



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

MAY 08 2014

Ms. Marjorie Carasquero, Administrator  
4701 North 13<sup>th</sup> Street  
Philadelphia, Pennsylvania 19141

RE: Clarke Personal Care Home  
License #: 114060

Dear Ms. Carasquero:

As a result of the Department of Public Welfare's licensing inspection on February 6, 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 2, 2014 to June 2, 2015 was issued on April 8, 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: 11406 - 02/06/2014 - Adams, Patricia  
 PCH Name: CLARKE PERSONAL CARE HOME

**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**

On 2/6/14, at 3:10 pm, resident # 1's empty medication card for Benztropine 2 mg and Risperidone 4 mg was left atop the medication cart in the kitchen. The area can be accessed by contractors and vendors.

**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.

In avoiding repeated violation in the future staff on duty will be responsible to ensure that all empty medication blister packs are secured and in a locked area or designed prior to being discarded. Staff will be required to secure blister packs daily in a locked area even after its empty to ensure resident's information remains confidential.

Resident #1's empty medication card was properly discarded on 2/6/14 and staff received training on confidentiality by the administrator on 2/6/14 on per telephone call 2 M.C.

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
MARJORIE CARASSUCCI Administrator		3/19/14

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

The above plan of correction is approved as of 3/19/14  
 (Date)

Plan of correction implementation status as of 3/19/14  
 (Date)

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

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

Violation Report: 11406 - 02/06/2014 - Adams, Patricia  
 PCH Name: CLARKE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
- (1) Medication self-administration training.
  - (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
  - (3) Care for residents with dementia and cognitive impairments.
  - (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
  - (5) Personal care service needs of the resident.
  - (6) Safe management techniques.
  - (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

The annual training provided to direct care staff person A in training year 2013 did not include training in the following:  
 - (4) Infection control and general principles of cleanliness and hygiene and area associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.

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 A will be trained on infection control and mobility issues on 2/6/14.*  
*In avoiding repeated violation in the future, staff will attend mandatory training annually including infection control, general principles of cleanliness and hygiene in area associated with immobility.*  
*Staff will annually attend and document all trainings as required by regulations and after each training staff will be responsible to complete documentation. Administrator will also follow-up after each training to ensure this is not repeated and will ensure staff attend*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Maryorie Carasquero*

Printed Name and Title of Legal Entity Representative      Date  
 (Required on EVERY Page) *Maryorie Carasquero Administrator*      *3/14/14*

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

The above plan of correction is approved as of 3/19/14  
 (Date)

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

Plan of correction implementation status as of 3/19/14  
 (Date)

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

Violation Report: 11406 - 02/06/2014 - Adams, Patricia  
 PCH Name: CLARKE PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

The following conditions were observed in the first floor common bathroom on 2/6/14:  
 - Black colored mold on the shower bath mat.  
 - Portable grab bar in the shower was coated with soap scum and black mold.

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.

In avoiding repeated violation in the future, staff on duty will daily check bathrooms to ensure cleanliness and free of mold. Staff will also be responsible for daily cleaning and removal of items that are molded and sanitized from bathroom and other areas that was done on the day of inspection and staff was trained on 2/6/14 on how to clean the bathroom and identify mold for administrative N.C. The bathroom was cleared of all mold on 2/6/14.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Maryanne Carasquero*

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

MARYANNE CARASQUERO Administrator

Date

3/19/14

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

The above plan of correction is approved as of

*3/19/14*  
 (Date)

Plan of correction implementation status as of

*3/19/14*  
 (Date)

The above plan of correction was approved by

*RB*  
 (Initials)

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

Violation Report: 11406 - 02/06/2014 - Adams, Patricia  
PCH Name: CLARKE PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION  
The seat of the chair in room #5 was torn and the stuffing was exposed.

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.

In avoiding repeated violation in the future, staff on duty will be responsible for checking resident's rooms daily and to ensure all furniture is secured and in good repair. Staff will in turn replace all damage or torn furniture from residents' rooms immediately. This was done on 2/6/14, a new chair was placed in his room by administrator. <sup>Ⓢ</sup> pr administrator M.C.

