



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 30 2016

Mr. Mark D. Jessee, President & Chief Administrative Officer
WG Center City SH, LLC
300 East Market Street, Suite 100
Louisville, Kentucky 40202

RE: Atria Center City
150 North 20th Street
Philadelphia, Pennsylvania 19103
License #: 136570

Dear Mr. Jessee:

As a result of the Department of Human Services' annual licensing inspections on September 21, 2015, September 22, 2015 and January 13, 2016 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,

Matthew J. Jones
Director _{SH}

Enclosure
License Inspection Summary

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

PCH Name: ATRIA CENTER CITY		License Number: 13657
Address: 150 NORTH 20TH SYREET, PHILADELPHIA, PA 19103		County: Philadelphia
Administrator: JOANNA MANSFIELD		Region: SOUTHEAST
Legal Entity Name: WG CENTER CITY SH, LLC		
Legal Entity Address: 401 SOUTH FOURTH STREET, SUITE 1900, LOUISVILLE,, KY 40202		
Certificate(s) of Occupancy 1-1 07/01/1998 CITY OF PHILADELPHIA		
Staffing Hours Resident Support: Total Daily Staff: 129 Waking Staff: 97		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/21/2015: Braswell, Natasha; Keppel, Autumn 09/22/2015: Braswell, Natasha; 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: 135 Number of Residents Served: 126 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: 2 Number of Hospice Residents in past year: 9	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 1 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 3 Have a Physical Disability: 3	

Violation Report: 13657 - 09/21/2015 - Braswell, Natesha PCH Name: ATRIA CENTER CITY	
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.	
<p>Atria Center City submits this Plan of Correction in order to comply with the state regulatory provisions. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of Atria Center City or an agreement by Atria Center City regarding the truth or accuracy of the facts alleged or conclusions drawn.</p> <p>The Community Business Director will ensure Resident Contracts are 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. If a resident refuses to sign a resident contract, despite multiple efforts by the community, then the community will properly document the resident's refusal. An audit of Resident Contracts was completed within the last 90 days to ensure compliance with all regulatory guidelines.</p> <p>The administrator or designee will obtain Resident #1's signature on the contract or document the refusal of the resident to sign the contract and the attempts of obtaining the residents signature. In addition, the administrator or designee will review all new resident admission paperwork within the first two days of admission to ensure that the resident has signed the contract, starting within 30 days of receipt of this Plan of correction.</p>	
	
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)	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>1/19/16</u> (Date)	Plan of correction implementation status as of <u>1/19/16</u> (Date)
The above plan of correction was approved by  (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: 13657 - 09/21/2015 - Braawell, Natasha PCH Name: ATRIA CENTER CITY	
1. REGULATION 66 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 The record for resident # 1 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.	
Atria Center City submits this Plan of Correction in order to comply with the state regulatory provisions. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of Atria Center City or an agreement by Atria Center City regarding the truth or accuracy of the facts alleged or conclusions drawn.	
Resident Rights and Complaint Procedures are set forth in the Resident Contract. Resident #1 received a copy of the Resident Contract informing the resident of the Resident Rights and Complaint Procedures. This Resident Contract was signed by a designee for Resident #1.	
The Community Business Director will ensure Resident Contracts, which include the Resident Rights and Complaint Procedures, are 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. This will provide evidence that the resident acknowledges receiving the Resident Rights and the Complaint Procedure. If a resident refuses to sign a resident contract, despite multiple efforts by the community, then the community will properly document the resident's refusal. An audit of resident contracts was completed within the last 90 days to ensure compliance with all regulatory guidelines.	
The administrator or designee will obtain Resident #1's signature on the Residents Rights/included in the contract or document the refusal of the resident to sign the Resident Rights/contract and the attempts of obtaining the residents signature. In addition, the administrator or designee will review all new resident admission paperwork within the first two days of admission to ensure that the resident has signed the contract, starting within 30 days of receipt of this Plan of correction.	
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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13657 - 09/21/2015 - Braswell, Nalasha
 PCH Name: ATRIA CENTER CITY

1. REGULATION 55 Pa.Code §2800
 2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION

On 8-8-15, a total number of 98.75 hours of direct care was required, however only 60 hours were provided during waking hours.

