



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: June 11, 2015

Mr. Neal Harrison, President
Harmony House Manor, Inc.
2888 Carpenter Park Road
Davidsville, Pennsylvania 15928

RE: Harmony House Manor
601 Lamberd Avenue
Johnstown, Pennsylvania 15904
Certificate # 314391

Dear Mr. Harrison:

As a result of the Department of Human Services' licensing inspection on March 3, 2015 and March 4, 2015 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 "Cybil Bomberger".

Cybil Bomberger
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 31439 - 03/03/2015 - Hoover, Douglas
 PCH Name: HARMONY HOUSE MANOR

1. REGULATION 65 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #1 is quoted as stating "a colored man working at night is very rough with him/her. Hurting his/her fingers. Very rough when handling him/her."

Direct care staff member A documented in the record of resident #1 on 2/17/15 that resident #1 "has bruises on both hands that was not there on 2/16/15."

Direct care staff member B documented in the record of resident #1 on 2/25/15 at 11:45 that resident #1 has bruises on the right forearm and left upper arm.

Direct care staff member C documented in the record of resident #1 on 2/25/15 that resident #1 "has a mark on his/her right wrist and a mark on his/her left arm by his/her elbow."

Staff member D submitted an incident reporting form, dated 2/26/15, that states: "During the last several weeks the daughter had raised concerns about the resident's care and staff possibly mistreating the resident."

Despite documentation of unexplained bruising starting on 2/17/15 and the daughter's concern of mistreatment of resident #1, the home did not report the allegations of abuse to the local area agency on aging or the State Department of Aging until 2/26/15.

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.

Plan attached - PAGE 2-A

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>[Name]</i>	Date <i>[Date]</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/13/15
 (Date)

Plan of correction implementation status as of 5/13/15
 (Date)

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

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

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HARMONY HOUSE MANOR, INC
VIOLATION-PLAN OF CORRECTIONS

CORRECT THE SPECIFIC ISSUE CITED:

2800.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 -10225.707) and 6 Pa. Code Sections 15.21 -15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Staff person's (E) employment was terminated on 2-26-15. All staff have been educated on neglect and suspected abuse, and are trained to report any suspicious acts to the administrator immediately. The administrator will then follow the Resident Abuse/Suspected Abuse and/or Neglect Policy, and will file an incident report to Adult Residential Licensing, as well as Area Agency on Aging.

Continued trainings will be provided to staff in accordance with the Older Adults Protective Services Act

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

Staff trainings and education on the Older Adults Protective Services Act

WHAT SPECIFIC CHANGE WILL BE MADE:

Ed with AAA is holding a training for staff by the end of April. More communication among staff and the administrator will be conducted regarding residents.

WHO WILL MAKE THE CHANGE:

Owner and administrator.

WHEN WILL THE CHANGE BE MADE:

Immediately and on-going.

HOW WILL THE CHANGE BE MADE:

Scheduled training with AAA will be held to further educate staff, and to improve communication with staff.

Suspected abuse will be reported by the administrator or designee immediately as required. &

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN:

Staff to inform administrator of any suspicion of abuse or neglect of residents immediately.

TRAINING PROVIDED TO STAFF:

Forthcoming by AAA and continued trainings for staff.

[Handwritten signatures and initials]

Violation Report 31439 - 03/08/2015 - Hoover, Douglas

FCH Name: HARMONY HOUSE MANOR

1. REGULATION 65 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 2/25/15, an allegation of abuse was made to direct care staff member B against direct care staff member E by resident #1. The home also documents, in the last several weeks, that the daughter had raised concerns about the resident's care and staff possibly mistreating the resident." The home did not immediately develop and implement a plan of supervision or suspend direct care staff member E.

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.

Plan as attached - PAGE 3-A

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

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

The above plan of correction is approved as of

5/13/15
(Date)

Plan of correction implementation status as of

5/21/15
(Date)

The above plan of correction was approved by

CB
(Initials)

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

Handwritten signature and date

PAGE 3-A

**HARMONY HOUSE MANOR, INC
VIOLATION-PLAN OF CORRECTIONS**

CORRECT THE SPECIFIC ISSUE CITED:

REGULATION 55 Pa.Code §2600.15(b) - if there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

The staff member's (E) employment was terminated on 02-26-15. The home has implemented a policy on abuse or suspected abuse and/or neglect. (See attached) If any allegation is made against a staff member, an immediate investigation will be conducted, and the staff member will be suspended until the accusation is investigated. The home shall report all allegations of abuse

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

The home will immediately develop a plan in accordance with the new implemented policy.

