



FEB 19 2014

Ms. Honey Nunez, Owner  
Paraclete Group, LLC  
421 Cottage Lane  
Monroeville, Pennsylvania 15146

RE: George's Personal Care Home  
108 Water Street  
New Stanton, Pennsylvania 15672  
License # 440570

Dear Ms. Nunez:

As a result of the Department of Public Welfare's licensing inspection on November 26, 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 February 22, 2014 to February 22, 2015 was issued on November 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, sweeping horizontal line extending to the right.

Matthew J. Jones  
Acting Director

Enclosure  
License Inspection Summary

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

PCH Name: GEORGE S PERSONAL CARE HOME		License Number: 44057
Address: 108 WATER STREET, NEW STANTON, PA 15672		County: Westmoreland
Administrator: Renee Good		Region: WEST
Legal Entity Name: PARACLETE GROUP LLC		
Legal Entity Address: 421 COTTAGE LANE, MONROEVILLE, PA 15146		
Certificate(s) of Occupancy C-2 LP 11/23/2009 Borough of New Stanton		RECEIVED JAN 22 2014 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 18	Waking Staff: 14
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
11/26/2013: Cutter, Jan; Georgoulis, Karen		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 18 Number of Residents Served: 18 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 12 Are 60 Years of Age or Older: 8 Have Mental Illness: 10 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 44057 - 11/26/2013 - Cutter, Jan  
 PCH Name: GEORGE S PERSONAL CARE HOME

**RECEIVED**

1. REGULATION 55 Pa.Code §2600  
 2600.26(a) - The home shall establish and implement a quality management plan.

JAN 28 2014

2a. DESCRIPTION OF VIOLATION  
 The home has not established a quality management plan.

WEST REGION FIELD OFFICE  
 Human Services Licensing

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.

The home established a quality management plan on 11/30/2013.  
 Administrator will yearly check quality management plan in the event any changes may occur.  
 Attachment page 2 of 12 Quality Management Plan and Checklist.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *RENEE GOOD Administrator* Date *1/27/2014*

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

The above plan of correction is approved as of <u>1-27-14</u> (Date)	Plan of correction implementation status as of <u>1-27-14</u> (Date)
The above plan of correction was approved by <u><i>RG</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>RG</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

**RECEIVED**

Violation Report: 44057 - 11/26/2013 - Cutter, Jan  
 PCH Name: GEORGE S PERSONAL CARE HOME

JAN 29 2014

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

WEST REGION FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The ceiling vent in the downstairs bathroom next to the office had a thick coating of dust. There were also dead bugs in the light fixture.

There was a thick coating of dust on the ceiling vent in the bathroom in the new wing.

The floor in front of the toilet in the first floor bathroom next to the office had dried urine on the floor that was sticky.

The floor in the bathroom in the new wing was sticky and there was an odor of urine in that bathroom.

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.

The ceiling vent in the downstairs bathroom next to the office was replaced with a new ceiling vent with light by license electrician on 12/18/2013.

The ceiling vent in the bathroom in the new wing was replaced with a new ceiling vent with light by license electrician on 12/18/2013.

The toilet in the first floor bathroom next to the office and the bathroom in the new wing was cleaned immediately by staff [redacted] on 11/26/13.

Checklist will be implemented for staff to check vents weekly and clean as needed.

Checklist will be implemented for staff that toilet floors in all bathroom be mopped the end of each shift and clean bathrooms as needed.

Attached page 3 of 12 Westmoreland electric invoice, picture and checklist.

*3-1-14 the administrator will monitor the home weekly to ensure sanitary conditions are maintained. JGP 1-27-14*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Renee Good Administrator* Date *1-16-2014*

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The above plan of correction is approved as of <u>1-27-14</u> (Date)	Plan of correction implementation status as of <u>1-27-14</u> (Date)
The above plan of correction was approved by <u>JGP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JGP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

JAN 22 2014

Violation Report: 44057 - 11/26/2013 - Cutter, Jan  
PCH Name: GEORGE S PERSONAL CARE HOME

WEST REGIONAL OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION

The ceiling vent in the first floor bathroom next to the office was not operable and there was no window.

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.

The ceiling vent in the first floor bathroom next to the office was replaced with a new ceiling vent by license electrician on 12/18/13.

Checklist will be implemented weekly for staff to check vents to see if operable and if not operable call owner immediately.

