



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: October 2, 2014

Mr. John D. Dougherty, Administrator
Ms. Kathleen Dougherty, Administrator
Washington Manor Personal Care Home, LLC
P.O. Box 1935
320 South Washington Street
Butler, Pennsylvania 16003

RE: Washington Manor
Personal Care Home, LLC
License # 448630

Dear Mr. and Ms. Dougherty:

As a result of the Department of Public Welfare's licensing inspection on May 5, 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.

Sincerely,


Larry Mazza
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC		License Number: 44863
Address: 320 S WASHINGTON ST POB 1935, BUTLER, PA 16003		County: Butler
Administrator: John Dougherty		Region: WEST
Legal Entity Name: WASHINGTON MANOR PERSONAL CARE HOME LLC		
Legal Entity Address: 320 SOUTH WASHINGTON STREET, BUTLER, PA 16003		
Certificate(s) of Occupancy LPCH 07/24/1985 Labor & Industry		WEST VIRGINIA STATE UNIVERSITY Human Resources Dept
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 24	Waking Staff: 18
Type of Inspection: Partial	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 05/02/2014: Mazza, Larry; Marini, Michael		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: N/A		Random Indicators: N/A
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 25 Number of Residents Served: 24 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: 24 Are 60 Years of Age or Older: 8 Have Mental Illness: 19 Have an Intellectual Disability: 3 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 44863 - 05/02/2014 - Mazza, Larry
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

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

Human Services

2a. DESCRIPTION OF VIOLATION

Over 100 cigarette butts were found in the gravel parking lot in the rear of the home. This is one of the home's designated smoking areas.

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.

Cigarette butt area found in designated smoking area has been added to the "physical site checklist" to be checked/cleaned daily which will be monitored by administrator & managers. In addition a meeting with all smoking residents was conducted on Monday July 7th, 14 reviewing the smoking rules and proper disposal of all cigarette butts in the cans provided. Meeting was conducted by administrator and manager.

Staff training conducted 6/12/14
Daily physical site checklist was implemented, to include a daily physical inspection of the home's designated smoking sections
10/1/14

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

Signature of Legal Entity Representative
(Required on EVERY Page)

John P. Dougherty

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

John P. Dougherty

Date 07-08-14

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

The above plan of correction is approved as of 10/1/14
(Date)

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

Plan of correction implementation status as of 10/1/14
(Date)

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

Violation Report: 44863 - 05/02/2014 - Mazza, Larry
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation, dated 9/20/13, for resident #1 does not include an immunization history. Also, the 2nd page of the medical evaluation was blank, to include a current list 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.

Resident #1 was discharged from the home on 11/1/14.
To avoid future occurrences a weekly resident medical evaluation binder has been created and resident DME reviews will be conducted by the administrator and managers.

Within 30 days of receipt of the plan of correction, the administrator or designated staff person will review all current resident medical evaluations to ensure full completion, to include immunization history and a current list of medications. Incomplete medical evaluations will be returned to the physician for completion. The administrator or designated staff person will review all newly completed medical evaluations for accuracy and completion. fr 10/11/14

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/01/2013

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *07-08-14*

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

The above plan of correction is approved as of 10/11/14 (Date)

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

Plan of correction implementation status as of 10/11/14 (Date)

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

Violation Report: 44863 - 05/02/2014 - Mazza, Larry
 PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Humalog-100u/ml with sliding scale coverage as follows: "Accu-checks 3 times a day at 7:30 a.m., 11:30 a.m. and 4:30 p.m. sub-q as follows: 70-140=0u; 141-180=2u; 181-220=4u; 221-260=6u; 261-300=8u; 301-340=10u; 341-380=12u and call MD. Accu-checks at 8:00 p.m. sub-q as follows: <70=0u; 70-220=0u; 221-260=2u; 261-300=3u; 301-340=4u; 341-380=5u and call MD."

Resident #2's blood sugars were not recorded on the April 2014 medication administration record (MAR) as follows:

- *4/24/14 at 8:04 a.m. Blood sugar reading was 135
- *4/16/14 at 7:12 a.m. Blood sugar reading was 134

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 member A recorded the administrations which appeared on the electronic MAR but did not record on resident #2's meter. Administrator and manager inserted new batteries into all resident meters and will check monthly in the "Med cart audit" binder - meters / batteries. In addition on Thursday June 12th, 2014 recording reviews were done with all staff. NOTE: Batteries for meters stored in office drawer for prompt replacement.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/03/2013
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Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *07-08-14*

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

The above plan of correction is approved as of <u>10/1/14</u> (Date) The above plan of correction was approved by <u>[Signature]</u> (Initials)	Plan of correction implementation status as of <u>10/1/14</u> (Date) <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
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Violation Report: 44863 - 05/02/2014 - Mazza, Larry
 PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

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- (2) Drug allergies.
- (3) Name of medication.
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- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

RECEIVED

OCT 01 2014

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Humalog-100u/ml with sliding scale coverage as follows: "Accu-checks 3 times a day at 7:30 a.m., 11:30 a.m. and 4:30 p.m. sub-q as follows: 70-140=0u; 141-180=2u; 181-220=4u; 221-260=6u; 261-300=8u; 301-340=10u; 341-380=12u and call MD. Accu-checks at 8:00 p.m. sub-q as follows: <70=0u; 70-220=0u; 221-260=2u; 261-300=3u; 301-340=4u; 341-380=5u and call MD."