On 8-13-15, a total number of 98.75 hours of direct care was required, however only 90 hours were provided during waking hours. *Withdrawn and 1/19/15*

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.

Atria Center City submits this Plan of Correction in order to comply with the state regulatory provisions. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of Atria Center City or an agreement by Atria Center City regarding the truth or accuracy of the facts alleged or conclusions drawn.

The Community is in compliance with 2600.57(d) and should not receive a violation. The Community had sufficient direct care staff available in the Community during waking hours. These direct care staff include medication technicians, licensed practical nurses, resident service assistants, drivers, as well as department directors when providing direct care services. Further, several private duty personnel provide direct care services to specific residents. These individuals shall all be taken into consideration when determining whether sufficient personal care service hours are being provided by the Community. This was confirmed by the Director for the Bureau of Human Licensing, Department of Public Welfare via written correspondence in 2012. A review of the personal service hours provided at the Community on August 8, 2015 and August 13, 2015 reveal the Community was in compliance with 2600.57(d). The Community provided 126 hours of direct care during the waking hours on August 8, 2015 and 113.30 hours of direct care during the waking hours on August 13, 2015. Accordingly, the findings of the Department of Human Services are in error.

Since the Community provided sufficient direct care hours on the dates identified, the Community was in compliance with 2600.57(d) and respectfully requests the Department of Human Services reconsider its findings and withdraw the above-referenced violation.

The administrator or designee will review the direct care schedule on a weekly basis to ensure that there are sufficient direct care hours during waking hours by ensuring that the hours include only staff that provides direct care. Staffing hours will not include the hours of staff performing ancillary tasks as part of their regular hours; for example if a staff person is washing dishes, laundry or other non-resident care duties those hours will be subtracted from their shift since that staff is not available to provide direct-care services during those hours and not included in the total hours. If the staff is providing direct care, they will complete the required training for direct care staff prior to providing the care. The home will have a system in place to fill a direct care staff position when there is a call off of a direct care staff and to document specified staffing hours provided by any staff available to meet the required staffing hours of this regulation. A training for all Department Heads on what are the requirements of direct care hours will be completed 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) *JAA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Journa Mansfield, Esq* Date *1/12/16*

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The above plan of correction is approved as of 1/19/15
 (Date)

Plan of correction implementation status as of 1/19/15
 (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: 13857 - 09/21/2015 - Braswell, Natasha
 PCH Name: ATRIA CENTER CITY

1. REGULATION 65 Pa.Code §2600

2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- (1) The name, position and duties of each direct care staff person.
- (2) The required training courses for each staff person.
- (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

2a. DESCRIPTION OF VIOLATION

The home's staff training plan does not include diabetic education to assist with knowledge and skills of the nursing staff.

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.

Atria Center City submits this Plan of Correction in order to comply with the state regulatory provisions. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of Atria Center City or an agreement by Atria Center City regarding the truth or accuracy of the facts alleged or conclusions drawn.

