



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 06 2015

Mr. Kenneth L. Garver Jr., Administrator
Jameson Care Center, Inc.
3345 Wilmington Road
New Castle, Pennsylvania 16105

RE: Jameson Place
License #: 401280

Dear Mr. Garver:

As a result of the Department of Human Services' licensing inspection on July 15, 2014 and July 18, 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 August 23, 2014 to August 23, 2015 was issued on May 16, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director

34

Enclosure
License Inspection Summary

DEC 11 2014

Violation Report: 40128 - 07/15/2014 - Pfaff, Vicki

PCH Name: JAMESON PLACE

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

The home's most recent license inspection summaries dated 8/3/13 and 6/6/13 were not posted in the home.

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 2A of 11

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Suzanne Boyer Date 12-10-14

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

The above plan of correction is approved as of 12-11-14 (Date)

Plan of correction implementation status as of 12-15-14 (Date)

- Plan of correction implementation status as of 12-15-14 (Date)
Fully Implemented
Partially Implemented - Adequate Progress
Partially Implemented - Inadequate Progress
Not Implemented

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

RECEIVED

DEC 11 2014

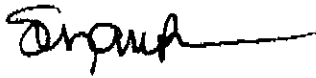
Page 2a of 11

WEST VIRGINIA STATE UNIVERSITY
Summit, West Virginia

The following information is regarding my plan of correction for the violation involving 2600.3(c)

Suzanne Boyer, the manager of Jameson Place, has addressed this violation by posting the home's most recent license inspection summary dated 6/3/13 and 6/6/13. It will be replaced with the latest license inspection summary dated 7/15/14 when we receive the final issuance. I will monitor this monthly to ensure compliance.

Thank you,
Suzanne Boyer, Jameson Place Manager



12/09/14

12-11-14

✓

Violation Report: 40128 - 07/15/2014 - Pfaff, Vicki
PCH Name: JAMESON PLACE

WEST REGION FIELD OFFICE
Human Resources Licensing

1. REGULATION 56 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

Direct care staff person, C, hired 8/22/02, did not receive training in instruction on meeting the needs of the resident as described in the preadmission screening form, assessment, tool, medical evaluation and support plan; care for residents with dementia and cognitive impairments; personal care service needs of the resident during the 1/1/13 through 12/31/13 staff training year.

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.

By 1-15-15 - The Administrator or designated staff person will review all direct care staff training records for the 2014 training year to ensure all direct care staff have completed the required training in accordance with regulation 2600.65(f).
12-11-14g

By 1-15-15 - The administrator will ensure proper staff training records are maintained and that all staff training is monitored through the quality management review process. 12-11-14g

See page 3A of 11

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Suzanne Boyer*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Suzanne Boyer* Date *12-10-14*

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

The above plan of correction is approved as of 12-11-14
(Date)

Plan of correction implementation status as of 12-15-14
(Date)

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

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

RECEIVED

DEC 11 2014

WEST REGION FHS DIST. REG. I
Human Services Licensing

Page 3a of 11

The following information is regarding my plan of correction for the violation involving 2600.65(f)

This violation is being addressed by the manager of Jameson Place immediately. I am working with [REDACTED] to complete the necessary training as directed in the regulation book. This training will be completed by January 30, 2015. I will further monitor this by ensuring the training for the upcoming year includes all topics addressed in 2600.65(f). I will have a training schedule set in place by January 30, 2015 also.

Thank you,
Suzanne Boyer, Jameson Place Manager



12/09/14

12-11-14

Violation Report: 40128 - 07/15/2014 - Pfaff, Vicki
FCH Name: JAMESON PLACE

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Ancillary staff person A, hired on 9/10/12, did not receive training in fire safety completed by a fire safety expert or staff person trained by a fire safety expert, emergency preparedness, resident rights, the Older Adult Protective Services Act, and falls and accident prevention during the 1/1/13 through 12/31/13 staff training year.

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.

By 1-15-15 - The Administrator or designated staff person will review all staff training records for the 2014 training year to ensure all staff have completed the required training in accordance with regulation 2600.65(g). 12-11-14

By 1-15-15 - The administrator will ensure proper staff training records are maintained and that staff training is monitored through the quality management review process. 12-11-14

See Page 4 & 11

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Suzanne Boyer</i>	Date <i>12-10-14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12-11-14 (Date)

Plan of correction implementation status as of 12-15-14 (Date)

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

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

RECEIVED

DEC 11 2014

Page 4a of 11

WESTFIELD OFFICE
Human Services Licensing

The following information is regarding my plan of correction for the violation involving 2600.65(g)

The manager of Jameson Place and the Manager of Nutritional Services will work together to ensure all ancillary staff will receive fire safety training, emergency preparedness, resident rights, the Older Adult Protective Services Act and falls and accident prevention on a yearly basis. Also, a supplemental orientation form has been included for any new ancillary staff hired with regard to these topics.

The staff person in question, [REDACTED] has received the training in question and I have attached a sign in sheet for the training. [REDACTED] was trained with myself and the Director of Nutritional Services.