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 *4/24/14 at 8:04 a.m. Blood sugar reading was 135
 *4/16/14 at 7:12 a.m. Blood sugar reading was 134

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.

Immediately: The administrator or designated staff person shall monitor at least 2 resident medication administration records (MAR's) on a daily basis for 1 month, then monitor at least 3 resident MAR's on a weekly basis to ensure all required information under 2600.187a is present and accurate. Documentation of the checks shall be kept.

Within 30 days of receipt of the plan of correction: All staff members who administer medications shall be re-educated on proper MAR documentation, to include recording resident's blood sugars on the MAR's at the time the blood sugars are tested. Documentation shall be kept.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/03/2013	
Signature of Legal Entity Representative (Required on EVERY Page)			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			Date
John D. Dougherty			10-01-14

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

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

Violation Report: 44863 - 05/02/2014 - Mazza, Larry
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

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

WEST VIRGINIA INDIAN HEALTH
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Humalog-100u/ml with sliding scale coverage as follows: "Accu-checks 3 times a day at 7:30 a.m., 11:30 a.m. and 4:30 p.m. sub-q as follows: 70-140=0u; 141-180=2u; 181-220=4u; 221-260=6u; 261-300=8u; 301-340=10u; 341-380=12u and call MD. Accu-checks at 8:00 p.m. sub-q as follows: <70=0u; 70-220=0u; 221-260=2u; 261-300=3u; 301-340=4u; 341-380=5u and call MD."

According to resident #2's glucometer, the blood sugars were checked at the following times, which were not within the prescribed times:

- *5/2/14-blood sugar checked at 6:10 a.m.
- *4/30/14-blood sugar checked at 6:47 a.m.
- *4/25/14-blood sugar checked at 6:13 a.m.
- *4/19/14-blood sugar checked at 6:14 a.m.

According to resident #2's April 2014 MAR, On 4/29/14 at 4:30 p.m., resident #2's blood sugar reading was 360. The physician was not notified.

According to resident #2's April 2014 MAR, on 4/22/14 at 8:00 p.m., resident #2's blood sugar reading was 455 and 5 units of insulin was administered. At 9:21 p.m., the resident's blood sugar was re-checked and was 354. The physician was not notified.

According to staff/resident interviews, resident #2 does not refuse his/her 11:30 a.m. blood sugar checks; however, the resident's April 2014 MAR indicates the resident refused on the following dates, and the blood sugars were not checked:

- *4/26/14-4/30/14
- *4/21/14-4/24/14
- *4/14/14-4/18/14
- *4/10/14-4/11/14

The April 2014 MAR for resident #2 indicates, "withheld per dr/rn orders" for the blood sugar check on 4/20/14 at 11:30 a.m.; however, according to staff member A, the home did not have a hold order and he/she did not test the resident's blood sugar on this date/time.

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.

see page 5A-C
Resident #2 was not awoken by staff member A to check blood sugar. On the June 12th, 2014 meeting staff was directed by the administrator to awaken residents for needed meter checks. Additionally staff was reminded that resident #2's administer time is 7:30 so no earlier than 6:30 for proper administering of Humalog. Also staff reminded if above 350 immediately contact resident's physician.

Repeat Violation: Yes Date(s) of Previous Violation(s): 05/03/2013

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *07-08-14*

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

The above plan of correction is approved as of 10/1/14 (Date)

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

Plan of correction implementation status as of 10/1/14 (Date)

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

Violation Report: 44863 - 05/02/2014 - Mazza, Larry
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

OCT 01 2014

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

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Humalog-100u/ml with sliding scale coverage as follows: "Accu-checks 3 times a day at 7:30 a.m., 11:30 a.m. and 4:30 p.m. sub-q as follows: 70-140=0u; 141-180=2u; 181-220=4u; 221-260=6u; 261-300=8u; 301-340=10u; 341-380=12u and call MD. Accu-checks at 8:00 p.m. sub-q as follows: <70=0u; 70-220=0u; 221-260=2u; 261-300=3u; 301-340=4u; 341-380=5u and call MD."

According to resident #2's glucometer, the blood sugars were checked at the following times, which were not within the prescribed times:

- *5/2/14-blood sugar checked at 6:10 a.m.
- *4/30/14-blood sugar checked at 6:47 a.m.
- *4/25/14-blood sugar checked at 6:13 a.m.
- *4/19/14-blood sugar checked at 6:14 a.m.

According to resident #2's April 2014 MAR, On 4/29/14 at 4:30 p.m., resident #2's blood sugar reading was 360. The physician was not notified.

According to resident #2's April 2014 MAR, on 4/22/14 at 8:00 p.m., resident #2's blood sugar reading was 455 and 5 units of insulin was administered. At 9:21 p.m., the resident's blood sugar was re-checked and was 354. The physician was not notified.

