



OCT 3 1 2014

Mr. Jeff Naden, President
Nasun, Inc.
1575 Grand Boulevard
Monessen, Pennsylvania 15062

RE: Hallsworth House
License #: 428970

Dear Mr. Naden:

As a result of the Department of Public Welfare's licensing inspection on June 2, 2014 and June 4, 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 October 26, 2014 to October 26, 2015, was issued on July 9, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director

JH

Enclosure
License Inspection Summary

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

PCH Name: HALLSWORTH HOUSE		License Number: 42897
Address: 1575 GRAND BOULEVARD, MONESSEN, PA 15062		County: Westmoreland
Administrator: Jeff Naden		Region: WEST
Legal Entity Name: NASUN INC		
Legal Entity Address: 1575 GRAND BOULEVARD, MONESSEN, PA 15062		
Certificate(s) of Occupancy I-2 02/25/2011 City of Monessen		
Staffing Hours Resident Support: 0 Total Daily Staff: 63 Waking Staff: 47		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 08/02/2014: Cutter, Jan; Georgoulis, Karen 06/04/2014: Cutter, Jan		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 55 Number of Residents Served: 46 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: 16 Number of Hospice Residents in past year: 23	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 48 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 17 Have a Physical Disability: 0	

Violation Report: 42897 - 06/02/2014 - Cutter, Jan
 PCH Name: HALLSWORTH HOUSE

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

There were no locks on the doors of the bathrooms by bedroom #3 and #18.

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.

Lockable Door Handles will be installed within 10 days to replace the original non-lockable handles. For future, administrator realizes that times change and things that were once acceptable may no longer be that way and will evaluate all day to day items on that basis to prevent other violations.

Within 30 days of receipt of the approved plan of correction, the administrator or designated staff person will monitor the home on a monthly basis to ensure residents are provided privacy including locks on all bathroom doors. JGP 9-7-14

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)

Jeff Naden

Date 9/30/2014

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

The above plan of correction is approved as of 10-7-14
 (Date)

Plan of correction implementation status as of 10-7-14
 (Date)

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

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

Violation Report: 42897 - 06/02/2014 - Cutter, Jan
PCH Name: HALLSWORTH HOUSE

1. REGULATION 55 Pa.Code §2600
2600.82(b) - Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

2a. DESCRIPTION OF VIOLATION

There were two cans of spray paint sitting on top of several boxes of elbow macaroni on the shelf in the food storage area 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.

Corrected day of inspection. New maintenance employee was informed of severity of the problem and instructed accordingly. For future, administrator will continue to watch over repairs that could cause this and prevent future violations

within 30 days of receipt of the approved plan of correction, all staff persons will be educated concerning the safe storage of poisonous materials. Documentation of education shall be kept. JHP 10-7-14

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 9/30/14

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(Date)

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

Plan of correction implementation status as of 10-7-14
(Date)

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

Violation Report: 42897 - 06/02/2014 - Cutter, Jan
PCH Name: HALLSWORTH HOUSE

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

There were no emergency telephone numbers posted by the telephones in the old kitchen.

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.

Fixed day of inspection. Tape failed on previous set of posted numbers. For future, administrator will inspect weekly until a more permanent solutions is found for proper posting of numbers.

Within 30 days of receipt of the approved plan of correction, all staff persons will be educated that emergency telephone numbers and the personal care home complaint hotline shall be posted on or by each telephone. Documentation shall be kept 10-7-14

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)

Jeff Narden

Date

9/30/14

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10-7-14
(Date)

Plan of correction implementation status as of

10-7-14
(Date)

The above plan of correction was approved by

JN
(Initials)

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

Violation Report: 42897 - 06/02/2014 - Cutter, Jan
 PCH Name: HALLSWORTH HOUSE

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

Both of the first aid kits were missing tweezers, scissors and thermometers.

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.

Fixed day after inspection by including supplies needed. Notes have been placed on kits noting that if any item is removed it must be replaced immediately after emergency subsides, and that administrator is to be notified so they can replace items. Kits will be inspected routinely to see if new seal has been broken and then verify that all items are still there.

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) **JEFF NADEN** Date **9/30/14**

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The above plan of correction is approved as of 10-7-14
 (Date)

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

Plan of correction implementation status as of 10-7-14
 (Date)

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

Violation Report: 42897 - 06/02/2014 - Cutter, Jan
PCH Name: HALLSWORTH HOUSE

1. REGULATION 55 Pa.Code §2800
2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There is a fountain with a small pond in the front yard which is approximately 18 inches deep and 3 feet by 4 feet in diameter. The pond has no surrounding barriers. Not all of the residents in the home are assessed as capable of avoiding this potential hazard.