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *MARJORIE CARASQUERO Administrator*      Date *3/19/14*

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

The above plan of correction is approved as of *3/19/14*  
(Date)

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

Plan of correction implementation status as of *3/19/14*  
(Date)

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

Violation Report: 11406 - 02/06/2014 - Adams, Patricia  
 PCH Name: CLARKE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

The beds in rooms #2 and #3 do not have a source of light that can be turned on/off from bedside.

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.

In avoiding repeated violation in the future staff on duty will do daily checks to ensure the source of lights is available near residents' bedside.

The residents also agreed not to move the lamps of the night stands near their beds. Additional lights will be provided and available near to residents' bedside. On 2/19/14, the lamp was put back on night stand near the bed by the administrator.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *MARJORIE PARASQUERO*

Printed Name and Title of Legal Entity Representative Administrator  
 (Required on EVERY Page) *MARJORIE PARASQUERO*      Date *3/19/14*

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

The above plan of correction is approved as of *3/19/14*  
 (Date)

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

Plan of correction implementation status as of *3/19/14*  
 (Date)

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

Violation Report: 11406 - 02/06/2014 - Adams, Patricia  
 PCH Name: CLARKE PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

**2a. DESCRIPTION OF VIOLATION**

- On 2/6/14, at 10:30 am, there was a layer of ice on the walkway, located on the side of the home. The blocked egress leads from the home's side door located in the kitchen and used as an emergency exit.

- On 2/6/14, at 10:33 am, there was a layer of frozen snow covering the ground and surrounding area where the exterior fire escape is located.

**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.

In avoiding repeated violation in the future, the administrator will be responsible to ensure that all emergency exits are not blocked and un-accessible for use in an emergency. After the inclement weather of snow and ice the administrator will ensure the entrance and exits are accessible this was done on 2/6/14 by administrator. The administrator will conduct training on the importance of not having blocked egress routes at all time to all staff within 15 days of receipt of this Plan of Correction per administrator M.C.

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

Printed Name and Title of Legal Entity Representative Administrator  
 (Required on EVERY Page) **MARJORIE PARASQUELO** Date **3/14/14**

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

The above plan of correction is approved as of 3/19/14  
 (Date)

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

Plan of correction implementation status as of 3/19/14  
 (Date)

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

Violation Report: 11406 - 02/06/2014 - Adams, Patricia  
 PCH Name: CLARKE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION  
 The last drill conducted during sleeping hours was on 5/20/13.

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.

In avoiding repeated violation in the future staff will conduct sleeping hours fire drill with in the past six months (once every six months). Fire drill was conducted and correctly documented on 5/20/13 and on 10/9/2013 at 2:30 AM staff will sign and date documentation correctly after each monthly fire drill as conducted once every six months during sleeping hours. The administrator conducted a sleeping time drill @ 1am on 2/21/14 and the residents/staff were able to evacuate within 1 minute 52 seconds per administrator H.C. AND review of Fire drill records.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Marlene Carasquer Administrator</i>	Date <i>3/14/14</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of *3/19/14* (Date)

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

Plan of correction implementation status as of *3/19/14* (Date)

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

Violation Report: 11406 - 02/06/2014 - Adams, Patricia  
 PCH Name: CLARKE PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION  
 Fire drills conducted on 10/9/13, 11/13/13 and 12/11/13 were held on the same day of the week.

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.

In avoiding repeated violation in the future staff will be responsible to conduct monthly fire drills and ensure the fire drills are conducted monthly on different times of the day and night as required by regulation. Staff was trained on the different times and dates that is required to conduct monthly fire drills. The administrator will be reviewing all completed monthly fire drills. If a drill is held on the same day two consecutive months an additional drill will be conducted during the second month by the administrator for administrative M.C.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Harmonie Carasquero*

Printed Name and Title of Legal Entity Representative      Date  
 (Required on EVERY Page) *Harmonie Carasquero Administrator*      *3/14/14*

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

The above plan of correction is approved as of *3/18/14*  
 (Date)

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

Plan of correction implementation status as of *3/18/14*  
 (Date)

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

Violation Report: 11406 - 02/06/2014 - Adams, Patricia  
 PCH Name: CLARKE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION  
 On 2/6/14, the vehicle's first aid kit did not include tweezers, scissors and a thermometer.

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.

