



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 21 2014

Mr. Anthony J. Peroni, RN, Owner
111 Easy Street
Uniontown, Pennsylvania 15401

RE: Peroni Personal Care Home
License #: 426270

Dear Mr. Peroni:

As a result of the Department of Public Welfare's licensing inspection on January 16, 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.

Your regular license for the period June 3, 2014 to June 3, 2015 was issued on February 14, 2014. 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
Director

Enclosure
License Inspection Summary

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

PCH Name: PERONI PERSONAL CARE HOME		License Number: 42627
Address: 111 EASY STREET, UNIONTOWN, PA 15401		County: Fayette
Administrator: Lynette Wene		Region: WEST
Legal Entity Name: ANTHONY J PERONI		
Legal Entity Address: 111 EASY STREET, UNIONTOWN, PA 15401		
Certificate(s) of Occupancy I-1 04/20/2010 City of Uniontown		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 35	Waking Staff: 26
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
01/16/2014: Cutter, Jan; Georgoulis, Karen		
Off-Site Inspection Dates and Inspectors, if Applicable		
RECEIVED MAR 06 2014 WEST VIRGINIA FIELD OFFICE Human Services Licensing		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 32 Number of Residents Served: 29 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: 7 Number of Hospice Residents in past year: 9	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 29 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 6 Have a Physical Disability: 0	

Violation Report: 42627 - 01/16/2014 - Cutter, Jan
PCH Name: PERONI PERSONAL CARE HOME

MAR 06 2014

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

Upon entrance to the home at 9:00 AM, there was an empty prescription bottle of Cyanocobalamin 1000 mcg/ml belonging to Resident #1 unattended on top of the medication cart in the dining room.

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 & visiting nursing agencies re-instructed not to leave any items with personal information regarding residents left out where others may see. Staff instructed on where to leave such items.

7-30-14 All staff persons will be educated on the confidentiality of resident records and the procedures for maintaining resident information. JPP 6-30-14

7-30-14 The administrator will monitor the home weekly to ensure all resident records including prescription bottles are kept confidential. JPP 6-30-14

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

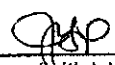
Signature of Legal Entity Representative (Required on EVERY Page) 


Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date
1004 Peroni PC 2-27-14

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

The above plan of correction is approved as of 6-30-14 (Date)

Plan of correction implementation status as of 6-30-14 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 42627 - 01/16/2014 - Cutler, Jan
PCH Name: PERONI PERSONAL CARE HOME

MAR 06 2014

1. REGULATION 55 Pa.Code §2600

2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

WILKES-BARRER HELL OFFICE

2a. DESCRIPTION OF VIOLATION

Resident #2's contract, dated 7/31/2013, does not include a fee schedule of actual amounts charged for available services.

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 monthly rates are discussed at signing of contract. There is one monthly fee, everything included. No extra fees for laundry services, special meals, etc....

Withdrawn JRP

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 2-27-14

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The above plan of correction is approved as of _____ (Date)
The above plan of correction was approved by _____ (Initials)
Plan of correction implementation status as of _____ (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 42627 - 01/16/2014 - Cutter, Jan
PCH Name: PERONI PERSONAL CARE HOME

MAR 06 2014

1. REGULATION 55 Pa.Code §2600

2600.25(c)(12) - The contract shall specify the charges to the resident, if any, for holding a bed during hospitalization or other extended absence from the home.

WEST VIRGINIA FIELD OFFICE
for holding a bed during hospitalization or other extended absence from the home.

2a. DESCRIPTION OF VIOLATION

Resident #2's contract does not include the charges for holding a bed during an absence.

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 contract updated with bed hold rate.
Upon Admission new resident's will have this part of contract completed on date of Admission.

7-30-14 the administrator will review all current resident contracts to ensure all contracts include the charge for holding a bed during hospitalization or other extended absence from the home. JPP 6-20-14

* see copy enclosed

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 2-27-14

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

Violation Report: 42627 - 01/16/2014 - Cutter, Jan
 PCH Name: PERONI PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

The following poisonous materials were accessible to residents in Resident #3's unlocked bedroom:

- + Toilet Cleaner
- + Windex Streakfree
- + Odoban

MAR 06 2014

All of these items had manufacturer's labels indicating "If ingested contact physician or poison control center". Residents of the home, including Residents #1 and 2, have not been assessed as capable of recognizing and using poisons safely.

