



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUL 21 2014

Ms. Jonelle M. Haynie, Administrator  
Countryside Convalescent Home Limited Partnership  
8221 Lamor Road  
Mercer, Pennsylvania 16137

RE: Countryside Personal Care Home  
License #: 460500

Dear Ms. Haynie:

As a result of the Department of Public Welfare's licensing inspection on March 5, 2014 and March 11, 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 14, 2014 to June 14, 2015 was issued on February 28, 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



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JUN 17 2014 Page 2 of 11

Violation Report: 46050 - 06/05/2014 - Cutter, Jan  
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa. Code §2600  
2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION  
On 3/5/2014 at approximately 10:00 AM, staff person A witnessed the following incident. Resident #1 told staff person B that he/she had to use the bathroom after he/she had been seated for breakfast. Staff person B said to the resident, "Really, really, again"? "I should just let you piss yourself". Staff person B was flinging his/her arms up and down as he/she yelled at the resident. The resident cringed. Staff person B then grabbed the resident by the arm, stood him/her up to his/her walker and took him/her to the bathroom. Staff person A did not report this allegation of abuse to the Administrator until 1:00 PM.

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.

ON MARCH 28, 2014 THERE WAS AN INSERVICE DONE BY AWARE FOR ALL STAFF WORKING CLOSELY WITH THE RESIDENTS REGULATION 2600.15(a). IF ANY FUTURE ALLEGATIONS OF ABUSE OCCUR, DIRECT CARE STAFF WILL NOTIFY THE PERSONAL CARE ADMINISTRATOR OR DESIGNEE IMMEDIATELY. THE HOME WILL REINFORCE RESIDENT RIGHTS AND RESIDENT ABUSE PREVENTION TRAINING BY REVIEWING THESE TOPICS SEMI-ANNUALLY AND WILL SUBMIT RESULTS TO QUALITY ASSURANCE MEETING FOR REVIEW AND RECOMMENDATIONS.

*Handwritten notes:*  
3/5/2014  
3/16/2014

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Janelle M. Haynie*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Janelle M. Haynie LEW, Personal Care Administrator*      Date *6/17/14*

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

The above plan of correction is approved as of 6-27-14  
(Date)

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

Plan of correction implementation status as of 6-27-14  
(Date)

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

RECEIVED

JUN 17 2014 Page 3 of 11

Violation Report: 46050 - 06/05/2014 - Cutter, Jan  
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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

The resident and staff privacy code documents were attached to the 5/2/2013 violation report which was posted near the nurse's station.

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.

DURING INSPECTION RESIDENT AND STAFF PRIVACY CODES WERE REMOVED IMMEDIATELY AND PLACED IN A SECURE LOCKED REA. THERE WILL BE A STAFF INSERVICE JUNE 18, 2014 ADDRESSING REGULATION 2600.17. RESIDENT AND STAFF PRIVACY CODE DOCUMENTS WILL NOT BE PLACED WITH THE VIOLATION REPORT. THESE WILL BE KEPT BEHIND LOCKED DOORS AND WILL ONLY BE MADE AVAILABLE TO THE RESIDENT, THE RESIDENT'S DESINGATED PERSON IF ANY, AND AGENTS OF THE DEPARTMENT UPON REQUEST. THE PERSONAL CARE ADMINISTRATOR OR DESIGNEE WILL AUDIT PLACEMENT QUARTERLY FOR SIX MONTHS AND SUBMIT TO QUALITY ASSURANCE MEETING FOR REVIEW AND RECOMMENDATIONS.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Jonelle M. Haynie*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Jonelle M. Haynie LCN, Personal Care Administrator*      Date *6/17/14*

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The above plan of correction is approved as of 6-27-14  
(Date)

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

Plan of correction implementation status as of 6-27-14  
(Date)

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

Violation Report: 46050 - 06/05/2014 - Cutter, Jan  
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

JUN 17 2014

1. REGULATION 55 Pa.Code §2600  
2600.42(c) - A resident shall be treated with dignity and respect.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 3/5/2014 at approximately 10:00 AM, resident #1 told staff person B that he/she had to use the bathroom after he/she had been seated for breakfast. Staff person B said to the resident, "Really, really, again"? "I should just let you piss yourself". Staff person B was flinging his/her arms up and down as he/she yelled at the resident. The resident cringed. Staff person B then grabbed the resident by the arm, stood him/her up to his/her walker and took him/her to the bathroom. There were no marks or bruises on the resident's arm.

On 3/5/2014 at approximately 1:00 PM, staff person C witnessed staff person B forcefully attempt to insert resident #2's lower dentures. The resident became upset and began to kick staff person B and bite his/her hand. Staff person C told staff person B to let the resident go for a few minutes. Staff person B complied, placed the dentures into the container and then wheeled the resident into the bathroom and slammed the door.

Staff person B was suspended immediately after this incident and left building.

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.

