



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 02 2016

Mr. Martin D. Allen, Director
Arden Courts of Yardley PA, LLC
333 North Summit Street
Toledo, Ohio 43604

RE: Arden of Courts of Yardley
493 Stoney Hill Road
Yardley, Pennsylvania 19067
License #: 129970

Dear Mr. Allen:

As a result of the Department of Human Services' annual licensing inspection on May 17, 2016 and June 23, 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,

A handwritten signature in black ink that reads "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

Violation Report: 12997 - 05/17/2016 - Kazimer, Lauren
 PCH Name: ARDEN COURTS OF YARDLEY

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 for resident #1 was not signed by the resident. Resident #1 was admitted to the facility on [REDACTED] 2015. On May 17, 2016 the resident had not signed the home's contract.

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.

25(b)

Contract was reviewed and a resident mark was obtained by the Executive Director on day of survey, 5/17/16.
 (See attached)

All resident records will be audited by the Executive Director or designee to ensure resident and payer (if different) and his/her designated person have each signed the contract, or there is a notation regarding an attempt to obtain the signature.
 Target Date: 7/15/2016

Executive Director will inservice the Administrative staff on this regulation requirement regarding obtaining resident signature acknowledging review of the contract, or noting attempts made if signature cannot be obtained.
 Target Date: 6/30/2016

Executive Director or designee will audit all new residents' move-in paperwork within the first week to ensure all required signatures were obtained, or a notation regarding attempts made if a signature cannot be obtained.

Repeat Violation: No	Date(s) of Previous Violation(s):				
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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) *SHERRI L. HOFFMAN, EXECUTIVE DIRECTOR* Date *6/14/16*

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

The above plan of correction is approved as of *6/22/16*
 (Date)

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

Plan of correction implementation status as of *6/22/16*
 (Date)

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

Violation Report: 12997 - 05/17/2016 - Kazimer, Lauren
 PCH Name: ARDEN COURTS OF YARDLEY

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(4) - The contract shall specify the party responsible for payment.

2a. DESCRIPTION OF VIOLATION
 The contract for resident #1 does not specify the party responsible for payment.

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.

25(c)(4)

Contract for resident #1 was corrected to specify the party responsible for payment on day of survey, 5/17/16.
 (See attached)

All resident records will be audited by the Executive Director or designee to ensure each contract specifies the party responsible for payment.
 Target Date: 7/15/16

All new resident move-in paperwork will be audited by the Executive Director or designee within the first week to ensure the contract includes the party responsible for payment.

Executive Director will inservice administrative staff on this regulation requirement regarding the contract specifying the party responsible for payment.
 Target Date: 6/30/2016

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)

SHERZI L. MOFFITTAN, EXECUTIVE DIRECTOR

Date 6/14/16

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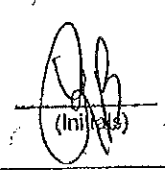
The above plan of correction is approved as of

6/22/16
 (Date)

Plan of correction implementation status as of

6/22/16
 (Date)

The above plan of correction was approved by



(Initials)

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

Violation Report: 12897 - 05/17/2016 - Kazimer, Lauren
 PCH Name: ARDEN COURTS OF YARDLEY

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.

41(e)

Resident rights were reviewed and a resident mark obtained by Executive Director on day of survey, 5/17/16.
 (See attached)

All resident records will be audited by Executive Director or designee to ensure these forms have signatures, or a notation of attempts made where a signature could not be obtained.
 Target Date: 7/15/16

All new resident move-in paperwork will be audited by Executive Director or designee within the first week to ensure these forms have a signature or a notation of attempts made where a signature could not be obtained.

Executive Director will inservice administrative staff on this regulation requirement regarding obtaining resident signature acknowledging receipt of a copy of the Resident Rights and Complaint Procedure.
 Target Date: 6/30/16

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) *SHERRI L. JOFFINIAN, EXECUTIVE DIRECTOR* Date *6/14/16*

DEPARTMENT USE ONLY | HOMES MAY NOT WRITE BELOW THIS LINE |

The above plan of correction is approved as of *[Signature]*
 (Date)

Plan of correction implementation status as of *[Signature]*
 (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: 12997 - 05/17/2016 - Kazimer, Lauren
 PCH Name: ARDEN COURTS OF YARDLEY

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

2a. DESCRIPTION OF VIOLATION

On May 17, 2016, the department found the following conditions.