Thank you,
Suzanne Boyer, Jameson Place Manager



12/09/14

12-11-14

Violation Report: 40128 - 07/15/2014 - Pfaff, Vicki
PCH Name: JAMESON PLACE

DEPARTMENT OF HUMAN SERVICES
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
On 7/15/14, at 10:50 a.m., there was no thermometer in the ice cream freezer in the home's main 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.

By 1-15-15 - All staff persons involved in food storage and preparation will be educated on proper food storage and safe food storage temperatures. Documentation of education will be kept. 12-11-14

By 1-15-15 - A designated staff person will check all refrigerators and freezers daily to ensure a thermometer is present and food is stored in accordance with regulation 2600.103(f)?
12-11-14

See page SA #11

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Suzanne Boyer*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Suzanne Boyer* Date *12-10-14*

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

The above plan of correction is approved as of 12-11-14
(Date)

Plan of correction implementation status as of 12-15-14
(Date)

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

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

RECEIVED

DEC 11 2014

Page 5a of 11

WEST VIRGINIA FIELD OFFICE
Nutritional Services (Lynchburg)

The following information is regarding my plan of correction for the violation involving 2600.103(f)

The manager of Nutritional Services and I have met regarding this issue and the thermometer was replaced in the ice cream freezer on the day of inspection, July 15. It had been removed for cleaning. It will be monitored to ensure it remains in place by both myself and the manager of Nutritional Services.

Thank you,
Suzanne Boyer, Jameson Place Manager



12/09/14

12-11-14
f

Violation Report: 40128 - 07/15/2014 - Pfaff, Vicki
PCH Name: JAMESON PLACE

DEC 11 2014

1. REGULATION 55 Pa.Code §2600
2600.103(g) - Food shall be stored in closed or sealed containers

2007 Edition of the PA Food Code
Food and Drug Administration

2a. DESCRIPTION OF VIOLATION

On 7/15/14 at approximately 11:00 a.m., there was an uncovered container with 4 corn dogs and approximately 25 tater tots in the stainless steel refrigerator/freezer near the stove in the home's main 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.

By 1-15-15 - All STAFF persons involved in food preparation, serving, and storage will be educated on the requirement to store food in closed or sealed containers. Documentation of education will be kept. 12-11-14

By 1-15-15 - A designated staff person will check all food storage areas daily to ensure all food is stored in closed or sealed containers. 12-11-14

See page 6A of 11

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

Signature of Legal Entity Representative (Required on EVERY Page) *Suzanne Bayer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Suzanne Bayer Date 12-10-14

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

The above plan of correction is approved as of 12-11-14 (Date)

Plan of correction implementation status as of 12-15-14 (Date)

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

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

RECEIVED

DEC 11 2014

Page 6a of 11

WESTERN GOVERNORS' ASSOCIATION
National Board of Directors

The following information is regarding my plan of correction for the violation involving 2600.103(g)

I have met with the manager of Nutritional Services and all food items will be covered and stored per regulations. This violation was corrected on the day of inspection, July 15, 2014 and will be reviewed and revisited by the manager of Nutritional Services to ensure compliance as needed.

Thank you,
Suzanne Boyer, Jameson Place Manager



12/09/14

12-11-14 g

Violation Report: 40128 - 07/15/2014 - Pfaff, Vicki
PCH Name: JAMESON PLACE

MILBURN PLANNING DEPARTMENT
Public Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The municipality's emergency preparedness plan was posted in a locked glass cabinet outside of the administrator's office and not accessible.

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 7 A of 11

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

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

Date *12-10-14*

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

The above plan of correction is approved as of 12-11-14
(Date)

Plan of correction implementation status as of 12-15-14
(Date)

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

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

RECEIVED

DEC 11 2014

ALBION REGIONAL HEALTH CENTER
Financial Control Office

Page 7a of 11

The following information is regarding my plan of correction for the violation involving 2600.123(b)

The manager of Jameson Place has placed the municipality's emergency plan in a binder and placed it on a desk in the lobby area. It is marked and highly visible. I will review it and update and information as needed as well as ensure its accessibility. This will be monitored on a weekly basis.

Thank you,
Suzanne Boyer, Jameson Place Manager



12-09-14

12-11-14

Violation Report: 40128 - 07/15/2014 - Pfaff, Vicki
PCH Name: JAMESON PLACE

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The home's fire drill record does not indicate the time the fire drill was conducted or the exit route used for the fire drill on 12/12/13.

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.

See page 8A of 11

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Suzanne Boyer* Date *12-10-14*

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

The above plan of correction is approved as of 12-11-14
(Date)

Plan of correction implementation status as of 12-15-14
(Date)

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

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

RECEIVED

DEC 11 2014

Page 8a of 11

STATE OF CALIFORNIA
Jameson Center Home

The following information is regarding my plan of correction for the violation involving 2600.132(c)

As manager of Jameson Place I have and will continue to maintain complete records of fire drills conducted. This will include the date of drill, time of drill, time to completion, the exit routes used, number of residents in house, number of residents evacuated, number of staff participating, alarm activation status, problems if any and plan of action. This will be reviewed by myself and the Director of Environmental Services monthly. I have included our fire drill record log for the past year to show compliance.