WHAT SPECIFIC CHANGE WILL BE MADE:

A new policy is now in place.

WHO WILL MAKE THE CHANGE:

Owner and administrator.

WHEN WILL THE CHANGE BE MADE:

Immediately and on-going.

HOW WILL THE CHANGE BE MADE:

A new policy on abuse and neglect has been put into effect.

TRAINING PROVIDED TO STAFF:

Trainings will be conducted by AAA.

[Handwritten signatures and notes]

Violation Report: 31439 - 03/03/2015 - Hoover, Douglas

PCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 1/21/15, direct care staff member F was terminated by the home for neglecting residents on 1/17/15. The home did not report the incident to the Department's personal care home regional office until 2/28/15.

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.

Please see attached - PAGE 4-A

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *[Handwritten Name and Title]* Date *[Handwritten Date]*

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

The above plan of correction is approved as of <u>5/13/15</u> (Date)	Plan of correction implementation status as of <u>5/21/15</u> (Date)
The above plan of correction was approved by <u>[Handwritten Initials]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

[Handwritten notes at the bottom of the page]

HARMONY HOUSE MANOR, INC
VIOLATION-PLAN OF CORRECTIONS

CORRECT THE SPECIFIC ISSUE CITED:

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

Trainings will be provided to staff in regards to the Older Adults Protective Services Act. The Administrator will also supervise staff throughout the day, ensuring resident care and resident needs are met.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

Trainings for staff will be held periodically, and staff supervision will be conducted regularly throughout the day.

WHAT SPECIFIC CHANGE WILL BE MADE:

More supervision of staff will be conducted by the administrator.

WHO WILL MAKE THE CHANGE:

Administrator.

WHEN WILL THE CHANGE BE MADE:

Immediately and on-going.

HOW WILL THE CHANGE BE MADE:

Staff trainings will be held, and increased supervision will be conducted.

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN:

Increased supervision of staff, and trainings being provided to staff on resident care will help prevent recurrence of the violation.

TRAINING PROVIDED TO STAFF:

Yes.

* Training will include reportable incidents and cond. trms, what is reportable, how is it reported, to whom, when it is reported and maintaining documentation of reporting of incidents and conditions. The administrator will be responsible for ensuring that all reportable incidents and conditions are reported timely. CB

[Handwritten signatures and dates]

Violation Report: 31439 - 03/03/2015 - Hoover, Douglas

PCR Name: HARMONY HOUSE MANDR

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

Direct care staff member A documents on 2/17/15 that resident #1 "has bruises on both hands that was not there on 2/16/15."
 Direct care staff member B documents on 2/25/15 at 11:45 am of bruises on the right forearm and left upper arm of resident #1. Resident #1 is quoted as stating: "a colored man working at night is very ruff with him/her. Hurting his/her fingers. Very ruff when handling him/her."
 Direct care staff member C documents on 2/25/15 that resident #1 "has a mark on his/her right wrist and mark on his/her left arm by his/her elbow."

On 1/21/15, direct care staff member F was terminated by the home for neglecting residents on 1/17/15. The home documents the neglect as not completing treatments for residents.

The home documents, on 2/26/15, verbal abuse by direct care staff member G to resident #2 that occurred on 1/8/15.

The home documents on the afternoon of 2/10/15, resident #3 was wearing the same used adult brief that was worn on 2/8/15.

The home documents on the morning of 2/14/15, resident #4 was found wearing the same clothes as on 2/13/14 with dried fecal matter on him/her.

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.

Plan corrected - PAGE 5-A

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) *Don Walker, Director of Operations* Date *4/10/15*

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

The above plan of correction is approved as of <u>5/13/15</u> (Date)	Plan of correction implementation status as of <u>5/21/15</u> (Date)
The above plan of correction was approved by <u>[Signature]</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

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HARMONY HOUSE MANOR, INC
VIOLATION-PLAN OF CORRECTIONS

CORRECT THE SPECIFIC ISSUE CITED:

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

The home has implemented a resident abuse/neglect policy, which states that the home will not tolerate physical or verbal abuse. The home has also implemented a tracking system for resident care which the staff are using to ensure that residents' ADL's are being assisted with. Staff will have training on resident rights, and the Older Protective Services Act.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

The home has implemented a sign-off sheet for resident care (see attached), and trainings will be provided to staff periodically.

