



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 30 2015

Mr. Joseph A. Irving, Vice President  
MCAP Willow Grove Operator, LLC  
c/o MCAP Advisers LLC  
437 Madison Avenue Suite 33C  
New York, New York 10022

RE: The Landing at Willow Grove  
1120 York Road  
Willow Grove, Pennsylvania 19090  
License #: 139940

Dear Mr. Irving:

As a result of the Department of Human Services' licensing inspection on July 7, 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.

Your regular license for the period October 8, 2015 to October 8, 2016 was issued on July 20, 2015. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary

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

PCH Name: THE LANDING AT WILLOW GROVE		License Number: 13994
Address: 1120 YORK ROAD, WILLOW GROVE, PA 19090		County: Montgomery
Administrator: Darlene Price		Region: SOUTHEAST
Legal Entity Name: MCAP WILLOW GROVE OPERATOR LLC		
Legal Entity Address: 437 MADISON AVENUE SUITE 33C, NEW YORK, NY 10022		
Certificate(s) of Occupancy		
C-1	LP	
06/09/2014	02/15/1990	
Township of Upper Moreland	PA Dept. of L & I	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 114	Working Staff: 86
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
07/07/2015: Kazlmer, Lauren; Keppel, Autumn		
Off-Site Inspection Dates and Inspectors, If Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 115	Number of Residents who:	
Number of Residents Served: 81	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: Yes	Are 60 Years of Age or Older: 80	
Area: Safe Harbor	Have Mental Illness: 0	
Secured Dementia Unit Capacity, If Applicable: 22 <i>25</i> <i>JK</i>	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, If applicable: 13	Have a Mobility Need: 33	
Number of Current Hospice Residents: 2	Have a Physical Disability: 1	
Number of Hospice Residents In past year: 11		

Violation Report: 13994 - 07/07/2015 - Kazimer, Lauren  
 PGH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 65 Pa.Code §2600  
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION  
 The contract for resident #1 was not signed by the resident.

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

With Respect to Regulation 2600.25 (b) and Respect to Resident #1. Resident contract was reviewed with resident and signed by resident on July 7, 2015. Upon admission all residents' contracts will be signed by the resident on all required pages. Sales and Marketing Director will verify all forms are acknowledged and signed by resident. Business Office manager will second verify all forms are completed with signature.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>DARLENE PRICE Executive Director</i>	Date <i>8-21-2015</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of *8/26/15*  
 (Date)

Plan of correction implementation status as of *8/26/15*  
 (Date)

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

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

Violation Report: 13994 - 07/07/2015 - Kazimer, Lauren  
 PCH Name: THE LANDING AT WILLOW GROVE

**1. REGULATION 55 Pa. Code §2600**  
 2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

**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.*

With Respect to Regulation 2600.41 (e) and Respect to Resident #1. Resident contract contained copy of resident rights and complaint procedures. Resident Rights and Complaint procedures were reviewed and signed acknowledged receipt by resident on July 7, 2015. Sales and Marketer Director will verify that all forms are completed and resident acknowledges by signature. Business Office manager will second verify all forms are completed with signature before filing.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>DARLENE PRICE Executive Director</i>	Date <i>8-21-2015</i>
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The above plan of correction was approved by <i>[Signature]</i> (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: 13994 - 07/07/2015 - Kazimer, Lauren  
PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600  
2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.6102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION  
Staff person A, the home's administrator, was hired on 6/03/2015. A criminal background check was not requested for this staff person until 7/07/2015.

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.*

With Respect to Regulation 2600.52 and Respect to Staff #A. Business Office Manager will obtain criminal background checks and hiring policies in accordance with OAPSA and Pa. Dept. of Human services regulations. Business Office manager will follow through with documentation of criminal background check with each hire at the community during the hiring process.

