



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 14 2016

Ms. Francie K. Hoch, Executive Director
Greenfield of Perkiomen Valley, LLC
6312 Seven Corners Center 161
Falls Church, Virginia 22044

RE: Greenfield of Perkiomen Valley
300 Perkiomen Avenue
Schwenksville, Pennsylvania 19473
License #: 137350

Dear Ms. Hoch:

As a result of the Department of Human Services' annual licensing inspections on June 1, 2016 and June 2, 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: GREENFIELD OF PERKIOMEN VALLEY		License Number: 13735
Address: 300 PERKIOMEN AVENUE, SCHWENKSVILLE, PA 19473		County: Montgomery
Administrator: Francie Hoch		Region: SOUTHEAST
Legal Entity Name: GREENFIELD OF PERKIOMEN VALLEY LLC		
Legal Entity Address: 6312 SEVEN CORNERS CENTER 161, FALLS CHURCH, VA 22044		
Certificate(s) of Occupancy 1-2 07/12/2012 Borough of Schwenksville		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 134	Waking Staff: 101
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 04/25/2016: Keppel, Autumn; Kazimer, Lauren; Gray, Dean 06/01/2016: Keppel, Autumn; Kazimer, Lauren 06/02/2016: Keppel, Autumn; Kazimer, Lauren		
Off-Site Inspection Dates and Inspectors, If Applicable 04/25/2016: Keppel, Autumn		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 120 Number of Residents Served: 89 Secured Dementia Care Unit in Home: Yes Area: Third Floor Secured Dementia Unit Capacity, If Applicable: 44 Number of Residents Served in Secured Dementia Care Unit, If applicable: 32 Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 24	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 88 Have Mental Illness: 1 Have an Intellectual Disability: 1 Have a Mobility Need: 45 Have a Physical Disability: 2	

Violation Report:
 PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 55 Pa. Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION
 On 4/20/16, Staff Member A took a picture of Resident #1, sitting on the toilet with their pants down around their ankles, using the phone application Snapchat. The picture contained a caption which read "I hate my job." Staff Member A sent the picture to a friend through the Snapchat application, who then took a screenshot of the Snapchat photo. Staff Member A's friend then sent the screenshot photo through text to another person, who then sent the photo to another. The last person sent the photo to an employee of the home, Staff Member B. Staff Member B reported the photo to the homes administration.

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.

3. Plan of Correction:

1. An immediate investigation was conducted and employment was terminated for the caretaker in question.
2. The Executive Director conducted training for all employees on resident rights, OAPSA and the Greenfield cell phone policy on 05/26/16. The incident, while protecting resident confidentiality, was reviewed and discussed in the training.
3. This training is provided to all new employees during first day of orientation as well as annually in the all staff meeting.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Francie K. Hoch*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Francie K. Hoch, Executive Director* Date *7-28-16*

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

The above plan of correction is approved as of *8/4/16*
 (Date)

Plan of correction implementation status as of *8/4/16*
 (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:
 PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 55 Pa.Code §2600
 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION
 On 4/20/16, Staff Member A took a picture of Resident #1 sitting on the toilet with their pants down around their ankles without their knowledge or permission. Staff Member A sent the picture to a friend, and it was forwarded to another three people, the last being an employee of the home.

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.

3. Plan of Correction:

1. An immediate investigation was conducted and employment was terminated for the caretaker in question.
2. The executive director conducted training for all employees on resident rights, OAPSA and the Greenfield cell phone policy on 05/26/16. The incident, while protecting resident confidentiality, was reviewed and discussed in the training.
3. This training is provided to all new employees during first day of orientation as well as annually in the all staff meeting.