WHAT SPECIFIC CHANGE WILL BE MADE:

The home has implemented a sign-off sheet for resident care (see attached).

WHO WILL MAKE THE CHANGE:

Administrator and staff.

WHEN WILL THE CHANGE BE MADE:

Immediately and on-going.

HOW WILL THE CHANGE BE MADE:

Implementation of the Resident Care Tracking System.

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN:

The home has implemented a sign-off sheet for resident care (see attached).

TRAINING PROVIDED TO STAFF:

Yes. Staff are using the Resident Care Tracking System. Southern Care Home Health provided a training on principles of care giving, (see attached) and regular trainings will be provided to staff.

[Handwritten signatures]

Violation Report: 31439 - 03/03/2015 - Hoover, Douglas
 PCH Name: HARMONY HOUSE MANOR

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

2a. DESCRIPTION OF VIOLATION
 On 2/26/15, Resident #2 reports to the home that he/she had an incontinence "accident" on 1/9/15. Direct care staff member G, in the presence of resident #2, states: they needed to hurry up because I'm getting off at 2:00 pm and I only get paid \$7.50 to put up with this shit." The other staff member "kept gagging" according to resident #2.
 Resident #5 has mobility needs and is incontinent. Resident #7 confirmed that staff will wait until the adult brief is soiled before changing resident #5. Resident #5 will request to use the bathroom before soiling the brief but staff will ignore the request because it is easier to change the resident on the bed rather than assist to the bathroom.
 On 3/4/15, resident #7 confirmed that resident #6 is ignored by staff at mealtimes, particularly during the evening meal. Resident #6 will raise his/her hand for assistance during the meal and is told by staff to put his/her hand down even though staff know that he/she is hearing impaired and cannot hear them. Resident #6 is facing away from the main dining room area, while eating, and cannot see staff directly.

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.
 Please see attached
 See Attached PAGE 6-A

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kim McCusker, Admin.</i>	Date <i>4/17/15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/13/15</u> (Date)	Plan of correction implementation status as of <u>5/21/15</u> (Date)
The above plan of correction was approved by <u><i>CB</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Kim McCusker 4/17/15

PHOT 6-A

**HARMONY HOUSE MANOR, INC
VIOLATION-PLAN OF CORRECTIONS**

CORRECT THE SPECIFIC ISSUE CITED:

2600.42(c) - A resident shall be treated with dignity and respect.

In regards to the first part of the violation, staff member's (G) employment was terminated after re-confirmation from the resident, as the staff member originally denied allegation. New staff have been hired, and educated on dignity and respect. The administrator will talk with residents daily to ensure that they feel that they are being treated with dignity, respect and sensitivity to their incontinence. The administrator will supervise staff and train them on dignity, respect and sensitivity to resident incontinence. In regards to the second part of the violation, resident #5 will receive assistance with ADL's at all times. A new check-off sheet has been implemented for this resident personally. In regards to the third part of the violation, resident #6 will not be ignored in the future, and all staff will respond to residents' needs. Seating has been adjusted so that resident #6 is facing staff.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE

REGULATION: A new tracking system has been implemented for resident care. Education will be provided to staff on treating residents with dignity and respect.

WHAT SPECIFIC CHANGE WILL BE MADE: A tracking system for resident care has been implemented, and additional education will be provided to staff.

WHO WILL MAKE THE CHANGE:

Administrator and staff.

WHEN WILL THE CHANGE BE MADE:

Immediately and on-going.

HOW WILL THE CHANGE BE MADE:

A new tracking system will be implemented for resident care. Training for staff on treating residents with dignity and respect will be provided.

to provide additional training to staff. @ The Area Agency on Aging will be contacted

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR

AGAIN: A new tracking system will be implemented for resident care.

TRAINING PROVIDED: Yes.

Violation Report: 31439 - 03/03/2015 - Hoover, Douglas

FCR Name: HARMONY HOUSE MANOR

1. REGULATION 56 Pa.Code §2500

2500.53(c) - The administrator shall be responsible for the administration and management of the home, including the health, safety and well-being of the residents, implementation of policies and procedures and compliance with this chapter

2a. DESCRIPTION OF VIOLATION

Staff member D did not implement policies and procedures that demonstrated compliance with this chapter in abuse allegation reporting requirements. Staff member notes on 2/23/15 at 1:00 pm: "Called [family member] and informed her of [Resident #1's] fall and termination of a staff member. We were not turning this into the State as we cannot confirm positive abuse."

