



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUN 0 1 2016

Ms. Cindy Stefl, Director of Residential Services  
Masonic Village of the Grand Lodge of Pennsylvania  
1000 Masonic Drive  
Sewickley, Pennsylvania 15143

RE: Masonic Village at Sewickley – Star Points Building  
License #: 444390

Dear Ms. Stefl:

As a result of the Department of Human Services' annual licensing inspections on June 15, 2015 and June 16, 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 "Jay Bausch".

Jay Bausch  
Deputy Secretary

Enclosure  
License Inspection Summary

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

PCH Name: MASONIC VILLAGE AT SEWICKLEY STAR POINTS BUILDING		License Number: 44439
Address: 1000 MASONIC DRIVE, SEWICKLEY, PA 15143		County: Allegheny
Administrator: Cindy Stefl		Region: WEST
Legal Entity Name: MASONIC VILLAGES OF THE GRAND LODGE OF PENNSYLVANIA		
Legal Entity Address: 1000 MASONIC DRIVE, SEWICKLEY, PA 15143		
Certificate(s) of Occupancy C2 LP B 12/14/2001 L&I		<b>RECEIVED</b>  APR 11 2016  WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: 0		Total Daily Staff: 47 Waking Staff: 35
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 06/15/2015: Marini, Michael; Georgoulis, Karen 06/16/2015: Marini, Michael		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 64 Number of Residents Served: 47 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: 1 Are 60 Years of Age or Older: 44 Have Mental Illness: 2 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 0	

APR 11 2016

Violation Report: 44439 - 06/15/2015 - Marini, Michael  
PCH Name: MASONIC VILLAGE AT SEWICKLEY STAR POINTS BUILDING

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 6-15-15 at 11:50 AM, the narcotics count book, containing medication information on residents #1 and #2, was left unlocked and unattended on the medication cart in the second floor hallway.

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.

Change - narcotic/resident information will be secured.  
Who - the administrator and nurse manager.  
When - implementation and education will be complete by April 13, 2016. Documentation of education will be kept. per 5/11/16  
How - the nurse manager will do checks 5wk x 2wks random shifts. 3wk x 2wks random shifts and then 1wk x 2wks random shifts.  
Training - staff education is being performed on violation by administrator and nurse manager and plan to correct violation, narcotic book to be kept locked in drawer and that carts will be monitored.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Lindy Steff*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Lindy Steff*      Date *4-8-16*

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

The above plan of correction is approved as of 5/11/16  
(Date)

The above plan of correction was approved by JS.  
(Initials)

Plan of correction implementation status as of 5/11/16  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *JS.*
- Partially Implemented - Inadequate Progress
- Not Implemented

APR 11 2016

Violation Report: 44439 - 06/15/2015 - Marini, Michael  
PCH Name: MASONIC VILLAGE AT SEWICKLEY STAR POINTS BUILDING

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION

Resident #3, admitted [redacted] 15, did not have a resident-home contract completed until 1-13-15.

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.

Change resident agreements will signed prior to admission or within 24 hours of admission.

Who - the administrator or designee.

When - change will be implemented on April 8, 2016

How - implementation of move in checklist, This prompts and documents for the move in coordinator exactly who and when resident/PCA are available to sign resident agreement.

training - staff who coordinate admissions have been educated on check list, purpose, date of implementation, location of and correct utilization.

Within 30 days of receipt of the plan of correction - a designated staff person will review all resident records to ensure each resident has an accurate, timely contract, completed in its entirety (see below)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lindy Stoff* Date *4.8.16*

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The above plan of correction is approved as of <u>5/11/16</u> (Date)	Plan of correction implementation status as of <u>5/11/16</u> (Date)
The above plan of correction was approved by <u>LS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>LS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

and signed by the resident, the payer, the designated person, if the resident agrees and Administrator or designee.

APR 11 2016

Violation Report: 44439 - 06/15/2015 - Marini, Michael  
 PCH Name: MASONIC VILLAGE AT SEWICKLEY STAR POINTS BUILDING

WEST REGION FIELD OFFICE  
 Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

On 6-15-15, there were 2 adult incontinence briefs and 4 used, disposable gloves on the ground around the home's dumpster.