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 items removed from resident room on day of inspection.
 Staff re-instructed to not leave these items in reach of any resident. Items when not in use should be kept locked up.
 7-30-14 All staff persons will be educated concerning the safe storage of poisonous materials and the risks to residents. Documentation shall be kept. JPP 6-30-14
 7-30-14 The administrator will monitor the home weekly to ensure all poisonous materials are locked and inaccessible to residents. Documentation shall be kept. JPP 6-30-14

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) Tony Peroni RA	Date 2-27-14
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>6-30-14</u> (Date)	Plan of correction implementation status as of <u>6-30-14</u> (Date)
The above plan of correction was approved by <u>JPP</u> (initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress JPP <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42627 - 01/16/2014 - Cutter, Jan
 PCH Name: PERONI PERSONAL CARE HOME

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

MAR 06 2014

2a. DESCRIPTION OF VIOLATION

The vents in bathrooms #5 and 7 were coated with a layer of dust.

The freezer at the bottom of the steps in the basement had an approximately 10" by 6" area of melted ice cream on the bottom of the freezer.

INSPECTION OFFICE
 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.

Freezer cleaned by owner. Freezers will be inspected by owners and/or administrator on weekly basis to ensure cleanliness is maintained *see enclosed pic*

Vents in bathroom's #5 & 7 were ~~thoroughly~~ thoroughly cleaned and will be inspected monthly for dust build-up.

7-30-14 All staff persons will be educated on maintaining sanitary conditions and the reporting methods for unsanitary conditions. Documentation shall be kept. JSP

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

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Printed Name and Title of Legal Entity Representative
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 (Date)

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 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress JSP
- Partially Implemented - Inadequate Progress
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Violation Report: 42627 - 01/16/2014 - Cutter, Jan
 PCH Name: PERONI PERSONAL CARE HOME

7/13/2014

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

MAR 06 2014

2a. DESCRIPTION OF VIOLATION

DEPARTMENT OF
 SERVICES LICENSING

One of the rocking chairs on the deck to the left of the main entrance has a broken piece of wood that goes across the bottom of the back of the chair so it is not securing the slats on the chair back and also exposing the sharp edge of the wood.

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.

Rocking chair was disposed of in trash. Outside furniture will routinely be inspected by owners and or administrator to ensure safety.

7-30-14 the administrator will conduct a monthly physical health and safety inspection to ensure all furniture is clean, in good repair, and free of hazards. JSP

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

Tom Peroni, RW 2-27-14

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The above plan of correction is approved as of 6-30-14
 (Date)

Plan of correction implementation status as of 6-30-14
 (Date)

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- Fully Implemented
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- Not Implemented

Violation Report: 42627 - 01/16/2014 - Cutter, Jan
 PCH Name: PERONI PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The first aid kit was missing antiseptic.

MAR 06 2014

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.

Antiseptic was placed in first aid kit at time of inspection.

First aid kit will be routinely checked ^{monthly (888)} in order to make sure all items present in kit.

Repeat Violation: No

Date(s) of Previous Violation(s):

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

Date 2-27-14

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

The above plan of correction is approved as of 6/20/14
 (Date)

Plan of correction implementation status as of 6/20/14
 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress ^{GP}
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42627 - 01/16/2014 - Cutter, Jan
 PCH Name: PERONI PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

The temperature in the second freezer in the basement was 10 degrees at 10:35 AM and 10 degrees at 4:00 PM.

There was no thermometer in the third freezer in the back of the basement.

RECEIVED

MAR 08 2014

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 thermometers placed in all freezers. Freezers will be checked biweekly to ensure proper temperature.

Freezer temperatures turned down to 10°F. Administrator checks at least once a week and temperature of freezers are 0°F.

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 2-27-14

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

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Plan of correction implementation status as of 6-20-14
 (Date)

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

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

Violation Report: 42627 - 01/16/2014 - Cutter, Jan
 PCH Name: PERONI PERSONAL CARE HOME

PERONI

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

MAR 06 2014

2a. DESCRIPTION OF VIOLATION

There was large opened and undated bag of garlic bread in the third freezer in the back of the basement.

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.

Garlic bread will be kept in a dated, sealed bag. Staff instructed on this.

7-30-14 All staff persons included in food preparation, storage and serving will be educated regarding the safe, closed and sealed and dated storage of food items. Documentation shall be kept. JHP 6-20-14

7-30-14 A designated staff person will check all food storage areas weekly to ensure all food items are stored in sealed and dated containers. JHP 6-20-14

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)

Tony Peroni RA

Date 2-27-14

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

The above plan of correction is approved as of 6/20/14
 (Date)

Plan of correction implementation status as of 6/20/14
 (Date)

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

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

Violation Report: 42627 - 01/16/2014 - Cutter, Jan
 PCH Name: PERONI PERSONAL CARE HOME

1. REGULATION 55 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

MAR 06 2014

The home does not have a maximum designated evacuation time, within the past year, from a fire safety expert. The home exceeded an evacuation time of 2 minutes and 30 seconds for all of the fire drills held in 2013 as indicated on the attached chart.