The Community provides annual training to Resident Service Nurses that provide services to residents related to medication administration for diabetic management or the assistance with the medication administration for diabetic management. This training includes, but is not limited to, (1) Types of Diabetes, (2) Diabetic Testing, (3) Blood Glucose Monitoring, (4) Diabetes Treatment, (5) Diabetic Emergencies and How to Respond, (6) Insulin Administration, and (7) Injection Sites. Training also includes a Content Quiz as well as a Competency Checklist for Subcutaneous Insulin Injections and Blood Glucose Monitoring.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jeanne Mansfield, Sr Dir</i>	Date <i>1/12/16</i>
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The above plan of correction was approved by <u>(Signature)</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13657 - 09/21/2015 - Braswell, Natasha	
PCH Name: ATRIA CENTER CITY	
1. REGULATION 55 Pa.Code §2600 2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.	
2a. DESCRIPTION OF VIOLATION Resident # 2 self-administers medications but has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take 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.	
<p>Atria Center City submits this Plan of Correction in order to comply with the state regulatory provisions. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of Atria Center City or an agreement by Atria Center City regarding the truth or accuracy of the facts alleged or conclusions drawn.</p> <p>The Community requests the Department of Human Services to reconsider the above-referenced violation. This violation pertains to Resident #2 self-administering an over-the-counter cough syrup. There was no physician order for the over-the-counter cough syrup. Further, a quarterly Self-Management Assessment indicated Resident #2 was capable of self-administering an over-the-counter cough syrup without issue. A review of Resident #2's file further reveals an order dated October 4, 2013 from Resident #2's Primary Care Physician. This order indicates Resident #2 was allowed to self-administer medications including various narcotics. A quarterly Physician Order Statement was provided to the Community on December 17, 2015 confirming Resident #2's ability to self-administer medications. A Self-Management Assessment is completed quarterly by the Community with the last assessment taking place on October 16, 2015 by a Resident Services Nurse. This assessment also confirmed Resident #2 is capable to self-administer medications. Resident Services Nurses are cognizant to observe whether residents are not capable of self-administering medications as well as any medications that are not included in the Physician Order Statement. Any observations requiring clarification will be reported to the Primary Care Physician. Since the medication at issue pertained to a non-prescribed over-the-counter cough syrup and Resident #2 was previously assessed to be able to self-administer such medication, the Department of Human Services should reconsider this finding and withdraw the violation. The spirit and purpose of 2600.181(c) does not contemplate non-prescribed over-the-counter medications such as cough syrup but instead serves to govern whether a resident is capable of self-administering prescribed medications. In addition, as evidenced with Resident #2, a physician provided an assessment allowing for the self-administering of prescribed narcotics.</p>	
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<u>1/19/16</u> (Date)	<u>1/19/16</u> (Date)
The above plan of correction was approved by	<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
<u>(S)</u> (Initials)	

Violation Report: 13857 - 09/21/2016 - Braswell, Natasha PCH Name: ATRIA CENTER CITY	
1. REGULATION 55 Pa.Code §2600 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	
2a. DESCRIPTION OF VIOLATION - On 9/22/16, two bottles of Gualfenesin USP 200 mg were observed in resident #2's room. Resident #2 does not self administer. - On 9/22/16, Advanced trim dietary supplement, Whole Food Energizer Women's multivitamin, Super Immune dietary supplement, Cinnamon 500 mg, Vitamin D3, Red Yeast Rice, Organic minerals, Urinary Flush & Support and Urinary Vibrancy Dietary Supplement were observed in resident #3's room. Resident #3 does not self administer.	
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> Atria Center City submits this Plan of Correction in order to comply with the state regulatory provisions. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of Atria Center City or an agreement by Atria Center City regarding the truth or accuracy of the facts alleged or conclusions drawn. The Community securely stores all glucometers in locked medication starts that are safely and securely located in the Wellness Office. The Community replaced all glucometers to ensure no cross-contamination. In-service to review Diabetic Management with Resident Service Nurses is scheduled for January 11, 2016. The administrator or designee will re-assess Resident #2 and Resident #3 for their ability to self-administer medications to ensure that they are capable of administering medications independently and document their ability on the RASP, in accordance with the residents primary physician. In the event that the residents are able to self-administer medications the medications will remain locked in their rooms when not in use. The staff of the home will conduct periodic checks of the rooms to ensure that all of the medications are locked at all times. Annually an assessment of Resident #2 and Resident #3 will be completed to ensure that the residents have the ability to administer medications independently. This plan will be completed within 30 days of receipt of this plan of correction and annually thereafter.	
Repeat Violation: No	Date(s) of Previous Violation(s):
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The above plan of correction was approved by _____ (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: 13657 - 09/21/2016 - Braswell, Naisha
 PCH Name: ATRIA CENTER CITY

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 - Resident #3 is prescribed blood glucose testing Monday, Wednesday and Friday at 7:00 am and Tuesday and Thursday at 4:00 pm. On 9/14/16, 9/15/16, 9/16/16, 9/17/16 and 9/18/16 blood glucose testing was not completed as ordered.
 - Resident # 7 is prescribed blood glucose testing before meals and at bedtime. Resident # 7's glucometer registered only one reading on 9/22/16 at 1:00 pm. There were no other readings on the glucometer for the month of September.