7-30-14 All staff persons, including the administrator, will receive training in resident rights from an outside source. Documentation of the training will be kept. JHP 6-27-14

ON MARCH 28, 2014 THERE WAS A STAFF INSERVICE REVIEWING REGULATIONS 2600.42 (c.) ALL STAFF WORKING CLOSELY WITH RESIDENTS AND PERSONAL CARE ADMINISTRATOR WAS INSERVICED ON TREATING RESIDENTS WITH RESPECT AND DIGNITY. ORIENTATION AND ANNUAL TRAINING WILL ALSO BE CONDUCTED REGARDING THIS REGULATION. PERSONAL CARE ADMINISTRATOR OR DESIGNEE WILL MONITOR THAT RESIDENTS ARE BEING TREATED WITH RESPECT AND DIGNITY THROUGH STAFF INTERVIEWS AND WILL SUBMIT RESULTS TO THE QUALITY ASSURANCE MEETING FOR REVIEW AND RECOMMENDATIONS.

7-30-14 The administrator was interviewed at least three residents a week for one month and biannually thereafter to ensure all residents are treated with dignity and respect. Documentation of interviews will be kept. JHP 6-27-14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jonelle M. Haynie*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jonelle M. Haynie, Personal Care Administrator* Date *6/17/14*

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The above plan of correction is approved as of 6-27-14 (Date)

Plan of correction implementation status as of 6-27-14 (Date)

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

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

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JUN 17 2014

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Violation Report: 46050 - 06/05/2014 - Cutter, Jan  
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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 freezer in the main kitchen measured 20 degrees farenheit at 10:35 AM and 10 degrees farenheit at 3:17 PM.

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.

7-30-14 All Staff persons involved in food storage and preparation will be educated on proper food storage and safe food storage temperatures. Documentation will be kept. JSP 6-27-14  
7-30-14 A designated staff person will check thermometers at least weekly in each refrigerator and freezer to ensure that food items are stored at proper temperature. JSP 6-27-14

THE FREEZER LOCATED IN THE MAIN DINING ROOM WAS REPLACED IMMEDIATELY. PERSONAL CARE ADMINISTRATOR OR DESIGNEE WILL MONITOR TEMPERATURE DAILY FOR FOUR WEEKS TO ENSURE THE FROZEN FOOD IS BEING KEPT AT OR BELOW ZERO DEGREES FARENHEIT. RESULTS WILL BE SUBMITTED TO QUALITY ASSURANCE MEETING FOR REVIEW AND RECOMMENDATION.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Janell M. Haynie*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Janell M. Haynie UN, Personal Care Administrator*      Date *6/17/14*

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The above plan of correction is approved as of 6-27-14 (Date)

Plan of correction implementation status as of 6-27-14 (Date)

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

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

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JUN 17 2014

Page 6 of 11

Violation Report: 46050 - 06/05/2014 - Culler, Jan  
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The last fire safety inspection and drill observed by a fire safety expert was conducted on 2/12/2013.

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.

ON MARCH 11, 2014 A FIRE SAFETY EXPERT CONDUCTED A FIRE SAFETY INSPECTION AND FIRE DRILL. PERSONAL CARE ADMINISTRATOR REVIEWED REGULATION 132(b) WITH THE MAINTENANCE DIRECTOR AND FIRE SAFETY EXPERT TO DISCUSS THE IMPORTANCE OF OUR ANNUAL INSPECTION WITH THE ALLOTTED TIME FRAME. PERSONAL CARE ADMINISTRATOR AND OR DESIGNEE WILL MONITOR.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Janette M. Haynie*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Janette M. Haynie LCN, Personal Care Administrator*      Date *6/17/14*

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(Date)

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(Initials)

Plan of correction implementation status as of 6/27/14  
(Date)

- Fully Implemented *JMP*
- Partially Implemented - Adequate Progress
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Violation Report: 46050 - 06/05/2014 - Cutter, Jan  
 PCH Name: COUNTRYSIDE PERSONAL CARE HOME

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

JUN 17 2014

WEST REGIONAL OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION  
 The last drill conducted during sleeping hours was on 7/31/2013 at 6:40 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.

A SLEEP FIRE DRILL WAS CONDUCTED ON MARCH 26, 2014. PERSONAL CARE ADMINISTRATOR REVIEWED REGULATION 132(b) WITH THE MAINTENANCE DIRECTOR TO ENSURE A FIREDRILL IS CONDUCTED AT LEAST ONCE EVERY SIX MONTHS DURING SLEEP HOURS. SEMI-ANNUAL FIREDRILLS WILL BE MONITORED QUARTYERLY FOR ONE YEAR BY PERSONAL CARE ADMINISTRATOR OR DESIGNEE AND WILL BE SUBMITTED TO QUALITY ASURANCE MEETING FOR REVIEW AND RECOMMENDATION.

8-30-14 the administrator will conduct a sleeping hours fire drill for the months of July and August 2014 and at least every six months hereafter. Documentation will be kept. JHP 6-27-14

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Shirley Harvie*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Shirley M. Harvie RN, Personal Care Administrator*      Date *6/17/14*

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 (Date)

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

Plan of correction implementation status as of 6-27-14  
 (Date)

Fully Implemented

Partially Implemented - Adequate Progress *JHP*

Partially Implemented - Inadequate Progress

Not Implemented

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JUN 17 2014

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Violation Report: 46050 - 06/05/2014 - Cutter, Jan  
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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 folded white towel on the seat of the second chair to the left of the door in the designated smoking courtyard.