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(Required on EVERY Page) *Darlene Price*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *DARLENE PRICE Executive Director*      Date *8-21-2015*

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Violation Report: 13994 - 07/07/2016 - Kazimer, Lauren  
 PCH Name: THE LANDING AT WILLOW GROVE

**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**  
 The annual training provided to direct care staff person B in 2014 did not include the training topic: medication self-administration.  
 The annual training provided to direct care staff person C in 2014 did not include the training topics: medication self-administration and instruction on meeting the needs of residents as described in the preadmission screening form, the medical evaluation, and the assessment and support plan.

**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.

With Respect to Regulation 2600.65 (f) and Respect to Staff B and C.

Violation for staff B & C: community was unable to locate particular 2014 training records for staff B & C

Plan of Correction: Staff B has been in serviced for 2015 for medication self-administration and will continue to attend all required in services for direct care staff annually. Staff C has been attending this year's annual trainings and will continue with annual trainings for direct care staff when FMLA is completed.

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Violation Report: 13994 - 07/07/2015 - Kazimer, Lauren  
 PCH Name: THE LANDING AT WILLOW GROVE

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

2a. DESCRIPTION OF VIOLATION  
 Resident room# 124 had an strong cat urine smell that also permeated the hallway leading up to it.

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.

With Respect to Regulation 2600.85 (a) and Respect to Resident residing in room #124. Immediately room rug was shampooed and area animal shelters were notified that placement is needed for a 15 year old cat. The POA is in agreeance to place in a safe shelter or a home as the resident is unable to care for the cat. Community is waiting for return calls when a shelter can take the cat. Carpet care and room sanitizing is in place to illuminate odor and housekeeping is maintaining the cat litter box as well.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/21/2014
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Darlene Price*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>DARLENE PRICE Executive Director</i>	Date <i>8-21-2015</i>
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The above plan of correction is approved as of *8/28/15*  
 (Date)

Plan of correction implementation status as of *8/28/15*  
 (Date)

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

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

Violation Report: 13994 - 07/07/2015 - Kazimer, Lauren PCH Name: THE LANDING AT WILLOW GROVE
<b>1. REGULATION 65 Pa.Code §2600</b> 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.
<b>2a. DESCRIPTION OF VIOLATION</b> There were no emergency service numbers posted near the telephone in bedroom # 226.
<b>3. PLAN OF CORRECTION (POC)</b> (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i>

With Respect to Regulation 2600.91 and Resident in room #226. Immediately maintenance placed emergency phone contact list on night stand in room near phone. Plan to correct further, emergency phone contact list will be secured by screws to the wall above phone jack by maintenance in each occupied resident room by October 1, 2015

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>DARLENE PRICE Executive Director</i>	<i>8-21-2015</i>

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Violation Report: 13994 - 07/07/2015 - Kazimer, Lauren PCH Name: THE LANDING AT WILLOW GROVE
1. REGULATION 55 Pa.Code §2600 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.
2a. DESCRIPTION OF VIOLATION On 7/08/2015, the home had 81 residents, but only 220 gallons of emergency drinking water.
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i>

With Respect to Regulation 2600.107 (C) and Respect to Residents, water supply services are in place with local Culligan Water Company, currently there are 57 (5 Gallons containers) at the community, there are 4 water coolers for resident hydration and to rotate stock.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>DARLENE PRICE EXECUTIVE DIRECTOR</i>	Date <i>8-21-2015</i>
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Violation Report: 13994 - 07/07/2015 - Kazimer, Lauren  
 PGH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600  
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION  
 The home's designated evacuation time from the fire safety expert in 2014 was 9 minutes. The home's fire drill evacuation times were as follows: on 7/31/2014, the evacuation time was 9 minutes 50 seconds, on 9/23/2014, the evacuation time was 9 minutes 5 seconds, and on 11/23/2014, the evacuation time was 9 minutes 30 seconds.

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.

