pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 29, 2016

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

RE: Hallsworth House
#428970

Dear Mr. Naden:

As a result of the Department of Human Services' licensing inspection on April 28, 2015 and April 29, 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,

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing 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: Washington
Administrator: JEFF NADEN	Region: WEST

Legal Entity Name: NASUN INC

Legal Entity Address: 1575 GRAND BOULEVARD, MONESSEN, PA 15062

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Human Services Licensing

Certificate(s) of Occupancy
I-2
02/25/2011
City of Monessen

Staffing Hours
Resident Support: 0 | Total Daily Staff: 81 | Waking Staff: 61

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
04/28/2015: Georgoulis, Karen
04/29/2015: Georgoulis, Karen

Off-Site Inspection Dates and Inspectors, if Applicable
04/30/2015: Georgoulis, Karen
05/01/2015: Georgoulis, Karen
05/04/2015: Georgoulis, Karen

Other Details
Partial or Full Triggers: | Random Indicators:

Resident Demographic Data as of Inspection Dates

	Number of Residents who:
Licensed Capacity: 63	Receive Supplemental Security Income: 1
Number of Residents Served: 53	Are 60 Years of Age or Older: 53
Secured Dementia Care Unit in Home: No	Have Mental Illness: 1
Area:	Have an Intellectual Disability: 0
Secured Dementia Unit Capacity, if Applicable:	Have a Mobility Need: 28
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Physical Disability: 1
Number of Current Hospice Residents: 16	
Number of Hospice Residents in past year: 25	

Violation Report: 42897 - 04/28/2015 - Georgoulis, Karen
PCH Name: HALLSWORTH HOUSE

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 3/23/15, direct care staff person A attempted to transfer resident #1 from the resident's wheelchair to the resident's bed. The resident fell to the floor and cried out in pain. From 3/23/15 until 3/27/15 the resident indicated pain to the right leg. On 3/27/16, the resident was sent to the hospital and was diagnosed with a right leg femur fracture requiring surgery. The incident was not reported to the Department.

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 was on Hospice and had chronic pain daily. Hospice was notified of the fall and arrived at the facility to assess, after assessment by RN we were told resident was "fine". Hospice continued their visits for the remainder of the week and continued to claim resident was fine. Only after owner/administrator forced the issue was a mobile x-ray company called in to assess the resident via x-ray was the fracture discovered. Resident was subsequently sent to the Hospital, and a State Incident Report was filed within 24 hours of that admission, see attached. Said Hospice company is no longer permitted in our facility as they failed both the resident and us in providing reliable oversight to residents' care. Staff person, newly hired, ignored our two person transfer rule and when this was verified staff person was terminated immediately.

It is very difficult to set a plan of correction when a staff person decides to ignore a standing rule, as well as the decision of an independent provider of care that the Family of the resident had chosen as their Hospice provider. That being said, the administrator/owner will have to do a better job hiring candidates and explaining the severity of independent care decisions and the risk of being accused of abuse. Also, the administrator/owner will also have to question decisions of independent agencies and the care they are providing or lack of care they are providing on a case by case basis in order to prevent a future incident as this.

Immediately: The administrator or designee shall review all reportable incidents and conditions at least weekly, including any allegations of abuse, to ensure all reportable incidents and conditions are reported to the Department in accordance with regulation 2600.16c. 9-26-16 g

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) JEFF NADEN, Administrator

Date 9/20/2016

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

The above plan of correction is approved as of 9-26-16 (Date)

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

Plan of correction implementation status as of ______ (Date)

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

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42897 - 04/26/2015 - Georgoulis, Karen
PCH Name: HALLSWORTH HOUSE

1. REGULATION 55 Pa.Code §2600
2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION
Resident #1's assessment, dated 3/25/15, indicates the resident is totally immobile. Resident #1's support plan, dated 3/25/15, indicates "Only can stand to pivot, very week though needs two people every time".

On 3/23/15, direct care staff person A attempted to transfer resident #1 from the resident's wheelchair to the resident's bed. The resident fell to the floor and cried out in pain. From 3/23/15 until 3/27/15 the resident indicated pain to the right leg. On 3/27/16, the resident was sent to the hospital and was diagnosed with a right leg femur fracture requiring surgery.

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.