The emergency light fixture was hanging by a wire outside the kitchen door.

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.

Fountain is currently shut down and will stay inactive and drained until an adequate solution can be developed to address the States' concern of avoiding or eliminate a dangerous hazard.

The emergency light was broken during our construction project and has been replaced. Construction project is still ongoing and administrator will address any other accidental damage immediately after it occurs.

Within 30 days of receipt of the approved plan of correction, Gov. staff persons will be educated on identifying and reporting items on the exterior of the building and grounds that are in disrepair or present a hazard. Documentation shall be kept. JHP 10-7-14

~~Within 30 days of receipt of the approved plan of correction, the administrator will conduct a monthly assessment of the exterior of the building, building grounds and yard to ensure all areas are in good repair and free of hazards. JHP 10-7-14~~

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/10/2013

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date
Jeff Naden 9-30-14

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(Initials)

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(Date)

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

Violation Report: 42897 - 08/02/2014 - Culter, Jan
PCH Name: HALLSWORTH HOUSE

1. REGULATION 55 Pa.Code §2600
2600.101(r)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

2a. DESCRIPTION OF VIOLATION

There was a 1 foot tear on the top of the window blind and a 4 inch tear at the bottom of the blind in bedroom #6. The tears were secured with Duct tape.

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.

Window blind has been replaced. Maintenance staff has been informed not to attempt to fix any blind that should be replaced. Administrator will do frequent inspections of all potential items that may have repair or replacement decisions to be made until maintenance staff have shown proper decisions can be made.

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 Date
(Required on EVERY Page) JILL NADEW 9-30-14

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(Date)

Plan of correction implementation status as of 10-7-14
(Date)

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

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

Violation Report: 42897 - 06/02/2014 - Cotter, Jan
PCH Name: HALLSWORTH HOUSE

1. REGULATION 85 Pa. Code §2600
2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
There was a 1/4 inch accumulation of lint covering 90 percent of the lint trap in the dryer in the large laundry 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.

Withdrawn 10-7-14 [Signature]

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

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(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: 42897 - 06/02/2014 - Cutter, Jan
PCH Name: HALLSWORTH HOUSE

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

The medical evaluation, dated 11/26/2013, for resident #1, does not include dietary needs.

The medical evaluation, dated 1/24/2014, for resident #2 does not include dietary needs.

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.

Both medical evaluations have been corrected. All other medical evaluations are currently being reinspected over the next ten days to verify information is correct. For future, administrator will pay closer attention to review of documents before they are filed.

Immediately!

The administrator or designated staff person will review all new medical evaluations to ensure all required information is completed, including dietary needs. Incomplete medical evaluations will be returned to the physician for completion. JSP 10-7-14

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/10/2013

Signature of Legal Entity Representative
(Required on EVERY Page)

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

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(Date)

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

Plan of correction implementation status as of 10-7-14
(Date)

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

Violation Report: 42897 - 06/02/2014 - Cutter, Jan
PCH Name: HALLSWORTH HOUSE

1. REGULATION 56 Pa.Code §2600

2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

On 5/2/2014 at approximately 2:55 AM, resident #3 fell in the hallway next to direct care staff person A. According to direct care staff person A, the resident had a lump on the left side of his/her forehead and his/her left eye began to swell. The resident still had bruising from hitting the left side of his/her head during a fall prior to admittance to the home on 4/25/2014. The home failed to summon immediate medical services for resident #3 who had again sustained head trauma on 5/2/2014.

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.

All staff have been instructed to err on the side of caution by sending all residents who have a potential injury due to head trauma to the Emergency Room. Part of company policy is that Administrator or Supervisor is to receive a phone call regarding falls or suspected falls and thus they can then make that decision to call an ambulance based on the type of concern.

Immediately!

The administrator will conduct a weekly review of all reports of injury, illness or when a resident's health care status declines to determine if the proper medical care was provided to the resident and the proper notifications were made. JPP 10-7-14

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

Jeff Naden

9-30-14

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

The above plan of correction is approved as of 10-7-14 (Date)

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

Plan of correction implementation status as of 10-7-14 (Date)

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

Violation Report: 42897 - 06/02/2014 - Cutter, Jan
PCH Name: HALLSWORTH HOUSE

1. REGULATION 65 Pa.Code §2600
2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION
Residents are permitted to smoke in designated areas outside of the home; however, the home has not developed written fire safety procedures to ensure safe smoking practices.

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 smoking policy is attached here and will be subsequently included in company policies book.