With respect to Regulation 2600.132 (d) and Residents. The community has hired Fire & Life Safety Solutions to perform all monthly fire drills and conduct annual inspection and letter. Fire Drill was conducted on July 21, 2015 by [REDACTED] at 1:45 am, time Elapsed 8:41. See Attached Item

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Darlene Price Executive Director* Date *8-21-2015*

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Violation Report: 13994 - 07/07/2015 - Kazimer, Lauren  
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION  
 Resident # 2's medical evaluation, dated 6/09/2015, does not include a list of the resident's 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.

With Respect to Regulation 2600.141 (a) (2) and Resident #2. Residents' medication list was attached immediately to the medical evaluation. All medications list will be stapled to the form or written in the area and placed in plastic sleeves. Resident Services Director and Resident Care Director will check for compliance before filing in residents chart, and upon the residents completion of a medical evaluation. B

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/21/2014	
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>DARLENE PRICE Executive Director</i>	Date <i>8-21-2015</i>
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Violation Report: 13994 - 07/07/2015 - Kazimer, Lauren  
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(2) - A resident shall have a medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.

2a. DESCRIPTION OF VIOLATION  
 Resident # 3's medical evaluation was completed on 10/13/2014. The resident went to skilled nursing in April 2015 and returned to the home on 6/09/2015 with changes requiring an updated medical evaluation.

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.

With Respect to Regulation 2600.141 (b) (2) and Resident #3. Resident is currently in skilled and will be assessed upon readmission by Resident Services Director and or Resident Care Director. All findings to medical changes will be noted on a new medical evaluation. All Residents upon readmission will be assessed by RSD and or RCD, changes in medical condition will be noted on a new medical evaluation.

*(This section is currently blank for additional notes or attachments.)*

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
DARLENE PRICE Executive Director			8-21-2015
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[Signature] (Initials)			

Violation Report: 13994 - 07/07/2015 - Kazimer, Lauren PCH Name: THE LANDING AT WILLOW GROVE
1. REGULATION 65 Pa.Code §2600 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home
2a. DESCRIPTION OF VIOLATION Resident # 4's Compro 25mg suppositories were discontinued on 2/20/2015 and were located in the medication cart. Resident # 4's Proair HFA 90mcg was discontinued in 6/2015 and was located in the medication cart.
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.

With Respect to Regulation 2600.183 (d) and Respect to Resident #4.  
 Discontinued medication was removed from cart immediately. A cart audit is in place weekly and checked against the MARS by Medication Technicians and or nurses, this task is overseen by Resident Care Director. Trinity Pharmacy will be in place October 1, 2015 and medications will be reviewed by representatives on a quarter as well.

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Violation Report: 13994 - 07/07/2015 - Kozimer, Lauren PCH Name: THE LANDING AT WILLOW GROVE	
<b>1. REGULATION 55 Pa.Code §2600</b> 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	
<b>2a. DESCRIPTION OF VIOLATION</b> The administration time on the labels for resident # 4's Trazadone 50mg, Senna 8.6, Midrodriine HCL 10mg, Ferrous Gluconate, and Lorazepam 0.5mg do not match the MAR and physician's orders.  The administration time on the labels for resident # 5's Divalproex 125mg, and Gabapentin 600mg do not match the MAR and physician's orders.	
<b>3. PLAN OF CORRECTION (POC)</b> (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i>	

With Respect to Regulation 2600.184 (a) and resident #4 and Resident #5. Pharmacy was made aware of errors noted on prescription labels not matching the mars or physician orders. Pharmacy was made aware to label exact order as prescribed by physician. Changes were made immediately. All medication deliveries will be checked by medication technician/nurse before allowing to be placed in cart, errors on medication labels will be sent directly back to pharmacy for changes.

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Violation Report: 13994 - 07/07/2015 - Kazimer, Lauren  
 PCH Name: THE LANDING AT WILLOW GROVE

**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 following PRNs were not available in the home on 7/08/2015 for resident # 4: Polyethylene Glycol 17gm, Acetaminophen 650mg, Atropine ophthalmic drops 1% and Bisac-Evac 10mg suppositories.