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Signature of Legal Entity Representative
 (Required on EVERY Page) Francie K. Hoch

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Francie K. Hoch</u>	Date <u>7-28-16</u>
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 (Initials)

Violation Report:
PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 55 Pa.Code §2600
 2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION
 Clorox Disinfecting Wipes, with a manufacture's label indicating "Call a poison control center for treatment advice," was unlocked and accessible in shared room #309 located in the homes secured dementia unit (SDU). Resident #2 who resides in room #309 is safe with poisons. Resident #3 who also resides in room #309, and other resident's residing in the SDU, have not been assessed capable of recognizing and using poisons safely.

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.

3. Plan of Correction:

1. All hazardous materials were removed from room 309 immediately, the resident was educated about the need for hazardous materials to be locked at all times. All items were placed under lock and key.
2. The Memory Care Coordinator communicated with all staff in the memory care unit, educating them on the regulation regarding hazardous materials.
3. All staff know proper storage of hazardous materials and to remove any resident items improperly stored and bring immediately to the attention of the Memory Care Coordinator.
4. The Memory Care Coordinator conducts weekly room checks to ensure all hazardous materials are properly stored.

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

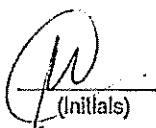
Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Francie K. Hoch, Executive Director Date 7-28-16

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Violation Report: PCH Name: GREENFIELD OF PERKIOMEN VALLEY	
1. REGULATION 55 Pa.Code §2800 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.	
2a. DESCRIPTION OF VIOLATION The bed located on the left side in room #317 does not have a source of light that can be turned on/off from bedside.	
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>3. Plan of Correction:</p> <ol style="list-style-type: none"> 1. The lamp was immediately moved to the night stand in room 317 so that it could be accessible to the resident from the bed. 2. The Memory Care Coordinator went through all other rooms to ensure there was a light accessible from the bedside for all residents. 3. All staff, including care staff, maintenance staff and housekeeping were educated on the regulation requiring lamp/lighting accessible to the bed. 4. The Memory Care Coordinator conducts weekly room checks to ensure lighting is accessible to each bed. 	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Francie K. Hoch</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Francie K. Hoch, Executive Director</i> Date <i>7-28-16</i>	
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Violation Report:
 PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 65 Pa.Code §2600
 2600.102(f) - An individual towel, washcloth and soap shall be provided for each resident.

2a. DESCRIPTION OF VIOLATION
 The shared shower in room #302 contains two unlabeled loofahs.

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.

3. Plan of Correction:

1. The 2 loofahs were immediately removed from the shower in room 302. They were labeled and stored with each resident's personal belongings.
2. The Memory Care Coordinator went through all other rooms to ensure all washcloths, loofahs, etc. were properly labeled and stored.
3. The Memory Care Coordinator also reviewed this regulation with staff.
4. The Memory Care Coordinator conducts weekly room checks to ensure compliance with this regulation.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Francis K. Hoch*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Francis K. Hoch, Executive Director* Date: *7-28-16*

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Violation Report:

PCH Name: GREENFIELD OF PERKIOMEN VALLEY

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

Resident #4 has an order for Accuchecks twice daily. On 6/1/16, their blood sugar reading at 5:20AM was 153 but 178 was documented on their medication administration record.

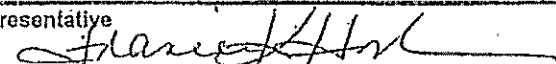
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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.

3. Plan of Correction:

- 1. All Med Techs are to document correctly and precisely the results of a resident's accu-check on the MAR. Double checking that they have accurately scribed the number from the glucometer to the MAR.
- 2. The Health Care Coordinator re-trained all med techs on this regulation. Please see attached sign in sheet.
- 3. The Health Care Coordinator or nurse designee is responsible to do a monthly glucometer audit. Please see attached audit sheet.

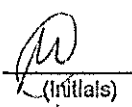
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Francie K. Hoch, Executive Director	Date 7-28-16
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Violation Report:
 PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 55 Pa.Code §2600
 2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

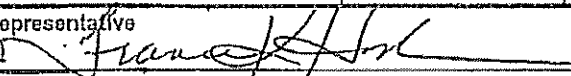
2a. DESCRIPTION OF VIOLATION
 The first aid kit, located in the homes secured dementia unit medication room, contained triple antibiotic ointment that expired 1/2016.