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.

Plan attached - PAGE 7-A

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)

[Printed Name and Title]

Date

5/13/15

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

The above plan of correction is approved as of

5/13/15
(Date)

Plan of correction implementation status as of

5/20/15
(Date)

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

The above plan of correction was approved by

[Initials]
(Initials)

[Handwritten notes]

HARMONY HOUSE MANOR, INC
VIOLATION-PLAN OF CORRECTIONS

CORRECT THE SPECIFIC ISSUE CITED:

2600.53(c) - The administrator shall be responsible for the administration and management of the home, including the health, safety and well-being of the residents. Implementation of policies and procedures and compliance with this chapter.

The administrator will receive additional education on abuse and neglect. The administrator will report all allegations of abuse in the future. The administrator will attend the training conducted by AAA in April of 2015, and will continue implementation of policies and procedures for the home, and compliance with this chapter.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

Administrator will continue education, and compliance with this chapter will be adhered to.

WHAT SPECIFIC CHANGE WILL BE MADE:

All suspected abuse will be reported immediately.

WHO WILL MAKE THE CHANGE:

Administrator.

WHEN WILL THE CHANGE BE MADE:

On-going.

HOW WILL THE CHANGE BE MADE:

The administrator will receive on-going education on abuse, and compliance with this chapter will be adhered to.

The administrator will review the regulations - 55 AAC Chapter 2600.

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN:

The administrator implemented a new policy on suspected abuse and neglect.

TRAINING PROVIDED TO STAFF:

On-going

Violation Report: 31439 - 03/03/2015 - Hoover, Douglas
 FCH Name: HARMONY HOUSE MANOR

1. REGULATION 55 Pa.Code §2500

2600.225(d) - If the resident's physician or appropriate assessment agency determines that the resident requires a higher level of care, a plan for placement shall be made as soon as possible by the administrator in conjunction with the resident or designated person, or both.

2a. DESCRIPTION OF VIOLATION

On 1/16/15, the physician ordered physical (PT) and occupational therapy (OT) for resident #6. The 12/21/14 support plan was never updated to reflect the need for PT and OT. The 12/21/14 support plan also does not reflect the physician diet order of "no added sweets" on 1/16/15.

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.

Please see attached - PAGE 8-A

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>[Handwritten Name]</i>	Date <i>4/12/15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5/13/15
 (Date)

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

Plan of correction implementation status as of 5/21/15
 (Date)

- Fully implemented
- Partially implemented - Adequate Progress
- Partially implemented - Inadequate Progress
- Not implemented

[Handwritten Signatures and Dates]

HARMONY HOUSE MANOR, INC
VIOLATION-PLAN OF CORRECTIONS

CORRECT THE SPECIFIC ISSUE CITED:

2600.225(c) - If the resident's physician or appropriate assessment agency determines that the resident requires a higher level of care, a plan for placement shall be made as soon as possible by the administrator in conjunction with the resident or designated person, or both.

The support plan was updated (see attached) to reflect the resident's changes. Staff have been educated on the importance of accurate support plans, and the importance of updating them with any changes. A resident tracking system has been implemented to help both lead aides, and the administrator, to keep support plans current with physician orders, hospital discharges, and significant changes to a resident.

ONGOING STEPS TO ASSURE CONTINUED COMPLIANCE WITH THE REGULATION:

Tracking system has been put into place (see attached).

WHAT SPECIFIC CHANGE WILL BE MADE:

Tracking system has been put into place (see attached). *Change in resident care, treatment or needs will be addressed in the assessment and support plan immediately.*

WHO WILL MAKE THE CHANGE:

Administrator and lead aides.

WHEN WILL THE CHANGE BE MADE:

Immediately and on-going.

HOW WILL THE CHANGE BE MADE:

Staff and the administrator have implemented the tracking system.

SYSTEM IMPLEMENTED TO MAKE SURE THE SAME VIOLATION DOES NOT OCCUR AGAIN:

A tracking system has been put into place (see attached).

TRAINING PROVIDED TO STAFF:

Yes.

[Handwritten signatures and notes at the bottom of the page]