



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE:**

OCT -7 2014

Mr. Joseph Horowitz, Executive Director  
HCRI Sun III Tenant, LP  
4500 Dorr Street  
Toledo, Ohio 43615

RE: Sunrise Senior Living of Dresher  
1650 Susquehanna Road  
Dresher, Pennsylvania 19025  
License # 128410

Dear Mr. Horowitz:

As a result of the Department of Public Welfare's licensing inspection on July 22, 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,

A handwritten signature in black ink, appearing to read 'Patricia Adams', written over a horizontal line.

Patricia Adams  
Acting Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

PCH Name: SUNRISE SENIOR LIVING OF DRESHER		License Number: 12841
Address: 1650 SUSQUEHANNA ROAD, DRESHER, PA 19025		County: Montgomery
Administrator: Joseph Horwitz		Region: SOUTHEAST
Legal Entity Name: HCRI SUN III TENANT LP		
Legal Entity Address: 7900 WESTPARK DRIVE SUITE T-900, MCLEAN, VA 22102		
Certificate(s) of Occupancy		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 116	Waking Staff: 87
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 07/22/2014: Colon, Lissette; Miller, Chevon; Keppel, Autumn		
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: 105	Number of Residents who:	
Number of Residents Served: 73	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 72	
Area: Reminiscence	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable: 30	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 24	Have a Mobility Need: 43	
Number of Current Hospice Residents: 14	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 40		

Violation Report: 12841 - 07/22/2014 - Colon, Lissette  
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER


1. REGULATION 55 Pa.Code §2600  
 2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION  
 A squeeze bottle of Soothe and Cool Free Moisture Barrier Ointment with a manufacture's label indicating "If swallowed, get medical help or contact a poison control center right away", was unlocked and accessible to residents in the "back" bathroom of the home's secured 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.

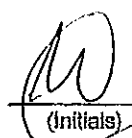
7/17/14	Reminiscence & Business Office Coordinators held in service for all employees on hazardous materials and proper storage requirements.
7/22/14.	Reminiscence Coordinator upon notification of discovery, performed audit of the common areas and resident rooms to make sure all hazardous materials were locked and stored properly.
7/22/14 and Ongoing	The Secured Dementia Care Unit (Reminiscence/ RC) Coordinator and the Executive Director (ED) perform daily rounds of common areas and resident rooms to check that all potentially hazardous and poisonous materials are locked and secured.

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): Joseph Herwitz      Date 9/7/14

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

The above plan of correction is approved as of <u>9/22/14</u> (Date)	Plan of correction implementation status as of <u>9/22/14</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 12841 - 07/22/2014 - Colon, Lissette  
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

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

2a. DESCRIPTION OF VIOLATION  
 - Resident # 1's, Senna 8.6 mg was discontinued on 7/8/14. The medication was still in the home on 7/22/14.  
 - Resident # 4's Naproxen 250 mg was discontinued on 6/28/14. The medication was still in the home on 7/22/14.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Attached

Repeat Violation: Yes      Date(s) of Previous Violation(s): 12/02/2013

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Joseph Herwitz*      Date: *9/7/14*

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

The above plan of correction is approved as of <u><i>9/22/14</i></u> (Date)	Plan of correction implementation status as of <u><i>9/22/14</i></u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
183(d)	<p>7/22/14</p> <p>7/23/14</p> <p>7/29/14 and Ongoing</p> <p>9/9/14 and Ongoing</p>	<p>Resident #1 and 4's discontinued medications were removed by the Healthcare Coordinator &amp; Wellness Nurse.</p> <p>Healthcare Coordinator &amp; Wellness Nurse performed an audit of the Medication Carts. No other discontinued medications were found.</p> <p>An In-service was held on 7/29/14 by the Healthcare Coordinator for all Medication Care Managers (MCM) on the need to remove discontinued medications immediately. The HCC has established a schedule for all medication carts to be audited weekly. The MCM's audit medication carts to ensure that only current medications are available within the community and sign off on completion of audit on an Audit Evaluation Form. The HCC will review the audit and spot check some of the results for accuracy. HCC will then sign the audit form.</p> <p>The community is piloting a new pharmacy program. The new administration process will assist in recognition of discontinued medications to be removed from the medication cart. The process will consist of the Wellness Nurse or Healthcare Coordinator notifying the pharmacy of discontinuance. The pharmacy delivers daily supplies, not monthly. Discontinued medications should no longer be delivered after notification to pharmacy. Healthcare Coordinator or Wellness Nurse will then remove the discontinued medications from residents supply. Due to daily supply delivery, there should be no more than 1-2 days of the discontinued medication within the medication cart which will be discarded by the Healthcare Coordinator or Wellness Nurse. The HCC or Wellness Nurse will remove PRN medications as they are discontinued, from the medication carts.</p>