The following PRNs were not available for resident # 5: Deep Sea 0.65% spray and Simethicone 80mg chew tab.

**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.*

With Respect to Regulation 2600.185 (a) and Respect to Resident #4 and #5.

Pharmacy notified immediately and PRN Medications were delivered for both residents. Pharmacy was made aware to fill medication as prescribed by physician and on time. Pharmacy was made aware to notify community if medication order or refill is of issue so medication technician/nurse may notify physician in a timely manner.

*The administrator or designee will conduct periodic checks of the medications available for administration to ensure all medications are in the home, for all residents, starting within 30 days of receipt of this plan of correction.*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Darlene Price Executive Director* Date *8-21-2015*

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Violation Report: 13994 - 07/07/2015 - Kazimer, Lauren  
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**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**  
 The medication administration record for resident # 4 did not include PRN Albuterol 0.083%.

The medication administration record for resident # 6 did not include the diagnosis or purpose for Warfarin 3mg.

**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.*

With Respect to Regulation 2600.187 (a) and Respect to Resident #4 and Resident #6. Due to current concerns with medical information being missed and using two pharmacies in this community, one pharmacy for medication and another to print monthly physician order sheets, information was missed. All POS were audited and revised to correct changes by Director of Nursing. Plan of correction: Trinity Pharmacy will be in place October 1, 2015 and the community will be going on EMAR system.

*The administrator or designee will conduct monthly audits of the electronic MAR to ensure all the required elements of this regulation are contained for ALL residents starting within 30 days of receipt of this plan of correction.*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *DARLENE PRICE, Executive Director* Date *8-21-2015*

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

The above plan of correction is approved as of <i>8/20/15</i> (Date)	Plan of correction implementation status as of <i>8/20/15</i> (Date)
The above plan of correction was approved by <i>DP</i> (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: 13994 - 07/07/2015 - Kazlmer, Lauren PCH Name: THE LANDING AT WILLOW GROVE
1. REGULATION 55 Pa.Code §2800 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.
2a. DESCRIPTION OF VIOLATION The medication administration record did not contain staff initials for resident # 7's Levettiracetam 1,000mg at 8 PM on 7/02/2015.  Resident # 7 refused the following medications on 7/08/2015 at 8 AM: Aspirin EC 81mg, Levettiracetam 1,000mg, Metoprolol Succinate ER 25mg, Vitamin B-12 250mcg, and Risperdal 0.25mg. Staff initiated the medication administration record for these medications as given.
3. PLAN OF CORRECTION (POC) (Attach pages as necessary, Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i>

With Respect to Regulation 2600.187 (b) and Respect to Resident #7. All medication technicians/nurse were in serviced on proper documentation with medication administration.

*The administrator or designee will conduct monthly reviews of the electronic MAR system to ensure staff are documenting medication administration at the time of administration, starting within 30 days of receipt of this plan of correction.*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/21/2014
Signature of Legal Entity Representative (Required on EVERY Page)		
<i>Darlene Price</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
<i>Darlene Price, Executive Director</i>		<i>8-21-2015</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>		
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The above plan of correction was approved by	<i>APB</i> (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: 13994 - 07/07/2015 - Kazimer, Lauren	
PCH Name: THE LANDING AT WILLOW GROVE	
1. REGULATION 55 Pa.Code §2600 2600.187(d) - The home shall follow the directions of the prescriber.	
2a. DESCRIPTION OF VIOLATION On 7/07/2015, resident # 7's 8 AM medications were crushed and put into pudding for administration. There is no physician's order to crush the following medications: Aspirin EC 81 mg, Levettacetam 1,000mg, Metoprolol Succinate ER 25mg, Vitamin B-12 250mg, and Risperdal 0.25mg.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i>	
<p>With Respect to Regulation 2600.187 (d) and Respect to Resident # 7. Orders will be obtained by medication technician/nurse if resident is unable to take medication as prescribed.</p> <p><i>All staff that administer medications will receive training on medication administration and how to follow MD orders for proper administration of medications within 30 days of receipt of this plan of correction.</i></p> <p><i>The administrator or designee will conduct periodic observation of medication administration to residents to ensure staff are following MD orders, starting within 30 days of receipt of this plan of correction.</i></p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 07/21/2014
Signature of Legal Entity Representative (Required on EVERY Page) <i>Dorene Price</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dorene Price Executive Director</i>	Date <i>8-21-2015</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <i>8/21/15</i> (Date)	Plan of correction implementation status as of <i>8/21/15</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 13904 - 07/07/2015 - Kazimer, Lauren  
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 65 Pa.Code §2600  
 2600.190(c) - A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

