



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 03 2015

Ms. Linda E. Brandon, Administrator
P.O. Box 455, 11293 Route 422
Elderton, Pennsylvania 15736

RE: Family Pines Personal Care Home
License #: 426710

Dear Ms. Brandon:

As a result of the Department of Human Services' annual licensing inspection on June 9, 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 that reads "Matthew Jones".

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: FAMILY PINES PERSONAL CARE HOME		License Number: 42671
Address: P O BOX 455 11293 ROUTE 422, ELDERTON, PA 15736		County: Armstrong
Administrator: Linda Brandon		Region: WEST
Legal Entity Name: LINDA E BRANDON		
Legal Entity Address: PO BOX 455 11293 ROUTE 422, ELDERTON, PA 15736		
Certificate(s) of Occupancy C-3 SP 11/23/1988 L & I		RECEIVED AUG 27 2015 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 8	Working Staff: 6
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 06/09/2015: McConnell, Deb		
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: 8 Number of Residents Served: 7 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents In past year: 0	Number of Residents who: Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 6 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 0	

Violation Report: 42671 - 06/09/2015 - McConnell, Deb
PCH Name: FAMILY PINES PERSONAL CARE HOME

AUG 27 2015

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION

The home conducted a quality management review on 2/8/14. However, there is no documentation that any of the required topics were reviewed as follows:

- * Reportable incidents and condition reporting procedures
- * Complaint procedures
- * Staff person training
- * Licensing violations plans of correction

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.

Home did a quality management plan. I (Linda Brandon) did not document. We did discuss the reportable incident and the reporting procedure. Staff training was done but not documented. I will document and have staff to initial. We also do an internal investigation

9/25/15 - The home conducted a quality management review including all of the required topics in accordance with regulation 2600.26(b). *9-29-15*

Within 30 days of receipt of the accepted plan of correction - The administrator will schedule the next quality management review prior to 9/25/16. *9-29-15*

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

Printed Name and Title of Legal Entity Representative *Linda Brandon Administrator*
(Required on EVERY Page) Date *8/24/15*

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

The above plan of correction is approved as of 9-29-15
(Date)

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

Plan of correction implementation status as of 9-29-15
(Date)

- Fully Implemented
- Partially implemented - Adequate Progress *p*
- Partially Implemented - Inadequate Progress
- Not Implemented

AUG 27 2015

Violation Report: 42671 - 06/09/2015 - McConnell, Deb
PCH Name: FAMILY PINES PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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 common bathroom next to bedroom #3 does not have a locking door; therefore, privacy is not provided during bathing, dressing, changing and toileting.

The window in bedroom #4 has sheer curtains, which does not provide privacy for residents during dressing and changing.

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.

The common bathroom did not have a locked door. Lock was put on immediately before inspector left.

*The room # 4 did have sheer curtains due to residents request
Curtains have been changed*

Immediately - The administrator or designee will check all windows in the home to ensure there are shades, drapes, curtains, blinds or shutters which provide privacy to residents during, bathing, dressing and changing. 9-17-15

Within 30 day of receipt of the approved plan of correction - The administrator or designee will check resident bedrooms and the locks on bathroom doors to ensure privacy is provided to residents during, bathing, dressing and changing. 9-17-15

Within 30 day of receipt of the approved plan of correction -All direct care staff and management staff including the administrator will receive training in resident rights and the right to privacy. Documentation of training will be kept. 9-17-15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Linda Brandon

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

Linda Brandon

Date

8/24/15

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(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 42671 - 06/09/2015 - McConnell, Deb
PCH Name: FAMILY PINES PERSONAL CARE HOME

AUG 28 2015

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION

Staff person B, the home's administrator, only completed 20½ hours of the required 24 hours of approved administrator annual training 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.

I did have the 24 hours. Upon request from inspector, I (Linda Brandon) did call Melstone HEQU West, 1771 North Main Street Ext. Butler, Pa. 1602. The 4 hours were recorded phone: [redacted] Fax [redacted]

9/14/15 - The administrator provided documentation of four hours of Department-approved administrator training.

9-17-15

Immediately - The administrator will keep a record of Department-approved administrator training which includes at least 24 hours of Department-approved training which has been completed annually. The documentation of Department-approved administrator training will be reviewed through the home's quality management review.