A urinal was observed in the sink in a communal area (Berry Ridge - Hall Bath).
 Based on the glucometer readings and a review of medication administration records; the facility failed to maintain sanitary conditions with resident glucometers.

On 5/7/16 resident #2's glucometer reading which was documented on the medication administration log was not recorded in the glucometer. Based on the glucometer reading and a review of medication administration logs resident #3's reading was on resident #2's glucometer.

On 5/14/16 resident #3's glucose reading was on resident #4's glucometer.

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.

85(a)

The urinal was removed from the sink in the communal area (Berry Ridge - Hall Bath) at time of survey, 5/17/16.

Rounds will be completed once a shift to check for items which do not maintain sanitary conditions and remove them.

The Executive Director will inservice all staff regarding the regulation with regards to maintaining a sanitary environment.

Target Date: 6/30/2016.

2 NEW GLUCOMETERS PURCHASED 5/18/16; REC'D 5/23/16. (SEE ATTACHMENTS)
 An audit of medical administration records pertinent to regulation 85 (a) was conducted by the Executive Director and Resident Services Supervisor on 5/25/16 & 5/26/16.

The findings of the audit and the inspection have been relayed to the Medical Director by the Executive Director on 6/1/16.

The Medical Director provided no new orders or instructions with regards to this audit or the inspection.

The Nurses will be in-serviced by the Director of Wellness Management regarding regulation 85 (a) re. maintaining sanitary conditions

Target Date: 7/7/2016.

The Resident Services Supervisors will audit the medication records on a weekly basis. This will include glucometer readings.

Target Date: 7/7/2016, and on-going

Repeat Violation: No	Date(s) of Previous Violation(s):			
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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) *SHERRI L. HOFFMAN, EXECUTIVE DIRECTOR* Date *6/14/16*

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

The above plan of correction is approved as of *[Signature]* (Date)

Plan of correction implementation status as of *[Signature]* (Date)

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

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

Violation Report: 12997 - 05/17/2016 - Kazimer, Lauren
 PCH Name: ARDEN COURTS OF YARDLEY

1. REGULATION 55 Pa.Code §2600
 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.

2a. DESCRIPTION OF VIOLATION
 The telephone in bedroom #10 did not have emergency service numbers posted to include the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline.

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.

91

Telephone numbers for emergency services (including the nearest hospital, police dept, fire dept, ambulance, poison control, local emergency mgt and personal care home complaint hotline were posted on the phone for bedroom #10 on day of survey, 5/17/16.

Weekly rounds will be completed by the Executive Director or designee to ensure these telephone numbers remain posted at this location as well as all other locations where there is a phone. (See attached audit form)

Executive Director will inservice all department heads and nursing supervisors on this regulation requirement regarding need to have telephone numbers for emergency services posted on or by each phone.

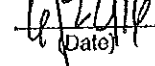
Target Date: 6/30/16

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) SHERRI L. HOFFMAN, EXECUTIVE DIRECTOR Date 6/22/16

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

The above plan of correction is approved as of:  (Date)

Plan of correction implementation status as of 6/22/16 (Date)

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

The above plan of correction was approved by  (Initials)

Violation Report: 12997 - 05/17/2016 - Kazimer, Lauren
 PCH Name: ARDEN COURTS OF YARDLEY

1. REGULATION 65 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 On May 17, 2016, at 2:15 PM, the facility's exterior egress was blocked. The code on the outside gate did not work not allowing the gate to open. (Dockside Unit)

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.

121(a)

The correct code was placed on the outside gate (Dockside Unit) on day of survey, 5/17/16.