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.

3. Plan of Correction:


1. The expired ointment was immediately removed from the first aid kit.
2. The antibiotic ointment was replaced with a new tube of ointment.
3. The monthly First Aid kit audit sheet now includes a prompt to check for expiration dates on all ointments and antiseptics. See attached audit sheet.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report:
 PGH Name: GREENFIELD OF PERKIOMEN VALLEY

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.

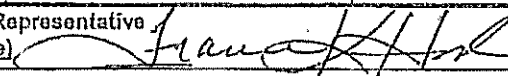
2a. DESCRIPTION OF VIOLATION
 Resident #4 has an order for Trazadone 50mg as needed. On 6/2/16, this medication was not available in the home.

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.

3. Plan of Correction:

1. The prn medication that was not available in the home was no longer being utilized by the resident. After review, the physician discontinued the order for the medication.
2. The Health Care Coordinator and designee conducted an audit of the med carts to ensure all prn medications were available in the home.
3. Med Techs conduct weekly audits to ensure all ordered medications are available.
4. The Health Care Coordinator or nurse designee is responsible to do monthly audits to ensure medications are consistently available.

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) Francis K. Hoch, Executive Director Date 7-28-16

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Violation Report:
 PCH Name: GREENFIELD OF PERKIOMEN VALLEY

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

2a. DESCRIPTION OF VIOLATION

- Resident #4 has an order for Accuchecks twice daily at 7AM and 4PM. On 5/29/16 and 5/31/16 at 4PM, there was no blood sugar reading found in the resident's glucometer.
- Resident #4's blood sugar is to be checked at 7AM and 4PM. The resident's morning blood sugar was checked as follows: 5/30/16 at 4:50AM, 5/31/16 at 5:11AM, 6/1/16 at 5:20AM, and 6/2/16 at 5:12AM.
- Resident #5 has an order for Antacid 500mg chewable tablet, one tablet every morning, and one tablet as needed. At 8:30AM on 6/1/16, and 6/2/16, Resident #5 received Antacid 750mg.
- Resident #6 has an order for Accucheck every four days at 7AM, 11AM, 4PM, and 8PM. On 5/20/16 at 8PM, 5/23/16 at 4PM, and 5/24/16 at 8PM, there was no blood sugar reading in the resident's glucometer.
- Resident #6's blood sugar is to be checked at 7AM, 11AM, 4PM, and 8PM. Their blood sugar was checked as follows: 5/22/16 at 1:16PM, 5/26/16 at 1:21PM, and 5/31/16 at 6:16PM.

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. Med Techs are to follow the direction of the prescriber for administration of accu-checks, medications and treatments for each resident, each medication and within the timeframe of 1 hour before and 1 hour after the prescribed time. All refusals are to be documented on the back of the MAR.
2. The Health Care Coordinator re-trained all med techs on this regulation. Please see attached sign-in sheet.
3. The Health Care Coordinator will do monthly audits to ensure all medication administration policies and procedures are being followed.
4. The Health Care Coordinator in collaboration with the Regional Training Support Nurse will re-train staff as needed.

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) Franck K. Hoch, Executive Director Date 7-28-16

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Violation Report:
 PCH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 55 Pa.Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 The pre-admission screening form for Resident #7, admitted [REDACTED] 15, does not include a determination that the home can meet the service needs of 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.

3. Plan of Correction:

1. The pre-admission screen form has been completed/corrected to reflect that the resident's needs for care can be met by the services provided by the home.
2. Quality assurance audits are conducted on a bi-annual basis by the Health Care Coordinator in collaboration with the Regional Clinical Director.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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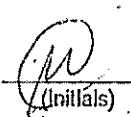
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Violation Report:
 PCH Name: GREENFIELD OF PERKIOMEN VALLEY

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.