As indicated in our incident report filed, a newly hired staff person chose to try to transfer the resident by herself even though a coworker told her she would be right back in order to transfer resident. Newly hired staff person had signed documents in her orientation that verified her understanding of the two person transfer rule and still chose to ignore her duties. After verification of the incident the newly hired employee was immediately terminated. We had transferred the resident with two people from the day of [redacted] admission and followed our support plan and assessment except for this incident.

For the future the administrator will show better judgement in hiring candidates to try and prevent independent decision making and not obeying rules and regulation set forth by the company.

Immediately: The administrator or designee shall review all resident assessments and support plans to determine the appropriate level of staffing needed to meet the care needs of all residents, including the appropriate level of staffing to transfer residents as specified in the residents' assessments and support plans. This person shall monitor the staffing schedule weekly to ensure the staffing levels are met to meet the resident's needs. 9-26-16

Immediately: All direct care staff persons shall be educated on the specific care and services required for all residents. Documentation of education shall be kept. 9-26-16

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) JEFF NADEN, Administrator — Date 9/20/16

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WEST REGION FIELD OFFICE
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Violation Report: 42897 - 04/28/2015 - Georgoulis, Karen
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
The home is video recording the residents in the common areas of the home 24 hours a day.

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.

As of the day of the inspection the recordings ceased. We were trying to provide protection to the residents from abuse, neglect, theft, and manage over their care better by holding staff accountable for their actions. Every resident, every family member, and every staff person agreed to this type of monitoring knowing the benefits outweighed any privacy concerns.

For the future, we will continue not to record these common areas, with the hope that the State of Pa will eventually see that the benefits outweigh the negatives, especially with all of the criminal/terroristic activities that the world sees today. Protecting and providing for our residents is our main mission.

Immediately: Video recording is, permitted in areas completely inaccessible to residents. Video recording of the homes entrances and exits, as well as interior corridors leading to the entrances and exits is also permitted, provided the residents are informed these areas are subject to video recording and signs are posted in the areas indicating they are being recorded. All other areas of the home are prohibited from being recorded. 9-26-16

Immediately: The administrator will check weekly to ensure there is no video recording in the home except areas specified above.

9-26-16

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/02/2014		

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) JEFF NADEN, Administrator

Date 9/20/16

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Violation Report: 42897 - 04/28/2015 - Georgoulis, Karen
PCH Name: HALLSWORTH HOUSE

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:
(1) Be 18 years of age or older, except as permitted in § 2600.54(b).
(2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
(3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff C, hired [redacted]14, and has been providing unsupervised direct care services in the home. There is no documentation to demonstrate that direct care staff person C has a high school diploma accepted by the United States Department of Education or the Pennsylvania Department of Education, a GED or active registry status on the Pennsylvania nurse aide registry.

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.

Direct care person did provide a document upon hiring of a high school equivalency when she was hired in 2005.

Unfortunately, we were unaware of the necessity to establish the validity of said document back then through the Pennsylvania Department of education. When inspector claimed this document was inadequate, it took us almost two hours to find the proper contact within the State to establish that this "online" provider of education was not approved. After learning of this, a 10-year employee was taken off the schedule and informed that since these documents were inadequate she could sign up for GED classes in order to keep her job.

Unfortunately, this employee was unable to move toward her GED and never returned.

In the future the administrator will verify any and all educational documents and their validity when they are coming from an unknown source to prevent this error again.

Immediately: The administrator or designee will audit all current direct care staff records to ensure all direct care staff persons meet the qualifications in accordance with regulation 2600.54(a) to include a Diploma issued by the Pennsylvania Department of Education or Department of Education in another state. Documentation will be kept in the staff records. If direct care staff qualifications are not met, staff will be assigned a position which does not include providing direct care services. Only those staff persons who meet the direct care staff qualifications will provide direct care services. 9-26-16 ✓

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) JEFF NAPIER, Administrator — Date 9/20/16

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Human Services Licensing

Violation Report: 42897 - 04/28/2015 - Georgoulis, Karen
PCH Name: HALLSWORTH HOUSE

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:
(1) Training that includes a demonstration of job duties, followed by supervised practice.
(2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
(3) Initial direct care staff person training to include the following:
(i) Safe management techniques.
(ii) ADLs and IADLs.
(iii) Personal hygiene.
(iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
(v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
(vi) Implementation of the initial assessment, annual assessment and support plan.
(vii) Nutrition, food handling and sanitation.
(viii) Recreation, socialization, community resources, social services and activities in the community.
(ix) Gerontology.
(x) Staff person supervision, if applicable.
(xi) Care and needs of residents with special emphasis on the residents being served in the home.
(xii) Safety management and hazard prevention.
(xiii) Universal precautions.
(xiv) The requirements of this chapter.
(xv) Infection control.
(xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff C, hired [redacted]/14, and has been providing unsupervised direct care services in the home. Staff C did not complete the department-approved direct care staff training course and test until 4/29/15.