In avoiding repeated violation in the future, the administrator will be held responsible to ensure the first aid kit essential items are present in case of an emergency, this will be checked monthly to ensure all essential items are available and present in one place. This was corrected on 2/7/14 by administrator who placed tweezers, scissors and a thermometer in the kit per admin H.C.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Marjorie Parasquero*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *MARJORIE PARASQUERO*      Date *3/14/14*

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

The above plan of correction is approved as of <u>3/19/14</u> (Date)	Plan of correction implementation status as of <u>3/19/14</u> (Date)
The above plan of correction was approved by <u><i>JP</i></u> (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: 11406 - 02/06/2014 - Adams, Patricia  
 PCH Name: CLARKE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

On 2/6/14, Meclizine 25 mg, PRN prescribed for individual #2, was stored in the home's medication cabinet. The label on the medication stated "Discard after of 1/18/14".

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.

In avoiding repeated violation in the future -  
 Staff on duty is responsible for ensuring all  
 prescribed medication in Med Cart is current and  
 valid. Staff is also responsible to check med cart  
 daily and follow procedure of returning expired  
 medication to pharmacy and obtaining a discount  
 note from Pcp as necessary. This was corrected  
 on 2/6/14. Staff was also trained on med procedure  
 by the Administrator *per Admin N.C.*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>MARJORIE CARABUENO Administrator</i>	Date <i>3/19/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *3/19/14*  
 (Date)

Plan of correction implementation status as of *3/19/14*  
 (Date)

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

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

Violation Report: 11408 - 02/06/2014 - Adams, Patricia  
 PCH Name: CLARKE PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

**2a. DESCRIPTION OF VIOLATION**

- Resident #3 permanently left the home on 1/24/14. The resident's 4 boxes of Prodigy Blood Glucose test strips were not sent with the resident or a responsible person.

- Two packets of Neosporin with an expiration date of 12/13 was found in the home's vehicle first aid kit.

**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.

In avoiding repeated violations in the future, staff on duty is responsible to return to residents all medication with personal belongings upon departure from the home. Staff will ensure that medications are packed along with personal items for delivery to resident or designee.

The administrator is responsible for checking the essential items in the first aid kit monthly to discard and replace when expired especially recently purchased first aid kit. Staff was trained on required procedures of medication and essential items on 2/7/14 by administrator per M.C.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Marjorie Carrasquero*

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

MARJORIE CARRASQUERO

Date

3/19/14

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

The above plan of correction is approved as of

3/19/14  
 (Date)

Plan of correction implementation status as of

3/19/14  
 (Date)

The above plan of correction was approved by

*AB*  
 (Initials)

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

Violation Report: 11406 - 02/06/2014 - Adams, Patricia  
 PCH Name: CLARKE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION  
 On 2/6/14, a plastic bottle of Pure Aid eye drops belonging to resident #4 was located in the medication cart, in the kitchen and was not labeled with the resident's name.

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.

In avoiding repeated violation in the future staff on duty and administering medication is responsible to ensure all medications has a legible label before administration and storage. as staff must daily compare labels to MAR log before administration. staff to daily check medication and reorder when label is missing or removed. This was corrected on 2/7/14, new Med was reordered on staff was also trained on med. administration, by the administrator on 2/7/14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <b>MARJORIE CARRASQUERO Administrator</b>	Date <b>3/19/14</b>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 3/19/14  
 (Date)

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

Plan of correction implementation status as of 3/19/14  
 (Date)

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

Violation Report: 11406 - 02/06/2014 - Adams, Patricia  
 PCH Name: CLARKE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

Resident # 5's record does not include a photograph that is no more than 2 years old. Resident # 5 was admitted 12/12/11.

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.

In avoiding repeated violation in the future, the administrator will be responsible to ensure the resident's photograph is updated bi-annual and in resident's file. Violation was corrected on 2/10/14.

All resident files will be audited to ensure current photos are available within 10 days of receipt of this Plan of Correction per administrator M.C.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *MARJORIE CARASSUEDO*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *MARJORIE CARASSUEDO Administrator*      Date *3/14/14*

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

The above plan of correction is approved as of *3/19/14*  
 (Date)

Plan of correction implementation status as of *3/19/14*  
 (Date)

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

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