Attached page 4 of 12 Westmoreland electric invoice, picture and checklist.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Renee Good*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *RENEE Good Administration*      Date *1-16-2014*

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

The above plan of correction is approved as of 1-27-14  
(Date)

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

Plan of correction implementation status as of 1-27-14  
(Date)

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

Violation Report: 44057 - 11/26/2013 - Cutter, Jan  
PCH Name: GEORGE S PERSONAL CARE HOME

JAN 22 2014

WEST REGION FIELD OFFICE  
Human Services Licensing

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

There were four distinct smoke marks on the ceiling directly above each of the four light bulbs in the light bar fixture above the sink in the first floor bathroom by the office. It appears as if the bulbs were hot enough to cinge the painted surface of the ceiling.

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.

Above the sink in the first floor bathroom by the office on 12/18/13 a license electrician installed a new light fixture with a lower wattage bulbs and the furniture have thick glass cover. The four distinct smoke marks on the ceiling was cleaned and painted

Staff and Administrator will check weekly for floors, walls, ceilings, windows, doors and other surfaces if it's clean, in good repair and free of hazards.

Attached page 5 of 12 Westmoreland electric invoice, picture and checklist.

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *RENEE Good administrator* Date *1-16-2014*

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

The above plan of correction is approved as of 1-27-14  
(Date)

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

Plan of correction implementation status as of 1-27-14  
(Date)

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

Violation Report: 44057 - 11/28/2013 - Cutter, Jan  
 PCH Name: GEORGE S PERSONAL CARE HOME

**RECEIVED**

1. REGULATION 55 Pa.Code §2600  
 2600.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

JAN 22 2014

WEST REGION FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The bottom step of the internal fire exit stairwell was missing the non-skid carpet pad.

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.*

The bottom step of the internal fire exit was put in place with a new non-skid stick mat on  
12/16/2013

Staff and Administrator will check weekly for interior stairs, exterior steps and ramps that must have non-skid surfaces.

Attached page 6 of 12 receipt, picture and checklist.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Renee Good*

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

*RENEE Good Administrator*

Date

*1-16-2014*

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The above plan of correction is approved as of 1-27-14  
 (Date)

Plan of correction implementation status as of 1-27-14  
 (Date)

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

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

Violation Report: 44057 - 11/26/2013 - Cutter, Jan  
 PCH Name: GEORGE S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

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2a. DESCRIPTION OF VIOLATION

Resident #1's bed frame was not secure and was easy to wiggle from side to side.  
 There was a six inch tear on the seat of the sofa in the livingroom.  
 The shelf on the wall by the sink in the first floor bathroom by the office is loose.

JAN 23 2014

WEST REGION FIELD OFFICE  
 Human Services Licensing

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 #1 bed frame was replaced with new bed frame on 12/05/2013.

The living room sofa with tear on seat was replaced with another sofa in good shape on 1/19/2014

Shelf on the wall by the sink in the first floor bathroom by the office was tightened and secured by screws on 11/27/13.

Checklist will be implemented weekly for staff and administrator to be sure all furniture, bed frame, shelf is in good repair, clean and free of hazards and if not report to owner immediately to have fixed or replaced.

Attached page 7 of 12 bed frame receipt, sofa pictures and checklist.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *RENÉE GOOD ADMINISTRATOR* Date *1-16-2014*

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The above plan of correction is approved as of 1-27-14  
 (Date)

Plan of correction implementation status as of 1-27-14  
 (Date)

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

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

Violation Report: 44057 - 11/26/2013 - Cutler, Jan  
PCH Name: GEORGE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Pennsylvania Licensing

1. REGULATION 55 Pa.Code §2600

2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION

The ramp to the side door; the entrance to the rear door; and the front porch and steps were covered with about 1 to 2 inches of snow at 9:00 AM. The snow was cleared at approximately 11:00 AM.

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 was educated on the importance of keeping all outside walkways (ramps, steps, rear door, front door and exterior fire escapes and gazebo clear of snow, ice, debris or any obstructions. In the event of snow and ice storm [redacted] will remove/clean the snow or ice outside walk ways, ramps, porch, steps, gazebo and fire exits. A staff person will also remove snow/ice in between or as needed and spread salt as needed to clear all outside walkways.

Attached page 8 of 12 staff training. [redacted] signed agreement.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Renee Good*

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

RENEE GOOD Administrator

Date

1-16-14

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The above plan of correction is approved as of 1-27-14  
(Date)

Plan of correction implementation status as of 1-27-14  
(Date)

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

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

JAN 27 2014

Violation Report: 44057 - 11/26/2013 - Cutter, Jan  
PCH Name: GEORGE S PERSONAL CARE HOME

WEST CHESTERFIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(j)(2) - Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.