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.

A paperwork verification error occurred in verifying that the Online Training Test was completed properly. The test was performed prior to completion of the inspection and document was provided to inspector as noted above.

For the future an administrator will verify completion of all required documents to satisfy State requirements prior to direct care being provided in order to prevent this violation in the future.

Immediately: The administrator or designee will review all current direct care staff records to ensure all direct care staff persons meet the qualifications in accordance with regulation 2600.65(d) and the documentation is in the staff records. Only those staff persons whom meet the direct care staff qualifications will provide direct care services. 9-26-16 [initials]

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) JEFF NADER, Administrator — Date 9/20/16

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Human Services Licensing

Violation Report: 42897 - 04/28/2015 - Georgoulis, Karen
PCH Name: HALLSWORTH HOUSE

1. REGULATION 55 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 B, C, D and E did not receive the following required training topics for the 2014 training year:
* Instructions on meeting the needs as outlined in preadmission, assessment, medical evaluation and support plan.
* Care for residents with mental illness or mental retardation. The home is currently serving one resident with a diagnosis of mental illness.

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 we missed this for 2014 we are unable to go back and correct for that year. We will however move forward as a correction to this violation and provide the necessary training to our staff for our residents needs as noted with the "mental illness" diagnosis for this resident and other future residents as needed.

Immediately: The administrator will audit all staff current training and records to ensure all direct care staff has received the required training on all topics in accordance with regulation 2600.65(f) during the 2015 training year. The review will include interviewing all staff persons to measure which training topics were actually provided to each staff person. If any staff has not completed the required training topics in accordance with regulation 2600.65(f), the training will be completed within 30 days of receipt of the approved plan of correction. 9-26-16 ✓

Immediately - The administrator or designated staff person will monitor all direct care staff training through the quality management review process to ensure all staff persons receive the required trainings in accordance with regulation 2600.65(f) during each established training year. 9-26-16 ✓

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) JEFF NADEN, Administrator — **Date** 9/20/16

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Human Services Licensing

Violation Report: 42897 - 04/28/2015 - Georgoulis, Karen
PCH Name: HALLSWORTH HOUSE

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

Direct care staff B, C, D and E did not receive training on Emergency preparedness procedures and recognition and response to crises and emergency situations during the 2014 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.

Another error in training for 2014. Training procedures and verification of training has been altered since that year in order to prevent this type of error for the future. Additional management personnel have been hired to help address this shortfall in the future.

Immediately: The administrator will audit all staff current training and records to ensure all direct care staff has received the required training on all topics in accordance with regulation 2600.65(g) during the 2015 training year. The review will include interviewing all staff persons to measure which training topics were actually provided to each staff person. If any staff has not completed the required training topics in accordance with regulation 2600.65(g), the training will be completed within 30 days of receipt of the approved plan of correction. 9-26-16

Immediately - The administrator or designated staff person will monitor all direct care staff training through the quality management review process to ensure all staff persons receive the required trainings in accordance with regulation 2600.65(g) during each established training year. 9-26-16

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) JEFF NAVON, Administrator — Date 9/20/16

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Human Services Licensing

Violation Report: 42897 - 04/28/2015 - Georgoulis, Karen
PCH Name: HALLSWORTH HOUSE

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

2a. DESCRIPTION OF VIOLATION
On 4/28/15 at 9:30 a.m., there was a small brown smear of feces measuring approximately 1" diameter on the grey tile floor of the common shower/bathroom in hallway off the dining room.

On 4/28/15, a shower chair holding door open to the common shower/bathroom has brown spots over entire seat in hallway of bedrooms #10 to #18.

On 4/28/15, there was small pieces of rolled, balled up used toilet paper on the bath mat and pieces of toilet paper on the floor of the shower stall in the common bathroom/shower room by bedrooms #10- #18.