Thank you,
Suzanne Boyer, Jameson Place Manager



12-09-14

12-11-14

Violation Report: 40128 - 07/15/2014 - Pfaff, Vicki

PCH Name: JAMESON PLACE

APPROPRIATE AGENCIES AND AGENCIES
Involved in the Violation

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #2 had a medical evaluation completed on 5/2/12. The resident's next medical evaluation was not completed until 8/9/13 and does not include the resident's diagnoses of hypertension, chronic kidney disease and legal blindness.

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.

By 1-15-15 - STAFF persons involved in the medical evaluation process will be educated on the required documentation and completion of the Department's form. Documentation of education will be kept. 12-15-14

See Page 9A & C 11

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/03/2013	
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Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Suzanne Boyer* Date *12-10-14*

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

The above plan of correction is approved as of 12-15-14 (Date)

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

Plan of correction implementation status as of 12-15-14 (Date)

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

Page 9a of 11

The following information is regarding my plan of correction for the violation involving 2600.141(b)(1)

Medical evaluations will be completed annually and to ensure this is completed the manager, along with appointed staff person, [REDACTED] have created a resident log. It lists all the residents by their admission dates making it easier to track when they need an annual evaluation. As the evaluations are completed it will be reviewed by the manager and /or [REDACTED] to ensure all diagnoses are addressed. If needed we will be in contact with the doctors to ensure all diagnoses are addressed.

In this case, the doctor has been contacted and I have faxed the medical evaluation form to the office to be completed. When I receive the corrected evaluation I will forward it on to you via fax. Also, [REDACTED] and I will be reviewing evaluations as they come in as well as reviewing the past year to ensure completion. If one is found incomplete, I will contact the doctor indicated and request correction or completion.

Thank you,
Suzanne Boyer, Jameson Place Manager

12/11/14

12-15-14

Violation Report: 40128 - 07/15/2014 - Pfaff, Vicki
PCH Name: JAMESON PLACE

DEPARTMENT OF
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

On 7/15/14, at 3:10 p.m. staff person D signed the medication administration record indicating the following medications were administered prior to the administration of resident medications:

- * Resident #2's Calcium acetate 667mg 5:00 p.m. dose.
- * Resident #3's Prilosec 20mg capsule 5:00 p.m. dose.
- * Resident #4's Antivert 25mg 4:30 p.m. dose.
- * Resident #5's Potassium C ER 10meq 4:30 p.m. dose.
- * Resident #6's Digoxin 0.125mg 4:00 p.m. dose.
- * Resident #6's Cardizem 120mg 5:00 p.m. dose.
- * Resident #7's Simethicone 80mg 4:00 p.m. dose.

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.

By 1-15-15 - All staff persons qualified to administer medications will be educated on the proper procedures for medication administration including documenting medication administration at the time of administration. Documentation of education will be kept. 12-11-14

See page 10 of 11

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Suzanne Boyer</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Suzanne Boyer</i>	<i>12-10-14</i>

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

The above plan of correction is approved as of 12-11-14
(Date)

Plan of correction implementation status as of 12-11-14
(Date)

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

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

RECEIVED

DEC 11 2014

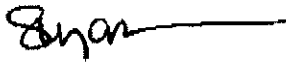
Page 10a of 11

STATE OF FLORIDA
Department of Health

The following information is regarding my plan of correction for the violation involving 2600.187(b)

The nurse involved has been counseled to record the medication administration at the time of administration and not prior. Further violations will result in disciplinary action. I will also monitor the pouring and administering of medication once a month for 3 months to ensure compliance with all employees involved in medication administration. I will continue to educate the staff on this issue throughout the year.

Thank you,
Suzanne Boyer, Jameson Place Manager



12/09/14

12-11-14

Violation Report: 40128 - 07/15/2014 - Pfaff, Vicki
PCH Name: JAMESON PLACE

MODIFIED 12/10/14

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #2's assessment dated 9/23/13 does not address the resident's diagnoses of chronic kidney disease and being legally blind.

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.

by 1-15-15 - All STAFF PERSONS involved in the Assessment process will be educated on the required documentation and completion of resident assessments. Documentation of education will be kept 12-15-14

See Page 11 R. of 11

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Suzanne Bayer</i>	Date <i>12-10-14</i>
--	-------------------------

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

The above plan of correction is approved as of 12-15-14
(Date)

Plan of correction implementation status as of 12-15-14
(Date)

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

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

CONFIDENTIAL

DEC 11 2014

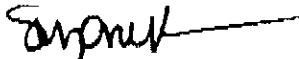
Page 11 of 11

FROM: [REDACTED]
TO: [REDACTED]

The following information is regarding my plan of correction for the violation involving 2600.225(c)

As annual assessments are completed a review will be conducted to ensure all diagnoses are being addressed. This review will be completed by myself as manager or a staff member knowledgeable of the resident and the assessment, typically [REDACTED]. If we find an assessment to be incomplete we will contact the doctor for completion. All assessments will be reviewed as they come in from the physicians.

Thank you,
Suzanne Boyer, Jameson Place Manager



12/09/14