2a. DESCRIPTION OF VIOLATION

Resident #1 does not have a bedroom chair.

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.

Chair was placed in room on 11/26/13 for resident #1.

Checklist will be implemented for staff to check daily if residents bedroom have chair.

Attached page 9 of 12 checklist.

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Renee Good Administrator* Date *1-16-2014*

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

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44057 - 11/26/2013 - Cutter, Jan  
PCH Name: GEORGE S PERSONAL CARE HOME

WEST CHESTER FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(r)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

2a. DESCRIPTION OF VIOLATION

The window blind in Resident #2's bedroom had a one inch tear near the pull-down and the edges on the right side were frayed.

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 #2 blind was replaced with new blind on 1/5/2014

Checklist will be implemented for staff to check weekly to be sure window coverings clean, in good repair, provide privacy and cover the entire window when drawn.

Attached page 10 of 12 blind receipt, picture and checklist.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Renee Good*

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

Renee Good Administrator

Date

1-16-2014

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The above plan of correction is approved as of 1-27-14  
(Date)

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

Plan of correction implementation status as of 1-27-14  
(Date)

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

Violation Report: 44057 - 11/26/2013 - Cutter, Jan  
 PCH Name: GEORGE S PERSONAL CARE HOME

**RECEIVED**

**1. REGULATION 55 Pa.Code §2600**

2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:

JAN 28 2014

WEST REGION FIELD OFFICE  
 Human Services Licensing

- (1) Documentation of the receipt of controlled substances and prescription medications.
- (2) A process to investigate and account for missing medications and medication errors.
- (3) Limited access to medication storage areas.
- (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

**2a. DESCRIPTION OF VIOLATION**

The home's procedures for the safe use of medications and medical equipment do not include the process for the administration of medications.

**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.*

A plan was implemented for the safe use of medication and medical equipment if needed a plan will be implemented.

The safe process for the administration of medication was implemented.

Administrator will yearly or as needed update any new requirements or changes

Attached page 11 of 12 The process of administering medication and checklist.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>RENEE GOOD Administrator</i>	Date <i>1-16-2014</i>
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The above plan of correction was approved by <u><i>RG</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>RG</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

Violation Report: 44057 - 11/26/2013 - Cutter, Jan  
 PCH Name: GEORGE S PERSONAL CARE HOME

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

JAN 29 2014

WEST REGION FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Mutual Aid Ambulance was summoned to the home on May 10, 2013 at 11:00 PM for Resident #3 due to confusion and change in mental status. Staff requested that the resident be checked out but not transported. The resident had been transported to the Hospital on May 9, 2013, diagnosed with a Urinary Tract Infection and returned that same day. Paramedics contacted Dr. [redacted] the Emergency Room Physician at Excelsa-Frick Hospital for further instructions. Dr. [redacted] agreed to the refusal to transport due to the staff being familiar with the resident and with the understanding that the resident would be watched all night. However, staff only checked on the resident two times, at 2:15 AM and 4:30 AM at which time it was discovered that the resident had ceased to breath.

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 [redacted] 3-11pm shift and [redacted] 11-7am shift was talking at approx 10:50 pm about resident#3 being confuse and his change in mental status. Both staff decided to call 911 even though resident#3 refused two times to go to the hospital. Paramedics who checked resident#3 said all vitals are good. Resident#3 was asked by paramedic do you want to go to the hospital and resident#3 refused twice. Paramedic called the Doctor. According to paramedic: the doctor said I treated resident#3 for UTI. If resident#3 vitals are good then he could stay but the doctor did not say resident#3 had to be watched all night. No directions or instructions from the prescriber. Paramedics may have a recorded conversation with the doctor that we can prove. Staff [redacted] reported to administrator about what paramedics and doctor said. Staff [redacted] changed residents#3 adult brief and pants and then left at 12:30am. Staff M.P. 3-11 pm shift would have stayed and watched resident #3 all night if doctor directed the staff to watch all night so other staff [redacted] 11-7am could do her regular shift duties.

Staff meeting implemented on 1/18/14 about incident last May 2013. Staff educated the importance about the incident last May 2013. Attached page 12 of 12 staff meeting documentation.

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *RENEE GOLD Administrator*      Date *1-16-2014*

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

The above plan of correction is approved as of \_\_\_\_\_  
 (Date)

The above plan of correction was approved by \_\_\_\_\_  
 (Initials)

Plan of corection implementation status as of \_\_\_\_\_  
 (Date)

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