According to staff/resident interviews, resident #2 does not refuse his/her 11:30 a.m. blood sugar checks; however, the resident's April 2014 MAR indicates the resident refused on the following dates, and the blood sugars were not checked:

- *4/28/14-4/30/14
- *4/21/14-4/24/14
- *4/14/14-4/18/14
- *4/10/14-4/11/14

The April 2014 MAR for resident #2 indicates, "withheld per dr/rn orders" for the blood sugar check on 4/20/14 at 11:30 a.m.; however, according to staff member A, the home did not have a hold order and he/she did not test the resident's blood sugar on this date/time.

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.

Immediately: All medications shall be administered to all residents as prescribed, unless otherwise indicated in writing by the prescriber.

Immediately: The administrator or designated staff person shall monitor at least 2 resident MAR's on a daily basis for 1 month, then monitor at least 3 resident MAR's on a weekly basis to ensure that the directions of the prescriber are being followed. Documentation of the checks shall be kept.

Within 30 days of receipt of the plan of correction: All staff members who administer medications shall be re-educated on following the prescriber's orders, to include prescriber's orders for insulin administration. Documentation of education shall be kept.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/03/2013		
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Signature of Legal Entity Representative
(Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *John D. Dougherty* Date *10-01-14*

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

The above plan of correction is approved as of _____
(Date)

Plan of correction implementation status as of _____
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress

Violation Report: 44863 - 05/02/2014 - Mazza, Larry
PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

DEPARTMENT OF HUMAN SERVICES
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Humalog-100u/ml with sliding scale coverage as follows: "Accu-checks 3 times a day at 7:30 a.m., 11:30 a.m. and 4:30 p.m. sub-q as follows: 70-140=0u; 141-180=2u; 181-220=4u; 221-260=6u; 261-300=8u; 301-340=10u; 341-380=12u and call MD. Accu-checks at 8:00 p.m. sub-q as follows: <70=0u; 70-220=0u; 221-260=2u; 261-300=3u; 301-340=4u; 341-380=5u and call MD."

According to resident #2's April 2014 MAR, on 4/22/14 at 8:00 p.m., resident #2's blood sugar reading was 455 and 5 units of insulin was administered. The physician was not notified.

According to staff/resident interviews, resident #2 does not refuse his/her 11:30 a.m. blood sugar checks; however, the resident's April 2014 MAR indicates the resident refused on the following dates, and the blood sugars were not checked. The physician was not notified.

- *4/26/14-4/30/14
- *4/21/14-4/24/14
- *4/14/14-4/18/14

The April 2014 MAR for resident #2 indicates, "withheld per dr/rn orders" for the blood sugar check on 4/20/14 at 11:30 a.m.; however, according to staff member A, the home did not have a hold order and he/she did not test the resident's blood sugar on this date/time. The physician was not notified.

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 was not awoken by staff member A to check blood sugar. On the June 12th, 2014 meeting staff was directed by the administrator to awaken residents for needed meter checks. Additionally staff was reminded resident #2's administer time is 7:30 so no earlier than 6:30 for proper administering of Humalog. Also staff reminded of reporting procedures and if a resident records 350 plus/above to immediately contact the resident's physician.

see page 6 of 6

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

Signature of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *John D. Dougherty* Date *07-08-14*

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

The above plan of correction is approved as of 10/1/14 Plan of correction implementation status as of 10/1/14

- The above plan of correction was approved by *[Signature]* (Initials)
- Fully Implemented
 - Partially Implemented - Adequate Progress *✓*
 - Partially Implemented - Inadequate Progress
 - Not Implemented

Violation Report: 44863 - 05/02/2014 - Mazza, Larry
 PCH Name: WASHINGTON MANOR PERSONAL CARE HOME LLC

1. REGULATION 55 Pa.Code §2600
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
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 According to resident #2's April 2014 MAR, on 4/22/14 at 8:00 p.m., resident #2's blood sugar reading was 455 and 5 units of insulin was administered. The physician was not notified.
 According to staff/resident interviews, resident #2 does not refuse his/her 11:30 a.m. blood sugar checks; however, the resident's April 2014 MAR indicates the resident refused on the following dates, and the blood sugars were not checked. The physician was not notified.
 *4/26/14-4/30/14
 *4/21/14-4/24/14
 *4/14/14-4/18/14
 The April 2014 MAR for resident #2 indicates, "withheld per dr/rn orders" for the blood sugar check on 4/20/14 at 11:30 a.m.; however, according to staff member A, the home did not have a hold order and he/she did not test the resident's blood sugar on this date/time. The physician was not notified.

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.
 Immediately: The home shall notify the resident, the resident's designated person and the prescriber of any medication errors.
 Within 30 days of receipt of the plan of correction: All staff members who administer medications shall be re-educated on medication errors and procedures for reporting medication errors to the resident, the resident's designated person and the prescriber. Documentation of the education shall be kept.

RECEIVED
 OCT 01 2014

WEST REGION FIELD OFFICE
 Human Services Licensing

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

John D. Dougherty

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

John D. Dougherty

Date 10-01-14

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 correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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