According to staff interviews, PCH staff use the same glucometer to test resident #4 and resident #5's blood glucose. By comparing readings on the True Balance Meter (Serial Number B0070191) with the documentation staff entered into the electronic medication administration record it was possible to confirm this was the glucometer used to test the following residents' blood glucose on the following dates and times:

DATE	TIME	RESIDENT
6-13-15	4:30 PM	#4
6-14-15	7:00 AM	#5
6-14-15	7:30 AM	#4
6-14-15	11:30 AM	#4
6-14-15	4:30 PM	#4
6-15-15	7:00 AM	#5
6-15-15	7:30 AM	#4

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.

Change dumpster area will be clean, all diabetic residents will have their own glucometer.  
 Who: housekeeping supervisor, personal care nurse manager  
 When: implementation will be complete by April 8, 2016.  
 How: housekeeping supervisor will monitor & clean dumpster area, if needed, on M-W-F following dumpster pick up. Nurse manager has obtained glucometers for each resident ordered glucometer checks. Nurse manager will make sure new residents or residents with new glucometer orders receive their own glucometers. See page 4<sup>th</sup> of 10

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cindy Steyer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cindy Steyer*      Date *4-8-16*

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Plan of correction implementation status as of 5/11/16 (Date)

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

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

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Page 4 of 10

Violation Report: 44439 - 06/15/2015 - Marini, Michael																									
PCH Name: MASONIC VILLAGE AT SEWICKLEY STAR POINTS BUILDING																									
<p>1. REGULATION 55 Pa.Code §2800 2600.85(a) - Sanitary conditions shall be maintained.</p>	<p>MAY 10 2016 WEST REGION FIELD OFFICE Human Services Licensing</p>																								
<p>2a. DESCRIPTION OF VIOLATION</p> <p>On 6-15-15, there were 2 adult incontinence briefs and 4 used, disposable gloves on the ground around the home's dumpster.</p> <p>According to staff interviews, PCH staff use the same glucometer to test resident #4 and resident #5's blood glucose. By comparing readings on the True Balance Meter (Serial Number B0070191) with the documentation staff entered into the electronic medication administration record it was possible to confirm this was the glucometer used to test the following residents' blood glucose on the following dates and times:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>DATE</th> <th>TIME</th> <th>RESIDENT</th> </tr> </thead> <tbody> <tr><td>6-13-15</td><td>4:30 PM</td><td>#4</td></tr> <tr><td>6-14-15</td><td>7:00 AM</td><td>#5</td></tr> <tr><td>6-14-15</td><td>7:30 AM</td><td>#4</td></tr> <tr><td>6-14-15</td><td>11:30 AM</td><td>#4</td></tr> <tr><td>6-14-15</td><td>4:30 PM</td><td>#4</td></tr> <tr><td>6-15-15</td><td>7:00 AM</td><td>#6</td></tr> <tr><td>6-15-15</td><td>7:30 AM</td><td>#4</td></tr> </tbody> </table>		DATE	TIME	RESIDENT	6-13-15	4:30 PM	#4	6-14-15	7:00 AM	#5	6-14-15	7:30 AM	#4	6-14-15	11:30 AM	#4	6-14-15	4:30 PM	#4	6-15-15	7:00 AM	#6	6-15-15	7:30 AM	#4
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Violation Report: 44439 - 06/15/2015 - Marini, Michael  
PCH Name: MASONIC VILLAGE AT SEWICKLEY STAR POINTS BUILDING

APR 12 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

On 6-15-15, the lid of the garbage can in the women's bathroom by the conference room was broken and as a result, half the opening to the garbage can was uncovered.

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.

Change: there will be no garbage cans in public restrooms that are broken.

Who: housekeeping supervisor or designee will monitor.

When: implementation began on April 6, 2016 and is done daily.

How: public restroom garbage cans will be checked daily to make sure none are broken, a log will be kept.

Training: supervisor educated staff when introducing monitor educational piece is part of monitor.  
Documentation of education will be kept. *g.u. 5/11/16*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Cindy Stof*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Cindy Stof*      Date *4-8-16*

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(Date)

Plan of correction implementation status as of 5/11/16  
(Date)

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

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

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APR 14 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44439 - 06/15/2015 - Marini, Michael  
PCH Name: MASONIC VILLAGE AT SEWICKLEY STAR POINTS BUILDING

1. REGULATION 55 Pa.Code §2600  
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

On 6-15-15, there was a burned out bulb in the lamp by resident #6's bed in room 1225 . There was no other source of operable bedside lighting for resident #6.

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.