2a. DESCRIPTION OF VIOLATION  
 The home's medication administration training record for staff person D does not include the annual practicum for training year 2014.

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.

With Respect to Regulation 2600.190 (C) and Respect to Medication Technician D. Medication Technician D was retrained to be compliant with medication Administration. All Medication Technicians were re-trained to be compliant with the regulation.

The administrator will develop a tracking tool to ensure that all Med Techs complete the required annual practicum timely, within 30 days of receipt of this plan of correction.  
 (S)

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

Signature of Legal Entity Representative (Required on EVERY Page) *Darlene Price*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DARLENE PRICE Executive Director*      Date *8-21-2015*

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

The above plan of correction is approved as of *8/20/15*  
 (Date)

Plan of correction Implementation status as of *8/20/15*  
 (Date)

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

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

Violation Report: 13994 - 07/07/2015 - Kazimer, Lauren  
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 65 Pa.Code §2600  
 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION  
 Resident # 1 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.

With respect to regulation 2600.191 and respect to Resident #1

Community contract contains Resident Rights listing and Resident was educated on her right to refuse medication, if she believes medication was given in error. Contract was acknowledged and signed.

The administrator or designee will audit all Resident files to ensure that the Residents have been advised of their right to refuse medications, within 30 days of receipt of this plan of correction.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>DARLENE PRICE Executive Director</i>	Date <i>8-21-2015</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <i>8/23/15</i> (Date)	Plan of correction implementation status as of <i>8/23/15</i> (Date)
The above plan of correction was approved by <i>JP</i> (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: 13994 - 07/07/2015 - Kazimer, Lauren  
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 65 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  
 The home has not completed an initial assessment for resident # 2, admitted 6/09/2015.  
 The home has not completed an initial assessment for resident # 8, admitted 2/21/2015.

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.

With Respect to Regulation 2600.225 (a) and Respect to Resident #2 and Resident #8. The community was able to locate initial assessments for resident #2 and # 8 assessed by previous staff after inspection. Please see attached forms.

The administrator or designee will audit all resident records to ensure that all 2600 documents and RASP's are contained in the resident files, within 30 days of receipt of this plan of correction.

The administrator or designee will conduct biannual audits of all resident records to ensure that all required documents are maintained in the resident files.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Darlene Price*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *DARLENE PRICE Executive Director*      Date *8-21-2015*

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

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The above plan of correction was approved by <i>DP</i> (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: 13994 - 07/07/2016 - Kazimer, Lauren  
 PCH Name: THE LANDING AT WILLOW GROVE

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 # 3 returned to the home from a skilled nursing facility on 6/09/2015. The resident required wound care services and became a 2-3 person assist for transfers. The home has not completed a new assessment to reflect these changes.  
 Resident # 9's annual assessment dated 2/14/2015 does not include the resident's personal care needs and behavioral or cognitive needs.

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.