Violation Report: 12841 - 07/22/2014 - Colon, Lissette  
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

**1. REGULATION 55 Pa.Code §2600**  
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:  
 (1) The resident's name.  
 (2) The name of the medication.  
 (3) The date the prescription was issued.  
 (4) The prescribed dosage and instructions for administration.  
 (5) The name and title of the prescriber.

**2a. DESCRIPTION OF VIOLATION**  
 The label for resident # 5's Trazadone HCL 50mg does not include the correct prescribed dosage and instructions for administration. The label states, 0.5 tab <one-half> 25mg by mouth twice daily at 11am/5pm <anxiety> However, an order change was noted on 6/29/14 on the medication administration record which states, Trazadone HCL 50mg tabs 1/2 tab 25 mg orally daily at 2pm.

**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 Attached*

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) *Joseph Horwitz*

Date *9/17/14*

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

The above plan of correction is approved as of *9/22/14*  
 (Date)

Plan of correction implementation status as of *9/22/14*  
 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - inadequate Progress
- Not Implemented

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
184(a)	<p>7/22/14</p> <p>7/23/14</p> <p>7/29/14 and Ongoing</p> <p>9/9/14 and Ongoing</p>	<p>The label was corrected by the Healthcare Coordinator to reflect the correct order as prescribed</p> <p>Healthcare Coordinator &amp; Wellness Nurse performed and audit of the medication carts. No labeling errors were found.</p> <p>An in service was held for all Medication Care Managers(MCM) by the Healthcare Coordinator(HCC) on 7/29/14 covering the topic of the 6 Medication Rights. The MCMs are to check that medication labels match the Medication Administration Record (MAR) at each administration. The HCC has established a schedule for all medication carts to be audited weekly. The MCMs audit medication carts to ensure that medication labels match corresponding prescription order and sign off on completion of audit on an Audit Evaluation Form. The HCC will review the audit form and spot check some of the results for accuracy. HCC will then sign the form. Inaccuracies found by the HCC will lead to broader scope and review of the audit. Forms will be kept in a binder in Wellness Office.</p> <p>The community is piloting a new pharmacy. The new pharmacy delivers medications daily, unit dose packaging. The daily delivery of medications, as opposed to monthly supply, will assist in making immediate changes to the labels when there is a change in dosage or instructions per prescription.</p>

*Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.*

Violation Report: 12841 - 07/22/2014 - Colon, Lissette  
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600.  
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION  
 On 7/22/14, at 12:50pm, the following PRN medications for Resident # 3 were not available in the home;

- Lorazepam 0.5 mg tablet
- CPD: DBR Suppository
- Albuterol Sulfate 2.5 mg

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.