Hallsworth House is a Non-Smoking facility to benefit the health and safety of our residents and staff. All smoking will be outside of the facility in designated areas, and those areas will vary at times, but will not be close to common areas of entry or next to areas that non-smoking individuals may be utilizing. Fires are always a potential risk where smoking is allowed, and as such the smoking areas will have non-flammable products whenever possible. ~~at all times.~~

Immediately:
Fire proof receptacles and ashtrays and fire resistant furniture will be provided. Extinguishing procedures will be added to the fire safety policy.

Within 30 days of receipt of the approved plan of correction, all staff persons and residents will be educated on the fire safety policy. Documentation shall be kept. JHP 10-7-14

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

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(Date)

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(Initials)

Plan of correction implementation status as of 10-7-14
(Date)

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

Violation Report: 42897 - 06/02/2014 - Cutler, Jan
PCH Name: HALLSWORTH HOUSE

1. REGULATION 55 Pa.Code §2600
2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The resident menus were posted in the kitchen where residents are unable to view them.

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.

Cook staff place the proper menus into the empty menu board. Staff has been instructed to never leave the menu board empty. When new menus are constructed they are to be swapped out immediately, not eventually. For the future, administrator will periodically inspect to verify compliance with the regulation and educate cook staff whenever necessary.

Immediately:
A designated staff person will create a current weekly menu and a menu for the following week stating specific food being served at each meal. These menus will be posted in a public place in the home to ensure residents are notified in advance of the meals to be served.
JHP 10-7-14

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
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(Initials)

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(Date)

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

Violation Report: 42897 - 06/02/2014 - Culter, Jan
 PCH Name: HALLSWORTH HOUSE

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 1/17/2014, for resident #1, does not include Hospice services or that the resident receives oxygen and uses bed bolsters.

The assessment, dated 5/16/2014, for resident #3, does not indicate that the resident has a pacemaker.

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 only has Oxygen as an available precaution, there is not a standing order to use with any frequency other than as needed. That being said, it has been added to the RASP with such instructions.

Resident #3 is no longer a resident here at this facility and ~~his~~ paperwork can not be amended to comply.

For future, as with all residents files, administrator will inspect paperwork and evaluate for missing information or services and amend accordingly and will for future paperwork will provide more diligence with documents properly filled out.

Within 30 days of receipt of the approved plan of correction, the administrator or designated staff person will review all current resident assessments for accuracy and completion including any services received by the resident. JSP 10-7-14

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) **J. L. NADEN** Date **9-30-14**

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

The above plan of correction is approved as of 10-7-14
 (Date)

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

Plan of correction implementation status as of 10-7-14
 (Date)

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

Violation Report: 42887 - 08/02/2014 - Cutter, Jan
PCH Name: HALLSWORTH HOUSE

1. REGULATION 55 Pa. Code §2600
2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION

The assessment, dated 5/16/2014, for resident #3, indicates that the resident requires limited physical or oral assistance to evacuate in an emergency (mobile); however, the medical evaluation dated 4/7/2014 indicates that the resident requires moderate physical or oral assistance to evacuate in an emergency (immobile).

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.

Since the resident is no longer at our facility we can not fix this particular case. However, for the future, administrator and or staff will verify accuracy of documents provided by the Doctor, as compared to our own RASP documents. Also, we will check other existing files for compliance on this concern.

Immediately
In the event of a discrepancy between the home's assessment of resident's mobility needs and the physician's, the administrator will contact the resident's physician for clarification. Until the discrepancy is resolved, the more stringent mobility assessment will be followed. JSP 10-7-14

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	
J. L. WADEN		9-30-14	

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

The above plan of correction is approved as of <u>10-7-14</u> (Date)	Plan of correction implementation status as of <u>10-7-14</u> (Date)
The above plan of correction was approved by <u>JSP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress JSP <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42897 - 08/02/2014 - Cutter, Jan
 PGH Name: HALLSWORTH HOUSE

1. REGULATION 55 Pa.Code §2600
 2800.227(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 1/17/2014, for resident #1, does not indicate what services that Hospice will provide or how the home will assist the resident with oxygen administration and the use of bed bolsters.

The support plan, dated 5/16/2014, for resident #4, does not address how the home will assist the resident with pacemaker care and maintenance.

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. Support plan has been modified to address the Hospice services that are provided. Changes to the services will be reflected in the support plan when they occur. For future, the administrator will adapt or replace the paperwork when changes occur for this resident as well as any other residents to help prevent this violation from occurring again.

Resident #4, instructions have been added to the RASP after conversation with physicians office. Administrator will take care to address all needs or potential needs of a residents health and properly document each one so this error does not become repetitious.

Within 30 days of receipt of the approved plan of correction, the administrator or designated staff person will review all current resident support plans for accuracy and completion including any services received by the resident. JSP 10-7-14

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
Jeff Warden			9-30-14

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