With Respect to Regulation 2600.225 (C) and Respect to Resident #3.  
 Resident is currently in skilled due to higher level of care. Power of Attorney will be clearing the room from this community by the first week of September 2015. Resident will remain in skilled community.  
 Resident #9 Assessment was revised to show personal care needs, behavior & cognitive needs. All readmissions will be assessed and proper documentation will be in place upon readmission and verified that all areas of the form are documented by Resident Services Director and or Resident Care Director.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Darlene Price Executive Director* Date *8-21-2015*

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The above plan of correction is approved as of *8/20/15*  
 (Date)

Plan of correction implementation status as of *8/20/15*  
 (Date)

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

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

Violation Report: 13994 - 07/07/2015 - Kazimor, Lauren  
 PCH Name: THE LANDING AT WILLOW GROVE

1. REGULATION 55 Pa.Code §2600  
 2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION  
 Resident # 1, admitted to the SDCU on 5/07/2015, had a medical evaluation completed on 5/15/2015 that did not document the resident's diagnosis of dementia.  
 Resident # 10, admitted to the SDCU on 7/06/2015, had a medical evaluation completed on 6/30/2015 that did not include the resident's need for SDCU care.

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.

With Respect to Regulation 2600.231 (b) and Respect to Resident #1 and #10.  
 Resident #1 changes have been made to medical evaluation 5/15/2015 to show the diagnosis of senile dementia as listed upon admission by physician on pre-screen dating 5/5/2015. Please see attached  
 Resident # 10

Changes have been made to the Medical Evaluation to include the Residents needs for SDCU care.  
*RSP and RAD will maintain proper documentation before filing*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *DARLENE PRICE Executive Director* Date *8-21-2015*

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The above plan of correction is approved as of *8/20/15*  
 (Date)

Plan of correction implementation status as of *8/20/15*  
 (Date)

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

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

Violation Report: 13994 - 07/07/2015 - Kazimer, Lauren PCH Name: THE LANDING AT WILLOW GROVE
<b>1. REGULATION 65 Pa.Code §2600</b> 2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.
<b>2a. DESCRIPTION OF VIOLATION</b> Resident # 11 was admitted to the SDU on 3/04/2015. The resident had a cognitive screening completed on 3/17/2015.
<b>3. PLAN OF CORRECTION (POC)</b> (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.

With Respect to Regulation 2600.231 (C) and Respect to Resident # 11. To eliminate lateness of SDCU Departments preadmission screening, all SDCU residents will have form signed, dated and in place before admission is allow to reside in the SDCU. Sales and Marketing will verify paperwork has been completed by physician and the community has hired a Resident Services Director and Resident Care Director to oversee the nursing department and that all forms are appropriately signed and dated before admission.

[Empty space for notes or attachments]			
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Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Darlene Pile</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>DARLENE PILE Executive Director</i>	<i>8-21-2015</i>

<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u><i>8/21/15</i></u> (Date)	Plan of correction implementation status as of <u><i>8/21/15</i></u> (Date)
The above plan of correction was approved by <u><i>GP</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: 13994 - 07/07/2016 - Kazimer, Lauren PCH Name: THE LANDING AT WILLOW GROVE	
1. REGULATION 55 Pa.Code §2600 2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.	
2a. DESCRIPTION OF VIOLATION Resident # 11, admitted to the SDCU on 3/04/2016, did not have an initial support plan developed until 3/17/2016.	
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.	
<p>With respect to Regulation 2600.234 (a) and Respect to Resident #11. All residents admitted to SDCU will have initial support plan in place within 72 hours upon admission. To eliminate lateness of required paperwork the community has hired a Resident Services Director and A Resident Care Director to oversee the nursing department and follow through with admissions.</p> <p><i>The administrator will audit all SDCU resident files to ensure that all support plans have been completed timely and within 72 hrs of admission, starting within 30 days of receipt of this plan of correction.</i></p> <p style="text-align: center;">(S)</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Darlene Price</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>DARLENE PRICE Executive Director</i>	Date <i>8-21-2015</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <i>8/20/15</i> (Date)	Plan of correction implementation status as of <i>8/20/15</i> (Date)
The above plan of correction was approved by <i>AB</i> (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