7/22/14	Healthcare Coordinator reordered the PRN Medications. They arrived later in the day and were on hand in the community.
7/23/14	Healthcare Coordinator and Wellness Nurse performed audit of the medication carts and found adequate supply of all other PRN Medications.
7/29/14 & Ongoing	An in service was held by the Healthcare Coordinator for all of the Medication Care Managers(MCM) on reordering of medications. The HCC has established a schedule for all medication carts to be audited weekly. The MCMs audit medication carts to ensure that routine and PRN medications are available as ordered by the physician and reordered if needed based on supply level. The HCC reviews the audit form and spot check some of the results for accuracy. Inaccuracies found by the HCC will lead to broader scope and review of the audit. The HCC will then sign the bottom of the form. Results will be kept in a binder at the Wellness Office.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 12/02/2013

Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative      Date  
 (Required on EVERY Page)      Joseph Herwitz      9/2/14

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

The above plan of correction is approved as of <u>9/22/14</u> (Date)	Plan of correction implementation status as of <u>9/22/14</u> (Date)
The above plan of correction was approved by (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented



Violation Report: 12841 - 07/22/2014 - Coffin, Lissette  
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600  
 2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:  
 (1) Documentation of the receipt of controlled substances and prescription medications.  
 (2) A process to investigate and account for missing medications and medication errors.  
 (3) Limited access to medication storage areas.  
 (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

2a. DESCRIPTION OF VIOLATION  
 The home's medication policy for "Inventory of Controlled Substances" states that, "Inventory will be verified at the end of each shift with on-coming and off-going team member and Narcotic Count Sheet is signed when count is accurate and correct". Resident # 2 has a prescription for Ativan 0.5mg. However, the home did not complete a Narcotic Count Sheet for this medication from 4/10/14 to 6/7/14.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

7/22/14	Narcotic Count Sheet was found by Healthcare Coordinator in a file of papers to be filed within resident charts. Resident's Count Sheet was placed in the Resident's Chart. No other narcotic sheets are missing as would be discoverable during shift change narcotic count.
7/22/14 and Ongoing	All controlled substances have a declining inventory sheet provided by the pharmacy when dispensed. Each change of shift counts the medications to ensure accuracy by the on-coming and out-going MCM. The declining inventory sheets are kept in the medication cart. When the sheets are completed for the respective count of medication, the completed the sheet is kept in the Resident's chart for 6 months. When there is a discrepancy, a medication error report is completed and the HCC and the ED are notified and complete an investigation.
7/22/14 and Ongoing	The HCC and Wellness Nurse complete a daily review of MARs and the Executive Director performs a review weekly.

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)      *Joseph Horwitz*      Date *9/2/14*

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

The above plan of correction is approved as of 9/22/14 (Date)

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

Plan of correction implementation status as of 9/22/14 (Date)

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

Violation Report: 12841 - 07/22/2014 - Colon, Lissette  
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

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

2a. DESCRIPTION OF VIOLATION

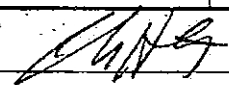
Resident # 2 was prescribed Tylenol 325mg tablets, two tabs by mouth (650mg) every six hours as needed for pain. However, the resident was receiving two 650mg tablets for a total of 1300 mg of Tylenol.

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.*

7/22/14	Medication Administration Record corrected on site by Healthcare Coordinator. Resident was not over medicated. PRN Medication was last administered to the resident on 3/1/14. Label & MAR were matching at the time.
7/22/14 and Ongoing	Wellness Staff immediately fax medication orders to the pharmacy. The new order is noted on both the Physician's Order Sheet and the MAR and remains flagged until the medication is delivered. The Nurse and/or Medication Care Manager on duty checks the medication label against the original flagged order in the chart to verify that it is the correct drug, dose, and directions. After it has been checked it is then placed in the cart for administration.
7/29/14 and Ongoing	An in service was held on 7/29/14 by the Healthcare Coordinator (HCC) for all Medication Care Managers (MCM) on the 6 Rights of Medication Administration. The MCMs are to check the MAR to the prescription during each administration. The HCC has established a schedule for all medication carts to be audited weekly. The MCMs audit medication carts to ensure that medication labels match corresponding prescription label and sign off on completion of audit on an Audit Evaluation Form. The HCC will review the form and spot check some of results for accuracy. Inaccuracies found by the HCC will lead to broader scope and review of the audit. The HCC will then sign the form and keep in a binder at the Wellness Office.