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.

Our local paid fire dept fireman does our supervised fire drills annually. I discussed with the fire chief about them giving a safe and designated evacuation time for our home. He has advised me on a number of occasions that they can not give us and document a safe maximum designated evacuation time. due to liability issues. Chief [REDACTED]

Home had a fire drill and fire inspection by a fire safety expert on 6-19-14. A letter was received from the fire safety expert with a maximum evacuation time of 6 minutes. JSP 6-20-14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/18/2013	04/05/2012
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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) **Tony Peroni** Date **2/27/14**

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

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 (Date)

Plan of correction implementation status as of 6/20/14
 (Date)

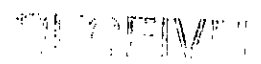
The above plan of correction was approved by JSP
 (Initials)

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

**FIRE DRILL RECORDS
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600**

PCH Name: PERONI PERSONAL CARE HOME	Number: 426270
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Date	Time	Evac Time	Supervised by Fire Safety Expert
12/19/2013	09:15 AM	3 min.	Fire Safety Expert Supervised
11/08/2013	02:00 PM	3 min. 6 sec.	
10/10/2013	05:00 AM	4 min. 8 sec.	
09/12/2013	10:00 AM	3 min 35 sec.	
08/09/2013	06:00 PM	3 min. 31 sec.	
07/16/2013	01:00 PM	3 min. 20 sec.	
06/21/2013	05:30 PM	3 min. 16 sec.	
05/15/2013	09:45 AM	3 min. 29 sec.	
04/11/2013	01:00 AM	3 min. 50 sec.	
03/13/2013	07:00 PM	3 min. 32 sec.	
02/16/2013	04:00 PM	3 min. 30 sec.	
01/07/2013	10:00 AM	3 min. 36 sec.	


 MAR 06 2014
 THE STATE OF PENNSYLVANIA
 DEPARTMENT OF REVENUE

Violation Report: 42627 - 01/16/2014 - Cutter, Jan
PCH Name: PERONI PERSONAL CARE HOME

DEPARTMENT OF HEALTH / OFFICE
OF GENERAL SERVICES / LICENSING

1. REGULATION 55 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 #4, admitted 9/14/2013, did not have a medical evaluation completed on a form specified by 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.

Resident #4 admitted to hospice on 12/27/13. New medical evaluation because of status change completed on 12-27-13 on department form.

7-30-14 The administrator or designated staff person will review all resident records to ensure a current medical evaluation documented on a form specified by the Department has been completed for each resident. JSP 6-20-14

7-30-14 The administrator will ensure that all new residents shall have a medical evaluation form completed within 60 days prior to admission, or within 30 days after admission. JSP 6-20-14

* See copy enclosed *

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 2-27-14

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

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Plan of correction implementation status as of 6-20-14 (Date)

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

Violation Report: 42627 - 01/16/2014 - Cutter, Jan
PCH Name: PERONI PERSONAL CARE HOME

MAR 06 2014

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

There was a large silver pail filled with water and cigarette butts in the designated staff smoking area. In addition, there were 50 or more cigarette butts on the ground surrounding this area.

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.

Will instruct smoker's that smoke area is to be kept clean and tidy. Area will be cleaned weekly. Proper disposal of cigarette butts will be provided.

7-30-14 A designated staff person will inspect the designated staff smoking area daily to ensure cigarettes are extinguished in fireproof receptacles and/or ashtrays. JPP

7-30-14 The administrator will inspect the designated staff smoking area at least one time per week to ensure cigarettes are extinguished in fireproof receptacles and/or ashtrays. JPP

See enclosed pictures

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 2-27-14

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[] Fully Implemented
[X] Partially Implemented - Adequate Progress JPP
[] Partially Implemented - Inadequate Progress
[] Not Implemented

Violation Report: 42627 - 01/16/2014 - Cutter, Jan
 PCH Name: PERONI PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

Residents #4, 5 and 6 participated in the development of their support plans dated 9/16/2013, 8/1/2013 and 10/4/2013, respectively. The residents did not sign their support plans; nor is there a notation of inability or refusal to sign.

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 # 4 signed current support plan.

Resident #5 deceased on 2-13-2014. unable to sign.

Resident #6 advanced dementia

FILED

MAR 06 2014

ADULT PROTECTIVE SERVICES / TRAINING

Resident's will sign support plans upon admission, if unable to sign or refuse to sign, there will be notation made.

at this time all resident support plans are signed.

* See enclosed copy *

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 2-27-14

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Plan of correction implementation status as of 6-20-14
 (Date)

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

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