Daily rounds will be completed by the Building Services Coordinator or designee to ensure all codes posted at areas of egress are current.
 (See attached audit form)

Executive Director will inservice all department heads and nursing supervisors on this regulation requirement regarding ...egress routes from the building must be unlocked and unobstructed.
 Target Date: 6/30/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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) *SHERYL L. HOFFMAN, EXECUTIVE DIRECTOR* Date *6/14/16*

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

The above plan of correction is approved as of <i>6/22/16</i> (Date)	Plan of correction Implementation status as of <i>6/22/16</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: 12997 - 05/17/2016 - Kazimer, Lauren
 PCH Name: ARDEN COURTS OF YARDLEY

1. REGULATION 55 Pa.Code §2800
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1, dated October 7, 2015, did not include a general physical examination by a physician, physician's assistant or nurse practitioner; body positioning and movement stimulation for resident; or the health status of the resident.
 The medical evaluation for resident #5, dated July 2, 2015, did not include documentation of body positioning; the health status of the resident; or a mobility needs assessment.

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.

141(a)(2)

The DME for Resident #1 dated October 7, 2015 was corrected to include the general physical examination information (BP; height; weight; pulse rate; and temperature), body positioning and health status on date of survey, 5/17/16.

The DME for Resident #5 dated July 2, 2015 was corrected to include documentation of body positioning, the health status and mobility needs assessment on date of survey, 5/17/16.

(See attachments)

All resident records will be audited by the Executive Director or designee for completion of all information on the DME. If the DME is found to not have the information included a nurse will contact the resident's physician to review and will make a notation on the DME to reflect the date the information was obtained.

Target Date: 7/15/16

The Executive Director will inservice all administrative staff and nursing supervisors on this regulation regarding the need for proper and completed information on the DME.

Target Date: 6/30/2016

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) *SMEREN L. HOFFMAN, EXECUTIVE DIRECTOR* Date *6/14/16*

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

The above plan of correction is approved as of *6/22/16* (Date)

Plan of correction implementation status as of *6/22/16* (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: 12997 - 05/17/2016 - Kazimer, Lauren
 PCH Name: ARDEN COURTS OF YARDLEY

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

On May 17, 2016, the home's medication administration records were reviewed for resident number #2 and #3. Resident #2's glucometer read 317 However, the home incorrectly documented 321 on the blood glucose log. Resident #3's medication administration record documents the resident's blood glucose level as 165, the blood glucose log documented 655.

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.

182(c)

An audit of medical administration records pertinent to regulation 182(c) was conducted by the Executive Director and Resident Services Supervisor on 5/25/16 & 5/26/16.

The findings of the audit and the inspection have been relayed to the Medical Director by the Executive Director on 6/1/16.

The Medical Director provided no new orders or instructions with regards to this audit and the inspection.

The Nurses will be in-serviced by the Director of Wellness Management regarding regulation 182(c) regarding correct documentation of glucometer readings on the blood glucose log.

Target Date: 7/7/2016

The Resident Services Supervisors will audit the medication records on a weekly basis. This will include glucometer readings.

Date: July 7, 2016, and on-going

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)

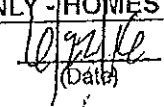
Sherri L. Hoffman, EXECUTIVE DIRECTOR

Date

6/14/16

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

The above plan of correction is approved as of

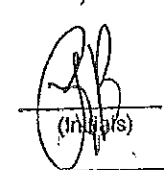

 (Date)

Plan of correction implementation status as of


 (Date)

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

The above plan of correction was approved by


 (Initials)

Violation Report: 12997 - 05/17/2016 - Kazimer, Lauren
 PCH Name: ARDEN COURTS OF YARDLEY

1. REGULATION 55 Pa.Code §2600
 2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:
- (1) Identify the correct resident.
 - (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
 - (3) Remove the medication from the original container.
 - (4) Crush or split the medication as ordered by the prescriber.
 - (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
 - (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
 - (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

On May 17, 2016, the home's medication administration records were reviewed for resident number #2 and #3. Resident #2's glucometer read 317 However, the home incorrectly documented 321 on the blood glucose log. Resident #3's medication administration record documents the resident's blood glucose level as 165, the blood glucose log documented 655.