Repeat Violation: Yes      Date(s) of Previous Violation(s): 12/02/2013

Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)      Joseph Horvath      Date: 9/7/14

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

The above plan of correction is approved as of 9/22/14 (Date)      Plan of correction implementation status as of 9/22/14 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 12841 - 07/22/2014 - Colon, Lissette  
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

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  
 - On 6/6/14, an error in resident # 3's medication administration occurred involving the missed Fentanyl Patch application. The error was not reported to the prescriber.  
 - On 6/7/14, an error in resident # 2's medication administration occurred involving the missed dose of Ativan 0.5 mg. The error was not reported to the prescriber.

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 attached*

Repeat Violation: Yes      Date(s) of Previous Violation(s):      12/02/2013

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

Printed Name and Title of Legal Entity Representative      Date  
 (Required on EVERY Page)      *Joseph Horowitz*      *9/2/14*

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

The above plan of correction is approved as of *9/22/14*  
 (Date)

Plan of correction implementation status as of *9/22/14*  
 (Date)

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

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

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed		Plan of Correction	
188(b)	7/22/14  7/29/14 and Ongoing        8/1/14 and Ongoing	Notification was not listed on the incident report. Physician was notified as precaution by the Healthcare Coordinator. The physician was already aware.  An in service was held by the Healthcare Coordinator(HCC) on 7/29/14 for all of the Medication Care Managers(MCM) on reporting medication errors. The MCMs report all medication errors to the HCC who then reports to the ED. The documentation of notification to the resident, designated person, and the physician is recorded on the incident report by the MCM discovering the error. The HCC documents within electronic health recording system the date and times that the family and physicians were notified.  The HCC has established a schedule for all medication carts to be audited weekly. The MCMs audit medication carts to ensure that medication labels match corresponding prescription label and sign off on completion of audit on an Audit Evaluation Form. The HCC will review the form and spot check some of results for accuracy. Inaccuracies found by the HCC will lead to broader scope and review of the audit. The HCC will then sign the form and keep in a binder at the Wellness Office.  The HCC & Wellness Nurse will perform daily audits of the MAR's. The ED will audit the MAR no less than weekly.		

Violation Report: 12841 - 07/22/2014 - Colon, Lissette  
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

**1. REGULATION 55 Pa.Code §2600**  
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**2a. DESCRIPTION OF VIOLATION**  
 The pre-admission screening form completed on 6/21/14 for resident # 6, admitted 6/25/14, does not include a determination that the home can meet the service needs of the resident.

**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.

7/22/14	Healthcare Coordinator visited with the Resident to re-assess. There were no significant changes to be noted that would prevent the Resident needs from being met by the community.
7/23/14 and Ongoing	Prior to admission the Health Care Coordinator(HCC) reviews and signs off on the preadmission screening form to indicate that it has been reviewed to ensure it is completed in its entirety and within the required time frames. The Wellness Nurse will review Pre-admission screening performed by HCC as a double check.

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)     Joseph Horwitz     Date 9/2/14

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

The above plan of correction is approved as of <u>9/2/14</u> (Date)	Plan of correction implementation status as of <u>9/22/14</u> (Date)	
The above plan of correction was approved by (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 12841 - 07/22/2014 - Colon, Lissette PCH Name: SUNRISE SENIOR LIVING OF DRESHER	
1. REGULATION 55 Pa.Code §2600 2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.	
2a. DESCRIPTION OF VIOLATION Resident # 6 was admitted to the SDCU on 7/2/14, the resident's initial support plan was developed on 7/10/14.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
7/23/14	The ED met with the HCC and both Care Coordinators to reinforce the required time frames for completion of the Resident Assessment and Support Plan (RASP).
7/24/14 and Ongoing	As residents move-in and RASP are developed they are brought to the ED at the daily Standup Meeting for review and to ensure completeness and accuracy.
Repeat Violation: Yes	Date(s) of Previous Violation(s): 12/02/2013
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Joseph Horvitz	
Date 9/7/14	
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of 9/22/14 (Date)	Plan of correction implementation status as of 9/22/14 (Date)
The above plan of correction was approved by [Signature] (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented