pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 1 5 2016

Ms. Megan Schneider, Administrator
Elk Haven Nursing Home Association Inc.
785 Johnsonburg Road
St. Mary's, Pennsylvania 15857

RE: Silver Creek Terrace
791 Johnsonburg Road
St. Mary's, Pennsylvania 15857
License #: 426020

Dear Ms. Schneider:

As a result of the Department of Human Services' annual licensing inspection on 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

Enclosure
License Inspection Summary

Bureau of Human Services Licensing
625 Forster Street, Room 631 | Harrisburg, PA 17120 | 717.783.3670 | F 717.783.5662 | www.dhs.state.pa.us

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

PCH Name: SILVER CREEK TERRACE	**License Number:** 42602
Address: 791 JOHNSONBURG ROAD, ST MARYS, PA 15857	**County:** Elk
Administrator: Megan Schneider	**Region:** WEST
Legal Entity Name: ELK HAVEN NURSING HOME ASSOCIATION INC	
Legal Entity Address: 785 JOHNSONBURG ROAD, ST. MARYS, PA 15857	

Certificate(s) of Occupancy

C-2 LP
07/09/1997
Dept. of Labor & Industry

Staffing Hours

Resident Support: NM | **Total Daily Staff:** 54 | **Waking Staff:** 41

Type of Inspection: Full | **BHA Docket Number:** | **Notice:** Unannounced

Reason(s) for Inspection(s)

Renewal

On-Site Inspections Dates and Department Representatives On-Site

01/13/2016: Rushin, Julienne; Novak, Ryan

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: 80

Number of Residents Served: 53

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:** 3
- **Are 60 Years of Age or Older:** 52
- **Have Mental Illness:** 0
- **Have an Intellectual Disability:** 0
- **Have a Mobility Need:** 1
- **Have a Physical Disability:** 1

Violation Report: 42602 - 01/13/2016 - Rushin, Julienne
PCH Name: SILVER CREEK TERRACE

1. REGULATION 55 Pa.Code §2600
2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
Resident #1 did not receive the prescribed nystatin powder 100,000 units twice daily from 1/1-1/13/16. The home did not submit an incident report to the Department regarding the medication errors.

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.

1.) An incident report describing the medication error was faxed by the Administrator to the NorthEast Regional office on the day of inspection. The ~~physician of Resident #1 had been notified previously of the discrepancy and~~ was notified again during the inspection. The medication was re-approved and delivered to the facility during the time of inspection.

2.) The attending physician approved the refill of the medication and the medication was delivered to facility on January 13, 2016. The evening dose was given by the medication aide.

3.) If any medication is not delivered by the Pharmacy and is missing from the medication cart, the Administrator will be notified immediately so that a report can be made to the Department of any subsequent med error. Any reports sent to the Department will be reviewed at the monthly Quality Assurance Meeting.

4.) An in-service will be presented by the Administrator to staff explaining the reporting process and their responsibilities.

The administrator shall monitor and assure ongoing compliance. M 2/10/16

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

Signature of Legal Entity Representative (Required on EVERY Page): Tom Davido, Administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): TOM DAVIDO Administrator   Date 2/2/16

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

The above plan of correction is approved as of 2/10/16 (Date)

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

Plan of correction implementation status as of 2/10/16 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

Violation Report: 42602 - 01/13/2016 - Rushin, Julienne
PCH Name: SILVER CREEK TERRACE

1. REGULATION 55 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 dated 5/21/15 for Resident #2 is not signed by the administrator or designee.
The contracts dated 10/6/15 for Resident #3 and dated 11/3/15 for resident #4 are 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.

1.) The contract for Resident #2 was reviewed by the Administrator and the contract was signed by the Administrator on January 14, 2016.

2.) The contracts for Resident #3 (dated 10/6/2015) and Resident #4 (dated 11/3/2015) were reviewed, by the Administrator, and presented to the respective residents on January 14, 2016. Signatures from the residents were obtained.

3.) A label with a checklist of signatures required will be placed on the front of each file for ready reference.

4.) The process of documentation requirements and checklist will be explained to nursing staff.

5.) The Administrator will check monthly that all documentation is signed appropriately and will report findings at monthly Quality Assurance meeting.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): Tom Davido Administrator — Date: 2/2/16

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Violation Report: 42602 - 01/13/2016 - Rushin, Julienne
PCH Name: SILVER CREEK TERRACE

1. REGULATION 55 Pa.Code §2600
2600.25(c)(1) - The contract shall specify that each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure.

2a. DESCRIPTION OF VIOLATION
The contract dated 5/21/15 for Resident #2 does not include that the resident shall retain, at a minimum, the current personal needs allowance of $85.00 as the resident's own funds for personal expenditure.

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.

1.) The contract of Resident #2 was updated by the Administrator to include the current personal needs allowance of $85.00. All contract paperwork for this 2016 year will be updated by Administrator to meet this regulation.

2.) Contracts were updated on January 21, 2016. Resident #2 was notified of her personal needs allowance.

3.) Staff will be in-serviced by the Administrator regarding SSI rates and personal needs allowance.

4.) Any changes in SSI residency in the home or change in financial status will be discussed at the monthly Quality Assurance meetings.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): Tom Davido, Administrator — Date 2/2/16

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Violation Report: 42602 - 01/13/2016 - Rushin, Julienne
PCH Name: SILVER CREEK TERRACE

1. REGULATION 55 Pa.Code §2600
2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
Records for direct care staff person A indicate he/she completed only 4.5 hours of the required 12 hours annual direct care staff training for 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.

1.) Staff #A has received an additional 7.5 hours of training in the topics missed in 2015, on January 26, 2016, bringing the total training hours to the required 12.

2.) An annual calendar has been developed to include mandatory PCH training topics for 2016. Each Staff member will have their personal training record which easily identifies if training is needed.

3.) The Administrator will be responsible to review the training records monthly to identify staff who are falling behind in training requirements. Training records will be reviewed and presented at the monthly Quality Assurance meeting.

4.) Staff will be in-serviced by Administrator regarding their responsibility to attend all required in-service trainings and to accumulate 12 hours per year.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): TOM DAVIDO ADMINISTRATOR — Date: 2/2/16

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Violation Report: 42602 - 01/13/2016 - Rushin, Julienne
PCH Name: SILVER CREEK TERRACE

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

Records for direct care staff person A indicate he/she did not receive any training in the departments specific topics outlined under the regulation.

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.

1.) The Administrator develops a schedule of required trainings each year. The schedule for 2016 was developed on December 30, 2015

2.) The Administrator will maintain a Master Schedule of training topics. The Administrator will review training records monthly to identify staff who are falling behind in training requirements.

3.) Training requirements/records will be reviewed and presented at the monthly Quality Assurance meeting.

4.) Staff will be in-serviced by the Administrator regarding their responsibility to attend all required in-service trainings to accumulate the required 12 hours per year in the specified topics.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tom Davido Administrator — Date 2/2/16

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Violation Report: 42602 - 01/13/2016 - Rushin, Julienne
PCH Name: SILVER CREEK TERRACE

1. REGULATION 55 Pa.Code §2600
2600.102(k) - Use of a common towel is prohibited.

2a. DESCRIPTION OF VIOLATION
Resident rooms 1006 and 2020 are double occupancy. The towel bars in both shared bathrooms were not labeled with the resident's names.

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.

1.) All towel bars in rooms with double occupancy were labeled with the residents' names, by the Administrator, on January 21, 2016.

2.) Resident names were printed using a label maker and affixed to the wall immediately above the respective towel bar by removing the sticky peel-off backing.

3.) An audit will be conducted by the Administrative Assistant to assure that towel bars in shared bathrooms are labeled as required. The audit will be conducted once monthly for 3 months and ongoing with any new admission to a room with a shared bathroom. The audit will be reviewed at monthly Quality Assurance meetings.

4.) Staff will be in-serviced to report any discrepancies in labels immediately.

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): Tom Davido, Administrator Date: 2/2/16

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Violation Report: 42602 - 01/13/2016 - Rushin, Julienne
PCH Name: SILVER CREEK TERRACE

1. REGULATION 55 Pa.Code §2600
2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION
The home did not submit their emergency procedures to the local emergency management agency in 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.

1.) Emergency procedures will be reviewed and updated by the Administrator and Safety Management Coordinator annually. The Administrator will coordinate the discussion and make changes to the procedures that have been agreed upon. Contracts will be updated biannually, or as needed, by the Safety Management Coordinator.

2.) The most current Emergency Procedures and contracts were faxed to City Management during the time of inspection. This will be done annually in October by the Safety Management Coordinator. This action will be added to a checklist kept by the Maintenance Team.

3.) The Safety Management Coordinator will review the event calendar checklist monthly and will report to the Administrator during the monthly Quality Assurance meeting that all items on the checklist have been completed as scheduled.

4.) Staff will be in-serviced by the Administrator regarding their responsibility in the event that Emergency Procedures must be implemented.

• The administrator shall monitor and assure ongoing compliance. [initials] 2/10/16

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) TOM DAVIDO ADMINISTRATOR | Date 2/2/16

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Violation Report: 42602 - 01/13/2016 - Rushin, Julienne
PCH Name: SILVER CREEK TERRACE

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

2a. DESCRIPTION OF VIOLATION
The homes most recent sleeping hour fire drill was conducted on 5/7/15 at 5:00am.

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.

1.) A sleeping hour fire drill was conducted on January 28, 2016.

2.) The Safety Management Coordinator and Administrator will keep a schedule of fire drills that establishes six months in-between sleeping hour fire drills.

3.) The schedule of fire drills will be reviewed monthly at Quality Assurance meeting for compliance.

4.) Staff will be in-serviced by the Administrator regarding their responsibility to participate in the sleeping hour drill and all fire drills.

* The administrator shall monitor and assure ongoing compliance and also assure fire drills are unannounced in accordance with 2600.132a.

[initials] 2/10/16

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): TOM DAVIDO, ADMINISTRATOR — Date 2/2/16

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Plan of correction implementation status as of 2/10/16 (Date)

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Violation Report: 42602 - 01/13/2016 - Rushin, Julienne
PCH Name: SILVER CREEK TERRACE

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

Resident #5 has an order for blood glucose readings twice daily at 7am and 4:30pm. On 1/7/15 the medication administration notes a blood glucose reading of 157 at 7am; however the reading in the glucometer was 149.
On 1/6/16 at 7am, a blood sugar level of 150 is indicated on resident #7's MAR. The resident's glucometer does not indicate a reading for that date and time.

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.

1.) The Wellness Coordinator has reviewed glucose readings as well as associated lab work to assure that blood glucose levels are at acceptable levels.
2.) Staff was immediately notified and educated on importance of proper documentation and transcription from glucometers.
3.) Direct observation of technique during med pass and assessment of blood glucose by staff has been performed by Wellness Coordinator. Annual competencies will be obtained/conducted for all med techs with documentation placed in their records.
4.) Two med techs will review glucometer readings at the time of obtainment to assure accuracy with transcription. * The administrator shall monitor and assure ongoing compliance

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): TOM DAVIDO ADMINISTRATOR | Date 2/2/16 2/10/16

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Plan of correction implementation status as of 2/10/16 (Date)

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

Violation Report: 42602 - 01/13/2016 - Rushin, Julienne
PCH Name: SILVER CREEK TERRACE

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

2a. DESCRIPTION OF VIOLATION
Resident #1's PRN Tessalon Perles was not available at the time of the inspection.
Resident #1 did not receive the prescribed nystatin powder 100,000 units twice daily from 1/1-1/13/16.
Resident #7's MAR indicates the resident is to have their blood sugar level tested once daily at 7am. The resident's glucometer does not indicate a reading was taken on that date and time.

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.

1.) Pharmacy and Physician were both notified on the day of inspection regarding missing medications. Medications were delivered to the facility during the time of inspection. Glucometer for Resident #7 will be checked to determine if it is accurately storing glucose readings.

2.) Staff has been instructed to notify the Administrator or Wellness Coordinator immediately if a medication has not been delivered by the Pharmacy or re-ordered by the physician and missing. An incident report will be sent to the Department if any medication error is made resulting from a missing medication.

3.) Documentation of notification to the physician and pharmacy to obtain medication shall be kept in the respective resident's chart.

4.) An in-service for staff will be held by Administrator and Wellness Coordinator to ~~med~~ error explaining the process of obtaining medications and notifying the Administrator. Med techs must use glucometers belonging to the respective residents.

5.) Errors and incidents will be reviewed at monthly Quality Assurance meetings.

• The administrator is responsible for ongoing Compliance. — [initials] 2/10/16

Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	[signature]
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Tom Davido Administrator — Date 2/2/16

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Violation Report: 42602 - 01/13/2016 - Rushin, Julienne
PCH Name: SILVER CREEK TERRACE

1. REGULATION 55 Pa.Code §2600
2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident #1 did not receive the prescribed nystatin powder 100,000 units twice daily from 1/1-1/13/16. The prescriber was not notified regarding the medication errors.

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.

1.) During inspection, the physician was notified by the pharmacist and Wellness Coordinator that the medication had not been given and a refill order or discontinuation order was needed. The physician sent an order for refill to the pharmacy. The pharmacy delivered the medication during inspection on January 13, 2016. An incident report was prepared and sent to the Department on January 13, 2016 regarding the medication error.

2.) If a medication has not been delivered or re-ordered by a physician, the staff has been instructed to notify the Administrator immediately so that an incident report can be made documenting the subsequent medication error and sent to the Department.

3.) Any incidents will be reviewed at monthly Quality Assurance meetings.

4.) Staff have been in-serviced on their responsibilities.

- The administrator shall monitor and assure ongoing compliance. [initials] 2/10/16

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page): TOM DAVIDO ADMINISTRATOR   Date 2/2/16

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Violation Report: 42602 - 01/13/2016 - Rushin, Julienne
PCH Name: SILVER CREEK TERRACE

1. REGULATION 55 Pa.Code §2600
2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION
The DME dated 5/18/15 for resident #2 has correction fluid in sections #2 and #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.

1.) A new DME will be completed by the physian on January 29, 2016 during the resident's scheduled appointment.

2.) The Administrator will review all DMEs and new DMEs and assure that none contain correction fluid and that the documents are permanent and legible, dated and signed by the physician.

3.) If there are any discrepancies noted (permanent, legible, signed and dated) in residents records, forms shall be re-submitted to the appropriate agent(s) to be prepared according to regulation.

4.) The Administrator will review with the staff that correction fluid is not permitted for use in resident records and how to make corrections that are legally acceptable. The staff will notify Administrator of any record documents so that proper corrections may be made.

5.) DMEs and RASPs are reviewed monthly and reported on at monthly Quality Assurance meetings.

- The administrator shall be responsible for ongoing compliance 2/10/16

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tom Davido Administrator — Date 2/2/16

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Violation Report: 42602 - 01/13/2016 - Rushin, Julienne
PCH Name: SILVER CREEK TERRACE

1. REGULATION 55 Pa.Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
Resident #1's picture was taken on 10/11/13.
Resident #1's record did not include identifying marks if any.
Resident #6's record did not include identifying marks if any.

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.

1.) All resident pictures will be checked to ensure they are current and taken within the last 2 years. Entries will be placed and dated in the records for Residents #1 and #6 indicating that they do or do not have any identifying marks. This will be done by Feb 1, 2016.

2.) The photographs and demographics for each current and new resident will be reviewed annually for compliance. All demographics will be marked indicating whether the resident does or does not have identifying marks. No questions will be left blank.

3.) Staff will be educated to notify Administrator or Wellness Coordinator of any blank spots on demographics or if any photographs are older than 2 years so corrections can be made immediately.

4.) Compliance will be reviewed at monthly Quality Assurance meetings.

• The administrator shall be responsible for monitoring and ongoing compliance.

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) | Date: 2/10/16

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

The above plan of correction is approved as of 2/10/16 (Date)

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

Plan of correction implementation status as of 2/10/16 (Date)

- [ ] Fully Implemented
- [x] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

[signature] NHA
2/2/16