9-17-15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Linda Brandon

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

*Linda Brandon
Administrator*

Date

8/24/15

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9-29-15
(Date)

Plan of correction implementation status as of

9-29-15
(Date)

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

The above plan of correction was approved by

x
(Initials)

Violation Report: 42671 - 06/09/2015 - McConnell, Deb

AUG 27 2015

PCH Name: FAMILY PINES PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Volunteer staff person A's first day of work was [redacted] 15. Volunteer staff person A did not receive orientation in general fire safety and emergency preparedness prior to or during the first work 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.

Direct care staff was trained, but not documented. Since our inspected one direct care staff is no longer here.

Within 30 day of receipt of the approved plan of correction - The administrator or designee will review all training records for newly hired staff or staff hired within the past year to ensure all direct care staff persons including ancillary staff persons, substitute personnel and volunteers have completed an orientation in general fire safety and emergency preparedness in accordance with regulation 2600.65(a). Documentation of the training will be placed in the employee's record. *9-17-15*

Within 30 day of receipt of the approved plan of correction - The administrator will develop and implement a policy and procedure that prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute staff personnel and volunteers have an orientation in general safety and emergency preparedness in accordance with regulation 2600.65a. *9-17-15*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Linda Brandon

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

*Linda Brandon
Administrator*

Date

8/24/15

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(Date)

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

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- Partially Implemented - Inadequate Progress
- Not Implemented

AUG 27 2015

Violation Report: 42671 - 06/09/2015 - McConnell, Deb

PCH Name: FAMILY PINES PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human 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 local emergency management plan is not posted in a conspicuous and public place in the home. The local emergency management plan is kept locked in the medication room.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The local emergency management plan will be placed in dining area beside the phone.

Immediately - The administrator will conduct a weekly check to ensure that both the homes' and local municipal emergency plans are posted in a conspicuous and public place. *9-17-15*

Within 30 day of receipt of the approved plan of correction - All staff persons will be educated on the requirement for the home's emergency procedures and the local emergency preparedness plan to be posted in a conspicuous and public place. Documentation of education will be kept. *9-17-15*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Linda Brandon*

Printed Name and Title of Legal Entity Representative *Linda Brandon Administrator* Date *8/24/15*

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The above plan of correction is approved as of <u>9-29-15</u> (Date)	Plan of correction implementation status as of <u>9-29-15</u> (Date)
The above plan of correction was approved by <u><i>LB</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

Violation Report: 42671 - 06/09/2015 - McConnell, Deb
PCH Name: FAMILY PINES PERSONAL CARE HOME

AUG 27 2015

WEST REGION FIELD OFFICE
Human Services Licensing

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 indicates a fire drill was conducted on 5/14/14 at 5:30 a.m. with two staff persons participating in the evacuation of residents. However, only one staff person participated in the evacuation of residents.

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.

Time, date, and amount of document time will be properly documented. All staff persons that are involved in fire drill will be documented

Immediately - The administrator will monitor all fire drills and the fire drill record monthly to ensure an unannounced fire drill is conducted at least once a month and is documented in the home's fire drill record which includes the date, time, 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 activated. *9-17-15*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Linda Brandon

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

*Linda Brandon
Administrator*

Date *8/24/15*

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(Date)

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(Date)

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

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

Violation Report: 42671 - 06/09/2015 - McConnell, Deb
PCH Name: FAMILY PINES PERSONAL CARE HOME

AUG 27 2015

1. REGULATION 55 Pa.Code §2600
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The home has not conducted a sleeping hour fire drill since 5/14/14 at 5:30 a.m.

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 Fire drill will be held every 6 months during sleeping hours. A fire drill was held 6-10-15 @ 5AM

Immediately - The administrator will monitor all fire drills and the fire drill record monthly to ensure a sleeping hour fire drill is conducted at least every six months. *9-17-15*

Within 30 day of receipt of the approved plan of correction - The administrator will conduct a sleeping hour fire drill. Documentation of the fire drill will be kept. *9-17-15*

Within 30 day of receipt of the approved plan of correction - All staff persons will be educated on the requirements of sleeping hour's fire drills in accordance with regulation 2600.132(e). Documentation of education will be kept. *9-17-15*

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

Printed Name and Title of Legal Entity Representative *Linda Brandon Administrator*
(Required on EVERY Page) Date *8/24/16*

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

The above plan of correction is approved as of <u>9-29-15</u> (Date)	Plan of correction implementation status as of <u>9-29-15</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 <i>y</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42671 - 06/09/2015 - McConnell, Deb
PCH Name: FAMILY PINES PERSONAL CARE HOME

AUG 27 2015

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION
The home's menus were not dated; therefore, it is unable to determine which menu is the current week or week in advance menu.