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.

190(a)

Employees A, B, C, D, E, F and G were removed from passing medications as of the date of survey, 5/17/16.

As of 6/7/16 staff persons A, B, C, D, E and F successfully completed the Department-approved medications administration course and passed the performance based competency test. Staff person G requested to no longer pass medications and did not want to recertify.
 (See attached)

Medication Administration Training documentation will be audited by the Executive Director or designee quarterly to ensure on going compliance.

The Executive Director will inservice all nursing supervisors on this regulation regarding certification/annual recertification for all med techs.
 Target Date: 6/30/16

Repeat Violation: No	Date(s) of Previous Violation(s):			
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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) *SHERI L. MORRIS, EXECUTIVE DIRECTOR* Date *6/14/16*

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

The above plan of correction is approved as of *[Signature]*
 (Date)

Plan of correction implementation status as of *[Signature]*
 (Date)

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

- Fully Implemented
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- Not Implemented

Violation Report: 12997 - 05/17/2016 - Kazimer, Lauren
 PCH Name: ARDEN COURTS OF YARDLEY

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

2a. DESCRIPTION OF VIOLATION
 On 5/17/16 residents #2, #3 & #4, glucometers records and times of administration were as follows:
 Resident #2 had an order for glucose check daily at 6 AM. The home did not document the the glucose level for 5/17/16. On the same date 322 was written on the medication administration log but there was no reading in the glucometer. Resident # 2's glucose reading was found in resident # 3's glucometer.
 Resident #3 had an glucose reading on 4/8/16 and 4/16/16; however, there was no readings on these dates in the glucometer.
 On 5/15/16 The home documented on residents #4s glucose monitoring log 320, there was no documentation in the glucometer.

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.

187(d)
 An audit of medical administration records pertinent to regulation 187(d) was conducted by the Executive Director and Resident Services Supervisor on 5/25/16 & 5/26/16.
 The findings of the audit and the inspection have been relayed to the Medical Director by the Executive Director on 6/1/16.
 The Medical Director provided no new orders or instructions with regards to this audit and the inspection.
 The Nurses will be in-serviced by the Director of Wellness Management regarding regulation 187(d) regarding following the orders of the prescriber - glucose checks.
 Target Date: 7/7/2016.
 The Resident Services Supervisors will audit the medication records on a weekly basis. This will include glucometer readings.
 Date: July 7, 2016, and on-going

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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) **SARAH L. VOFFELMAN, EXECUTIVE DIRECTOR** Date *6/14/16*

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

The above plan of correction is approved as of <i>[Signature]</i> (Date)	Plan of correction implementation status as of <i>[Signature]</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: 12997 - 05/17/2016 - Kazimer, Lauren
 PCH Name: ARDEN COURTS OF YARDLEY

1. REGULATION 55 Pa.Code §2600
 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.

2a. DESCRIPTION OF VIOLATION
 Resident #1 was admitted to the SDU on [redacted] 2015. The resident had a preadmission screening on [redacted] 2015; however the physician documented, Based on this screening, The physician marked/checked off "No to SDU."

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.

231(c)

Resident #1, physician who completed cognitive screen, was notified on date of survey and made aware of need for clarification to cognitive screen. Cognitive screen was corrected to reflect need for SDCU. (See attached)

All resident records will be audited by the Executive Director or designee to ensure Cognitive Screenings accurately reflect a need for SDCU based on the screening.
 Target Date: 7/31/16

The Executive Director will inservice administrative staff and nursing supervisors on this regulation regarding the need for a written cognitive preadmission screening being completed for each resident within 72 hours prior to admission to a secured dementia care unit.
 Target Date: 6/30/16

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) *SWETRI L. VICKERMAN, EXECUTIVE DIRECTOR* Date *6/14/16*

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

The above plan of correction is approved as of *6/27/16*
 (Date)

Plan of correction implementation status as of *6/27/16*
 (Date)

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

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