

Plan of correction implementation status as of 12/31/13 (Date)

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

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

Violation Report: 20208 - 11/07/2013 - Harvey, Jason
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2600
2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION

Staff person A conducts the fire drills that take place during sleeping hours. When interviewed, the staff person stated she/he informs staff members prior to the drill being conducted so that they can properly prepare resulting in the sleeping hour drills not being unannounced.

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.

Staff that is responsible for overnight fire drill was re-educated on the meaning of unannounced. Admin. will supervise next overnight fire drill & will forward documentation as proof. Our next overnight is due in January 2014.

- The administrator shall be responsible to assure that all monthly fire drills are unannounced.

M
12/31/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Wilson L Shaver

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

Wilson L Shaver

Date 12-11-13

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12/31/13
(Date)

Plan of correction implementation status as of

12/31/13
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

M
(Initials)

Violation Report: 20209 - 11/07/2013 - Harvey, Jason
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2800
2600.132(e) - 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 home's fire drill record does not specify what time the drill was conducted on 7/30/13. In addition, only one staff person participated during the drills conducted on 4/8/13 and 8/21/13, but it was documented incorrectly on the fire drill record that two staff persons participated.

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.

All times were recorded from the date forward. The person conducting the fire drill will not be included in the # of staff participating in the drill. Admin. will be responsible for future compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Allison L. Showers

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

Allison L. Showers

Date: 12-11-13

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12/31/13
(Date)

Plan of correction implementation status as of

12/31/13
(Date)

The above plan of correction was approved by

M
(Initials)

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Violation Report: 20208 - 11/07/2013 - Harvey, Jason
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 58 Pa.Code §2600
2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION
The home's fire drill records indicate the home is not alternating exit routes during monthly fire drills. The home used the "front door" exit during the drills conducted on 10/9/13, 9/16/13, 8/21/13, 7/30/13, 6/21/13, and 5/14/13.

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.

Alternate exit routes are used, however the home has 3 front doors. We will be more more specific when documenting such as - front porch, french door, front ramp etc. Admin. will be responsible for future compliance. See pg. 8 addendum

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Alison L. Showers*

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) *Alison L. Showers* *12-11-13*

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(Date)

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(Initials)

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Violation Report: 20208 - 11/07/2013 - Harvey, Jason
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600
2600.165(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
It is the home's policy that all narcotic medications be counted by two staff persons at the beginning and end of each shift. The staff is currently only counting the narcotics in use. Any additional narcotics not in use are stored separately and are not routinely counted. In addition, staff incorrectly counted the number of Lorazepam 1mg pills prescribed to resident #4. The correct number of pills present is 89, yet staff incorrectly counted the remaining number of pills as 105.

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.

new count sheets have been implemented to cover all packs of narcotics. Including those in use and those locked in the medication box. Admin. will be responsible for compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Allison L. Shover

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

Allison L. Shover

Date

12-11-13

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The above plan of correction is approved as of

12/31/13
(Date)

Plan of correction implementation status as of

12/31/13
(Date)

The above plan of correction was approved by

M
(Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 20208 - 11/07/2013 - Harvey, Jason
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa.Code 52600

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 (MAR) of resident #5 did not indicate the diagnosis or purpose for Calurelle capsula, Fleet Enema, and Vancomycin.
 The MAR of resident #6 did not indicate a diagnosis or purpose for Risperidone.
 The MAR of resident #7 did not indicate a diagnosis or purpose for Levothyroxine and Xalatan.
 The MAR of resident #8 did not indicate a diagnosis or purpose for Timolol eye drops.

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.

All diagnoses were written in where they were missing. Staff was re-educated on the importance of proper documentation. All other MAR's were checked for compliance. Admin. Asst & staff will be responsible for future compliance.

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
Allison L. Shaver		12-11-13

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The above plan of correction is approved as of	12/31/13 (Date)	Plan of correction implementation status as of	12/31/13 (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: 20208 - 11/07/2013 - Harvey, Jason
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600
2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident #9 has refused Miralax 1/2 capful from 11/1/13- 11/7/13. The prescribing physician was not notified of the medication refusals.

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.

Residents had discussed having the med as a pen ~~order~~ instead of a straight order with the Dr. The Dr. did not respond. Home called the Dr. on 11/8/13 & reported the refusal, again requesting a PRN order. The Dr. stated it will be discussed at the next appt. Residents has resumed taking med as prescribed until then. From this point forward, all refusals will be documented and reported as required by regulations to ensure compliance with regulations & NPTD. *Admin and assistants will be responsible to ensure compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Allison L. Shawver*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Allison L. Shawver Date 12/31/13

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The above plan of correction was approved by M (initials)

Plan of correction implementation status as of 12/31/13 (Date)

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Violation Report: 20208 - 11/07/2013 - Harvey, Jason
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION
Ondansetron OPT 4mg and Chloraseptic throat lozenge to be administered to resident #9 as needed, was not on-hand at the time of the inspection.
Ibuprofen 200mg to be administered to resident #6 as needed was not on-hand at the time of the inspection.

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.

Correct we deal with a small local pharmacy & medications can be obtained within the hour. Medications such as throat lozenges & cough syrup are ordered as needed as to not waste residents funds and have medications expire when they are not needed or in use. The ibuprofen was ordered from the pharmacy & was waiting delivery. The Chloraseptic was not needed at the time. From this point forward we will receive specific instructions from the prescriber concerning medications or had for specific seasonal symptoms. Admin. & Asst. will be responsible for future compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Allison L Shower*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Allison L Shower* Date *12/11/13*

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Plan of correction implementation status as of 12/31/13 (Date)

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Violation Report: 20208 - 11/07/2013 - Harvey, Jason
PCH Name: GUARDIAN ANGEL PERSONAL CARE HOME

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 #10 was admitted to the home on 6/24/13. The Preadmission Screening completed for resident #10 was completed on 5/5/13. The Preadmission Screening was not completed within 30 days prior to or on the day of admission to the home. In addition, the Preadmission Screening did not indicate if the needs of the resident can be met by the home.

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

Resident #10 was supposed to be admitted to the home 1 week following 5/5/13. However, she gave her family her money & was unable to come at that time. We still held the bed for her. I did not realize it was over 30 days. All preadmission screenings will be done within the 30 day time frame. All files were checked for compliance. Admin. & Asst. will be responsible for future compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Alicia L. Shuman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Alicia L. Shuman* Date *12-11-13*

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

The above plan of correction is approved as of 12/31/13 (Date)

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

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