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.

Atria Center City submits this Plan of Correction in order to comply with the state regulatory provisions. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of Atria Center City or an agreement by Atria Center City regarding the truth or accuracy of the facts alleged or conclusions drawn.

The Community provides annual training to Resident Service Nurses that provide services to residents related to medication administration for diabetic management or the assistance with the medication administration for diabetic management. This training includes, but is not limited to, (1) Types of Diabetes, (2) Diabetic Testing, (3) Blood Glucose Monitoring, (4) Diabetes Treatment, (5) Diabetic Emergencies and How to Respond, (6) Insulin Administration, and (7) Injection Sites. Training also includes a Content Quiz as well as a Competency Checklist for Subcutaneous Insulin Injections and Blood Glucose Monitoring.

The administrator or designee will conduct monthly checks of the Medication Administration Record (MAR) and Glucometers to ensure that the medication staff are conducting and documenting blood sugar checks in accordance with the physician orders, starting within 30 days of receipt of this plan of correction. The administrator or designee will conduct an additional training on the proper use of Glucometers and documentation of blood sugar levels to all staff that administer medications or conduct blood glucose testing, within 30 days of receipt of this plan of correction.

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

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The above plan of correction is approved as of <u>11/16/16</u> (Date)	Plan of correction implementation status as of <u>11/19/16</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13657 - 09/21/2015 - Braswell, Natasha
 PCH Name: ATRIA CENTER CITY

1. REGULATION 55 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.

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This violation mirrors that previously issued and relating to Resident #1 failing to sign the resident contract. As indicated above, Resident Rights are contained within the resident contract. The Community Business Director will ensure Resident Contracts are 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. If a resident refuses to sign a resident contract, despite multiple efforts by the community, then the community will properly document the resident's refusal. An audit of Resident Contracts was completed within the last 90 days to ensure compliance with all regulatory guidelines.

The administrator or designee will obtain Resident #1's signature on the Residents Rights/included in the contract or document the refusal of the resident to sign the Resident Rights/contract and the attempts of obtaining the residents signature. In addition, the administrator or designee will review all new resident admission paperwork within the first two days of admission to ensure that the resident has signed the contract, 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) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Journa Mansfield, & Dir	1/12/16

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Violation Report: 13657 - 09/21/2016 - Braswell, Natasha PCH Name: ATRIA CENTER CITY	
1. REGULATION 66 Pa.Code §2600 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.	
2a. DESCRIPTION OF VIOLATION The support plans were not signed by resident's # 4, 5, and 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.	
<p>Atria Center City submits this Plan of Correction in order to comply with the state regulatory provisions. The preparation and submission of this Plan of Correction does not constitute an admission of fault or liability on the part of Atria Center City or an agreement by Atria Center City regarding the truth or accuracy of the facts alleged or conclusions drawn.</p> <p>The Community requests the Department of Human Services reconsider and withdraw the above-referenced violation. The support plan for Resident #4, Resident #5, and Resident #6 were signed by each respective resident's designee and/or Power of Attorney. 2600.227(g) does not require the resident to sign the support plan. Instead, 2600.227(h) provides that a designated person may sign the support plan on the resident's behalf. The Community had designated individuals sign the support plans of the respective residents. However, the Resident Services Director will ensure all support plans are signed by the resident and/or appropriate designee upon completion of the quarterly support plan. If a resident refuses to sign a support plan, despite multiple efforts by the Community, then the Community will properly document the resident's refusal. An audit of support plans was completed within the last 90 days to ensure compliance with all regulatory guidelines. Despite this fact, the Community requests the violation be reconsidered and withdrawn.</p> <p>The administrator or designee will require all individuals that participate in the development of the Support Plan, sign and date the support plan. The administrator or designee will encourage all of the residents to participate in the development of the Support Plan, as well as, the residents designee or Power of Attorney, starting within 30 days of receipt of this plan of correction. </p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
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