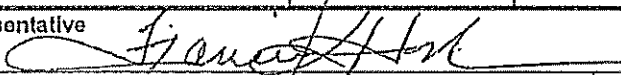
2a. DESCRIPTION OF VIOLATION
 Resident #6, admitted to the SDCU on [redacted] 16, had a medical evaluation that did not document the resident's need for SDCU care.

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.

3. Plan of Correction:


1. The medical evaluation form has been completed/corrected to reflect the resident's need for SDCU care.
2. Nursing staff will assist physicians to identify this section for completion for SDCU admissions.
3. Quality assurance audits are conducted on a bi-annual basis by the Health Care Coordinator in collaboration with the Regional Clinical Director.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report:
 PCH Name: GREENFIELD OF PERKIOMEN VALLEY

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 #8 was admitted to the SDCU on [redacted]/16. The preadmission screening form, completed on [redacted] 16, does not indicate the resident's need for secured dementia 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.

3. Plan of Correction:


1. The pre-admission screening form has been completed/corrected to reflect the resident's need for SDCU care.
2. The physician listed Dementia as the diagnosis for the SDCU admission but did not check the "Yes" or "No" box for appropriateness of SDCU care. Nursing staff will assist physicians to identify this section for completion.
3. Quality assurance audits are conducted on a bi-annual basis by the Health Care Coordinator in collaboration with the Regional Clinical Director.

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Signature of Legal Entity Representative (Required on EVERY Page) 

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The above plan of correction is approved as of <u>8/14/16</u> (Date)	Plan of correction implementation status as of <u>8/14/16</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:
 PCH Name: GREENFIELD OF PERKIOMEN VALLEY

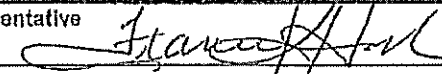
1. REGULATION 55 Pa.Code §2600
 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION
 - The directions for operating the home's locking mechanism that are posted near the door to the SDCU courtyard are incorrect.
 - The directions for operating the home's locking mechanism are not posted near the gate that leads out of the SDCU courtyard.

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.

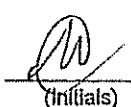
1. On 6/2/16, the Memory Care Coordinator posted the directions for operating the locking mechanisms and the codes next to the door exiting the unit to the court yard and on the gate exiting the courtyard.
2. The Memory Care Coordinator conducts weekly audits of the unit to ensure these important safety features are in place.
3. Copies of the postings are available to staff in the care station to re-post if they are taken down or lost for any reason.

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) Francie K. Hoch, Executive Director Date 7-28-16

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The above plan of correction is approved as of <u>9/23/16</u> (Date)	Plan of correction implementation status as of <u>9/23/16</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:

PGH Name: GREENFIELD OF PERKIOMEN VALLEY

1. REGULATION 56 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


- White out was used on page one of Resident #6's assessment and support plan dated 1/10/16.
- White out was used on Resident #7's emergency information sheet in the spaces for apartment number, and primary physician's name, address, phone number, and fax number.
- White out was used on Resident #9's emergency information sheet in the spaces for the primary physician's name, address, phone number, and fax number.

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 Executive Director conducted training for all staff on June 16th regarding making proper correction in a medical correction and that white out is never to be used in a permanent record.
2. Quality assurance audits are conducted on a bi-annual basis by the Health Care Coordinator in collaboration with the Regional Clinical Director.
3. We are working on a system to put the emergency information sheet on to the computer so that changes and updates can be easily made. This plan will take some time due to the resources it will take to input all of the current resident information onto the computer. The target date for completion is 12/31/2016.

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) Francie K. Hoch, Executive Director Date 7-28-16

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

The above plan of correction is approved as of 8/4/16
(Date)

Plan of correction implementation status as of 8/4/16
(Date)

The above plan of correction was approved by 
(Initials)

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