Change: bedside lighting/light bulb will be operational  
Who: housekeeping staff will monitor  
When: bedside lighting will be checked 1x wk.  
How: housekeeping staff will be checking all lighting in resident room weekly to make sure they are functioning.  
Training: housekeeping supervisor educated staff when introducing monitor and education is part of monitor.  
The bulb in resident #6's lamp was replaced. new 5/11/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cindy Steyer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cindy Steyer*      Date *4-8-16*

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Plan of correction implementation status as of 5/11/16 (Date)

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

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

APR 11 2016

Violation Report: 44439 - 06/15/2015 - Marini, Michael  
PCH Name: MASONIC VILLAGE AT SEWICKLEY STAR POINTS BUILDING

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 6-15-15, at 1:23 PM, there was no thermometer in the home's walk-in freezer.

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.

Change: there will be a thermometer in walk-in freezer.  
Who: dietary management or designers  
When: implemented April 8, 2016.  
How: management team will inspect for thermometer on a daily basis. thermometer is in freezer & one that can be permanently mounted have been ordered for installation. Placement & temperature will be logged daily.  
Training: dietary management has written plan of correction this is part of routine, they have education designers on monitor.  
The thermometer in the home's walk-in freezer was replaced. 5/11/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cindy Stipe*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cindy Stipe*      Date *4-8-16*

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The above plan of correction is approved as of 5/11/16 (Date)

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

Plan of correction implementation status as of 5/11/16 (Date)

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

Violation Report: 44439 - 06/15/2015 - Marini, Michael  
PCH Name: MASONIC VILLAGE AT SEWICKLEY STAR POINTS BUILDING

APR 11 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

On 6-15-15, the following foods were opened and unsealed:

Food	Location
Chicken breasts	Walk-in freezer
Hamburger patties	Walk-in freezer
Quesadillas	Walk-in freezer
Mashed potatoes	On a shelf in the food preparation area

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.

Change food will be stored in closed/sealed containers  
 Who: Dietary Management Team or designees  
 When implemented: April 8, 2016  
 How: spot checks will be done daily in all food storage areas for 3 weeks, changing 2 x wk x 2 wks then 1x wk x 1wk, then monthly.  
 Training: training was done at close of last survey.

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Cindy Stefi* Date *4-8-16*

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The above plan of correction was approved by <u>AW</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>AW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44439 - 06/15/2015 - Marini, Michael  
PCH Name: MASONIC VILLAGE AT SEWICKLEY STAR POINTS BUILDING

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #7, admitted on [redacted] 15, did not have an initial assessment completed until 5-22-15.

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.

Change: all assessments will be completed within regulated time frame.

Who: licensed nursing staff

When: implementation and education will be complete by April 18, 2016

How: a new tracking tool, with regulated time frames, reminders and a "due date" column has been created so staff have a reference point and know the deadlines

Training: nurse manager is educating staff on regulated time frames and tracking tool, will be completed by April 18, 2016

Within 30 days of receipt of the plan of correction - a designated staff person will audit resident records of residents admitted in past 12 months to ensure that an accurate, timely assessment is present. *PL* 5/11/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Cindy Steff*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cindy Steff*      Date *4-8-16*

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

Plan of correction implementation status as of 5/11/16 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *PL*
- Partially Implemented - Inadequate Progress
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Violation Report: 44439 - 06/15/2015 - Marini, Michael  
PCH Name: MASONIC VILLAGE AT SEWICKLEY STAR POINTS BUILDING

APR 17 2016

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

The assessment, dated 12-13-14, for resident #8, does not reflect the resident's current needs in the areas of ambulation and mobility. The resident is assessed as being independent in the areas of transferring and ambulating, and is assessed as independently mobile. However, resident #8 has had multiple falls since admission and has received physical therapy due to unsafe ambulation.

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.

Change - Resident R4SPs will reflect current ambulation & mobility needs

Who - the nurse manager & licensed staff.

When - implementation & education will be complete by April 18<sup>th</sup>

How - the nurse manager and licensed staff will use the new tracking tool that specifically reviews mobility to insure that it reflects resident accurately.

Training - Nurse manager is educating licensed staff on the tracking tool and mobility classifications. Will be completed by April 18, 2016.

Resident #8 was discharged on [redacted] 1/5. per 5/11/16

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Cindy Steff*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Cindy Steff*      Date *4/8/16*

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(Date)

Plan of correction implementation status as of 5/11/16  
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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