On 4/28/15, in resident #2's bathroom, there was a heavy coating of fecal spatter on the inside of the toilet bowl and the outside of the toilet bowl just below the rim on the right side had smeared feces.

On 4/28/15, there was fecal spatter on the inside of the toilet in the bathroom of bedroom #34.

On 4/28/15, there is a heavy mildew ring on the inside of the toilet at the water level in bedroom #35 and #36.

On 4/28/15, there was a nebulizer with the breathing mouth piece on a tray that had a heavy coating of a white dried substance on the bottom of the tray in bedroom #38.

On 4/28/15, in bedroom #39 there was feces smeared on the outside of the toilet bowl on the right side near the top.

On 4/28/15, there was a heavy coating of fecal spatter along the inside back of the toilet bowl in the shared bathroom in bedroom #40.

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.

Facility has 35 bathrooms and housekeeping staff. At any point in time some toilets will need addressed and all toilets are expected to be inspected everyday. Toilets that are used the most get cleaned everyday and apparently the one with "heavy mildew" was missed for a few days. The shower chair mentioned was not feces, it was hard water stains. We were not afforded the opportunity to see any of these noted areas, other than the "heavy mildew" toilet and thus are forced to "agree" to the severity and wording used to describe what was "found" and as such have to respond by indicating that for the future the home will set up an inspection process to verify housekeeping staff are performing their duties of cleaning any and all bathrooms and any area that appears to have stains/fecal matter/debris, plus a plan to have non housekeeping either report or complete cleaning of areas that have become soiled after housekeeping has left for the day.

Within 30 days of receipt of the plan of correction: A designee will monitor the home at least daily to ensure sanitary conditions are maintained. 9-26-16

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): JEFF NADEN, Administrator — Date: 9/20/16

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

The above plan of correction is approved as of 9-26-16 (Date)

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

Plan of correction implementation status as of ____ (Date)

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Human Services Licensing

Violation Report: 42897 - 04/28/2015 - Georgoulis, Karen
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
On 4/28/16, none of the required emergency telephone numbers were posted on or by the telephone in the Independence dining room area.

On 4/28/15, none of the required emergency telephone numbers were posted on or by the telephone in bedroom #16.

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.

Standard procedure is to have these numbers posted as required. The independence postings had been taped to the wall near the phone for several years and when the wall was touched up for painted they were not replaced as they were needed to be. The bedroom 16 was missed. Both areas had emergency numbers place prior to the inspector finishing the inspection.

For the future, administrator will verify compliance with the emergency number posting requirement for all phones and look to prevent this from occurring

Immediately: The administrator or designee shall check all telephones to ensure all required telephone numbers in accordance with regulation 2600.91 are posted on or by each telephone. 9-26-16 ✓

Within 30 days of receipt of the plan of correction: A designated staff person will check all telephones at least weekly to ensure all telephone numbers in accordance with regulation 2600.91 are posted on or by each telephone. 9-26-16 ✓

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/02/2014		

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JEFF NADER Administrator — Date 9/20/16

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Violation Report: 42897 - 04/28/2016 - Georgoulis, Karen
PCH Name: HALLSWORTH HOUSE

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

On 4/28/15, the March Medication Administration Record (MAR) for resident #1 does not include a diagnosis or purpose for the following medications:
* Cephalexin 500mg
* Bacitracin 500 units
* Bacitracin 500 units
* AmoxTR-K CLV 600
* Acetaminophen 325 mg

On 4/29/15, the March MAR for resident#4 does not include a diagnosis or purpose for the following medications:
* Finasteride 5mg
* Clopidogrel 75mg

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.

After many years of using paper MARs and noting several deficiencies and problems with them, like the one noted above, which was corrected before the inspector finished the inspection, we made plans and have completed those plans to switch to Electronic MARs which has helped us prevent this type of error since switching. Both resident care coordinator and the pharmacy help provide a two-part system to have the proper information available on each MAR.

Immediately: A designated staff person qualified to administer medications will review all resident MARs and prescription orders at least monthly to ensure all prescribed medications are documented on the MARs including the medication dose and the purpose or diagnosis for each medication. 9-26-16

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) JEFF NADEN Administrator

Date 9/20/16

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

The above plan of correction is approved as of 9-26-16 (Date)

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

Plan of correction implementation status as of ______ (Date)

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

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