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.

Menu dates will be posted on 1 week advance and placed in a public place

Immediately - The administrator or designee will check the home at least weekly to ensure menus stating the specific food being served at each meal are posted for the current week and one week in advance in a conspicuous and public place in the home. 9-17-15 ✓

Within 30 day of receipt of the approved plan of correction - All staff persons will be educated on the on the requirement to post menus including menus stating the specific food being served at each meal are posted for the current week and one week in advance in a conspicuous and public place in the home. Documentation of education will be kept. 9-17-15 ✓

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Linda Brandon*

Printed Name and Title of Legal Entity Representative *Linda Brandon Administrator* Date *8/24/15*
(Required on EVERY Page)

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(Date)

Plan of correction implementation status as of 9-29-15
(Date)

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

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

RECEIVED

Violation Report: 42671 - 06/09/2015 - McConnell, Deb

AUG 27 2015

PCH Name: FAMILY PINES PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(c) - Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

2a. DESCRIPTION OF VIOLATION

On 6/9/15, at approximately 4:45 p.m., the Levemir insulin prescribed for resident #1 was unlocked and accessible in a container in the kitchen refrigerator.

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

The Levemir has been placed in a locked box in refrigerator, with her name written on locked box.

Immediately - A designated staff person will check the home daily to ensure all medications are stored in an area or container which is locked. *9-17-15*

Immediately - The administrator or designee will check the home weekly to ensure all medications are stored in an area or container which is locked. *9-17-15*

Within 30 day of receipt of the approved plan of correction - All staff persons will be educated on the required locked storage of medications. Documentation of the training will be kept. *9-17-15*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Linda Brandon

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

*Linda Brandon
Administrator*

Date

8/24/15

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(Date)

Plan of correction implementation status as of *9-29-15*
(Date)

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

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

Violation Report: 42671 - 06/09/2015 - McConnell, Deb
PCH Name: FAMILY PINES PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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

The home stores the medication room and medication cart keys on a hook mounted on the wall by the microwave in the unlocked and unattended kitchen, permitting access by anyone to the resident medications.

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.

Keys have been moved to on a hook on the wall beside the refrigerator in the kitchen behind the table where [redacted] Linda Brandon, sit. Residents are not permitted in this area.

Keys have been in the area inspector mentioned above since the home was first opened

9/16/15 - The medication keys were moved to an area which is locked and only accessible to authorized staff.

Within 30 day of receipt of the approved plan of correction - The administrator will review and update the home's procedures for the safe storage, access, security, distribution and use of medications to include the keys to any medications will only be accessible to staff persons qualified to administer medications. 9-17-15

Within 30 day of receipt of the approved plan of correction - All staff persons will be educated on the updated procedures. Documentation of education will be kept. 9-17-15

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

Signature of Legal Entity Representative (Required on EVERY Page) Linda Brandon

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Linda Brandon Date 8/24/15

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- Not Implemented

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

Violation Report: 42671 - 06/09/2015 - McConnell, Deb
PCH Name: FAMILY PINES PERSONAL CARE HOME

AUG 27 2015

WEST REGION FIELD OFFICE
Human Services Licensing

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 4/27/15, was incomplete. The sections for drinking, making and keeping appointments and securing health care were blank.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed

All sections will be filled out properly

Immediately - Resident #2' assessment will be updated to include the sections for drinking, making and keeping appointments and securing health care. *9-17-15*

Within 30 day of receipt of the approved plan of correction - The administrator or designee will review all resident assessments and support plans for accuracy and completion. Any incomplete or inaccurate assessments or support plans will be corrected immediately. *9-17-15*

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

Printed Name and Title of Legal Entity Representative *Linda Brandon Administrator*
(Required on EVERY Page) Date *8/24/15*

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The above plan of correction was approved by <u>S</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