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 FOLDED WHITE TOWEL WAS REMOVED IMMEDIATELY FROM DESIGNATED SMOKING AREA. AN INSERVICE WAS DONE WITH DEPARTMENTS HEADS AND DIRECT CARE STAFF ON JUNE 17, 2014 ON THE HOMES POLICY AND PROCEDURE FOR SMOKING AND PROPER SAFEGUARDS FOR SMOKING. A POSTING WAS DONE TO ALERT RESIDENTS NOT TO TAKE PERSONAL ITEMS THAT ARE NOT FLAME RETARDANT TO THE SMOKING AREA. PERSONAL CARE ADMINSTRATOR OR DESIGNEE WILL MONITOR SMOKING AREA WEEKLY FOR ONE MONTH AND SUBMIT RESULTS TO THE QUALITY ASSURANCE MEETING FOR REVIEW AND RECOMMENDATIONS.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 04/09/2013

Signature of Legal Entity Representative (Required on EVERY Page) *Janelle M. Haynie*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Janelle M. Haynie LPN, Personal Care Administrator*      Date *6/17/14*

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

The above plan of correction is approved as of 6-27-14 (Date)

Plan of correction implementation status as of 6-27-14 (Date)

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

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

Violation Report: 46050 - 06/05/2014 - Cutter, Jan  
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The assessment, dated 9/12/2013, for resident #3, does not include treatment that the resident is receiving from UPMC Advanced Wound Recovery Center.

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.

DOCUMENTATION WAS ADDED IMMEDIATELY TO RESIDENT #3'S ASSESSMENT IN REGARDS TO UPMC ADVANCED WOUND CARE CENTER. DIRECT CARE STAFF WILL BE INSERVICED ON REGULATION 2600.225(a) ON JUNE 18, 2014. PERSONAL CARE ADMINISTRATOR AND OR DESIGNEE WILL AUDIT FOR DOCUMENTATION WEEKLY FOR FOUR WEEKS AND WILL SUBMIT TO QUALITY ASSURANCE MEETING FOR REVIEW AND RECOMMENDATIONS.

7-30-14 The administrator or designated staff person will review all current resident assessments for accuracy and completion including any services received by the resident. JSP 6-27-14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Ornelle M. Haynie*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ornelle M. Haynie RN, Personal Care Administrator* Date *6/17/14*

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Plan of correction implementation status as of 6-27-14 (Date)

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

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

JUN 17 2014

Violation Report: 46050 - 06/05/2014 - Cutter, Jan  
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The support plan, dated 9/12/2013, for resident #3, does not include the plan for providing services by UPMC Advanced Wound Recovery Center.

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.

DOCUMENTATION WAS ADDED IMMEDIATELY TO RESIDENT #3'S RASP IN REGARDS TO SERVICES PROVIDED BY UPMC ADVANCED WOUND RECOVERY CENTER. DIRECT CARE STAFF WILL BE INSERVICED ON REGULATION 2600.227(d) ON JUNE 18, 2014. PERSONAL CARE ADMINISTRATOR OR DESGINEE WILL AUDITY FOR DOCUMENTATION WEEKLY FOR FOUR WEEKS AND SUBMIT RESULTS TO QUARTERLY QUALITY ASSURANCE MEETING FOR REVIEW AND RECOMMENDATIONS.

7-30-14 the administrator or designated staff person will review all current resident support plans for accuracy and completion including any services received by the resident. JHP 6-27-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Janelle M. Haynie*

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

Janelle M. Haynie LCN, Personal Care Administrator

Date 6/17/14

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(Date)

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(Date)

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(Initials)

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JUN 17 2014

Violation Report: 46050 - 06/05/2014 - Cutter, Jan  
PCH Name: COUNTRYSIDE PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

The medical evaluation, dated 1/15/2014, for resident #1, does not indicate the need for the resident to be served in the secure dementia care unit.

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 MEDICAL EVALUATION FOR RESIDENT #1 WAS ~~UP~~ UPDATED IMMEDIATELY AND IT WAS INDICATED THAT ~~THE~~ RESIDENT REQUIRES THE SECURE DEMENTIA UNIT. DIRECT CARE STAFF WILL BE INSERVICED ON REGULATION 2600.231(b) ON JUNE 18, 2014. PERSONAL CARE ADMINISTRATOR OR DESIGNEE WILL AUDIT ANY NEW MEDICAL EVALUATIONS WEEKLY FOR FOUR WEEKS AND SUBMIT RESULTS TO QUALITY ASSURANCE MEETING FOR REVIEW AND RECOMMENDATIONS.

7-30-14 The administrator or a designated staff person will review all current secured dementia care unit resident's medical evaluations to ensure it includes the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

APP  
6-27-14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Jonelle M. Haynie*

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

Jonelle M. Haynie RN, Personal Care Administrator

Date

6/17/14

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The above plan of correction is approved as of

6-27-14  
(Date)

Plan of correction implementation status as of

6-27-14  
(Date)

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

The above plan of correction was approved by

*APP*  
(Initials)