



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 8, 2016

Mr. Daniel Guill, Authorized Representative
Barnes AID OPCO, LLC
2021 James Street
Latrobe, Pennsylvania 15650

RE: Barnes Place
Certificate #:444880

Dear Mr. Guill:

As a result of the Department of Human Services' licensing inspection on June , 2016 and August 4, 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,

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 44488 - 08/04/2016 - McCloskey, Jason
 PCH Name: BARNES PLACE

1. REGULATION 55 Pa.Code §2600
 2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION

Although the home's smoking policy specifies that the community is smoke-free, smoking is permitted as evidenced by safeguards such as fireproof receptacles and fire extinguishers located on the front porch of the home, in the courtyard at the center of the home and at the employee door leading from the kitchen to the parking lot.

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.

See Attachment A

Refer to Page 2A of 2

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) *Terry King Executive Director* Date *8/17/2016*

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

The above plan of correction is approved as of 8/22/16
 (Date)

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

Plan of correction implementation status as of 8/22/16
 (Date)

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

Violation 2600.144(c)

Plan of Correction (POC)

- Barnes Place has two separate smoking policies that does address resident and staff smoking privileges. (see attachment A-1)
- Staff are not permitted to smoke on the campus .Regarding residents, upon move in are educated to the designated smoking areas.(see attachment A-1)
- 8-12-2016 Executive Director and Maintenance technician removed the smoke post from the exit near the kitchen door, leading to the parking lot, and also removed the smoke post from the front porch.
- Executive Director, Maintenance Technician, and Care Service Manger will monitor on daily walk through the community that resident who smoke are smoking it the designated area, and that staff is not smoking on the campus.

Attached
A

Violation Report: 44488 - 06/01/2016 - McCloskey, Jason
 PCH Name: BARNES PLACE

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 6-1-16 at approximately 8:30 am, the door to room #100 was propped open allowing access to records for residents receiving services from hospice and home health agencies. The records included medical diagnoses, dates of birth and social security numbers.

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.

Refer to page 2A

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Terry King, Executive Director* Date *6-30-16*

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

The above plan of correction is approved as of 7/8/16
 (Date)

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

Plan of correction implementation status as of 8/9/16
 (Date)

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

Violation: 2600.17

Plan of Correction (POC)

- On 6/1/16, door to room 100 was immediately locked.
- On 6/1/2016 Executive Director met with staff to educate them that door to room 100 must be locked at all times. This may not be accessible to anyone other than staff persons and ancillary agency staff for the purpose of providing services to the resident
- Executive Director, manager on duty, and or Care Service Manager will monitor room 100's door daily to assure resident records will be confidentially secured.

Violation Report: 4448B - 06/01/2016 - McCloskey, Jason
 PCH Name: BARNES PLACE

1. REGULATION 55 Pa.Code §2600

2600.57(c) - Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

2a. DESCRIPTION OF VIOLATION

According to interviews with staff, and corroborated with task sheets given to staff members, direct care staff perform ancillary functions like serving meals, clearing and resetting tables, washing, drying and folding linens, making beds and picking up trash.

On 5-28-16, there were 57 residents in the home, including 17 with mobility needs, requiring a total minimum of 74 hours of direct care. On this date, only 72 hours of direct care staffing was provided.

On 5-29-16, there were 57 residents in the home, including 17 with mobility needs, requiring a total minimum of 74 hours of direct care. On this date, only 73 hours of direct care staffing was provided.

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.

Refer to Page 3A

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)			
<i>[Signature]</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)			
<i>Ferry King Executive Director</i> Date <i>6/30/16</i>			

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

The above plan of correction is approved as of <u>7/20/16</u> (Date)	Plan of correction implementation status as of <u>9/7/16</u> (Date)
The above plan of correction was approved by <u>BAS</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

2600.57(c)

- Since 6/1/2016, the Executive Director and Care Service Manager reviewed residents with mobility needs to assure all immobile residents are accurately identified. (See attachment B) See attached immobile list
- Since 6/1/16, to assure customer service support for our direct care staff, additional ancillary staff has been added. The ancillary staff that has been added is a dietary aide 40 hours per week. A twenty hour housekeeping position will be added by July 31, 2016
- 6/29/16 Direct Care staff task sheets revised to assure DCS are not expected to provide dietary and housekeeping services on days when there are dietary and housekeeping staff in the community.
- Executive Director will review staffing on a weekly basis to assure that there is adequate staff to meet the resident's needs, and maintain regulatory compliance.
- Current daily staffing meets or exceed DHS required staffing (see attachment C) (attach 1 last week schedule)

To ensure that adequate direct care staffing hours are being maintained, the administrator shall account for the time direct care staff spend performing ancillary duties when planning staffing schedules.

The administrator shall re-educate staff regarding the procedures for call-offs, so that rescheduling can occur in a timely manner and not decrease the required staffing hours.

Direct Care Staffing hours shall be reviewed during the Home's Quality Management Meetings to identify and address any staffing problems.

BAC 5/7/16

Violation Report: 44488 - 08/01/2016 - McCloskey, Jason
 PCH Name: BARNES PLACE

1. REGULATION 55 Pa.Code §2600

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

According to interviews with staff, and corroborated with task sheets given to staff members, direct care staff performs ancillary functions like serving meals, clearing and resetting tables, washing, drying and folding linens, making beds and picking up trash.

On 5-22-16, there were 68 residents in the home, including 18 with mobility needs, requiring a total of 76 hours of direct care, however, only 53.5 hours, or 70%, were provided during waking hours.

On 5-26-16, there were 57 residents in the home, including 17 with mobility needs, requiring a total of 74 hours of direct care, however, only 55.5 hours, or 67%, were provided during waking hours.

On 5-29-16, there were 57 residents in the home, including 17 with mobility needs, requiring a total of 74 hours of direct care, however, only 50.5 hours, or 68%, were provided during waking hours.

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.

Refer to page 4A

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
(Required on EVERY Page) *Terry King Executive Director*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *TERRY King Executive Director* Date *6/30/16*

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

The above plan of correction is approved as of 7/20/16
 (Date)

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

Plan of correction implementation status as of 9/7/16
 (Date)

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

2600.57(d)

- Since 6/1/2016, the Executive Director and Care Service Manager reviewed residents with mobility needs to assure all immobile residents are accurately identified. (See attachment B) See attached immobile list
- Since 6/1/16, to assure customer service support for our direct care staff, additional ancillary staff has been added. The ancillary staff that has been added is a dietary aide 40 hours per week. A twenty hour per week housekeeping position will be added by July 31, 2016
- 6/29/16 Direct Care staff task sheets revised to assure DCS are not expected to provide dietary and housekeeping services on days when there are dietary and housekeeping staff in the community.
- Executive Director will review staffing on a weekly basis that there is adequate staff to meet the resident's needs.
- Executive Director will review staffing on a weekly basis to assure that 75% of direct care staffing hours are during waking hours.
- Current daily staffing meets or exceeds DHS required staffing (see attachment C)

To ensure that adequate direct care staffing hours are being maintained, the administrator shall account for the time direct care staff spend performing ancillary duties when planning staffing schedules.

The administrator shall re-educate staff regarding the procedures for call-offs, so that rescheduling can occur in a timely manner and not decrease the required staffing hours.

Direct Care Staffing hours shall be reviewed during the Home's Quality Management Meetings to assure that the home is providing proper waking hours Direct Care coverage, and address any staffing problems that have been identified

BAS
9/7/16

Violation Report: 44488 - 06/01/2016 - McCloskey, Jason
 PCH Name: BARNES PLACE

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

On 6-1-16, the following water temperatures were recorded:

- At 3:30 pm, the water in the rear bathroom across from bedroom #154 measured 125 degrees Fahrenheit
- At 3:54 pm, the water in bedroom #141 measured 126 degrees Fahrenheit
- At 4:39 pm, the water in the front, left common bathroom measured 124 degrees Fahrenheit
- At 4:42 pm, the water in bedroom #125 measured 123 degrees Fahrenheit

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.

Refer to Page 5A

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Ferry King Executive Director*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Ferry King Executive Director* Date *6/30/16*

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

The above plan of correction is approved as of 7/8/16
 (Date)

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

Plan of correction implementation status as of 9/7/16
 (Date)

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

2600.89(b)

- On 5/23/16, community identified a concern with water temperatures fluctuating minimally above 120 degree F. (approximately 122 degrees. HVAC vendor notified at that time and new mixing valve ordered on 5/23/16. While awaiting repairs of mixing valve ED and maintenance tech conducted routine random water temperature checks see attachment
- On 6/23, Davis Brother Heating &HV A/C INC completed installation of mixing valve. The repairs included replacement and installment of Hot water heater Mixing Valve. Invoice attached (see attachment (d))
- ED educated maintenance tech on need to check hot water temperatures and report and/or take appropriate action on any hot water temperature which is outside of the regulatory limits.
- Currently the maintenance tech will monitor hot water temperatures, and maintain a log of these temperatures. (attachment E)

The hot water temperatures will be reviewed by the administrator on a weekly basis to identify and address any issues. This weekly monitoring will occur for a period of six weeks, followed by routine review during the home's Quality management meetings.

BAS
9/7/16

Violation Report: 44488 - 06/01/2016 - McCloskey, Jason
PCH Name: BARNES PLACE

1. REGULATION 55 Pa.Code §2800
2600.127(a) - Portable space heaters are prohibited.

2a. DESCRIPTION OF VIOLATION

On 6-1-16, there were two fireplace-style electric heaters present in the home. One of the heaters was in the Discovery room [redacted] and the other was in the bedroom occupied by Resident 2. Both units were plugged into outlets and produced heat when turned on.

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.

Refer to page 6A

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Fancy King ED*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Fancy King Executive Director* Date *6-30-16*

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

The above plan of correction is approved as of 7/8/16
(Date)

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

Plan of correction implementation status as of 8/9/16
(Date)

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

2600.127(a)

Plan of Correction (POC)

- 6/1/2016 the fireplace style electric heater in the discovery room was removed by maintenance technician.
- 6/1/16, Executive Director met with resident # 2 regarding TV stand/fireplace style electric heater. Executive Director educated resident #2 about the fireplace style electric heater that is considered a portable space heater and needed to be removed which resulted in Resident #2 making arrangements with family to have it removed.
- 6/6/16, space heater removed from resident room
- Executive Director and or maintenance technician will monitor furniture of those residents moving into community to assure no portable heaters are moved in.

Violation Report: 44488 - 06/01/2016 - McCloskey, Jason
PCH Name: BARNES PLACE

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill records for drills conducted on 1-8-16, 2-8-16, 3-11-16 and 4-8-16 recorded the evacuation times rounded to the minute and thus do not contain the actual minutes and seconds required for the evacuation of residents.

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.

Refer to Page 7A

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) *TERRA King Executive Director* Date *6-30-16*

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

The above plan of correction is approved as of 7/8/16
(Date)

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

Plan of correction implementation status as of 8/9/16
(Date)

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

2600.(132)(c)

Plan of Correction (POC)

- 6/1/16, Executive Director and Maintenance Technician reviewed fire drill log. Executive Director educated the maintenance technician that when documenting the amount of time that it takes for evacuation that the actual minutes and seconds are required to be documented.
- Executive Director will monitor monthly fire drill records to assure actual minutes and seconds are documented on fire drill log.

Violation Report: 44488 - 06/01/2016 - McCloskey, Jason
 PCH Name: BARNES PLACE

1. REGULATION 55 Pa.Code §2600

2600.181(d) - If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

2a. DESCRIPTION OF VIOLATION

Resident 2 self administers medications and stores medications in their room. On 6-1-16, medication was stored in 2 wood cabinets which could not be locked. Resident 2's spouse, who lives in the same room, is not assessed to be able to self-administer medication.

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.

Refer to page 8A

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Terry King Executive Director*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Terry King Executive Director* Date *6-30-16*

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

The above plan of correction is approved as of 7/8/16
 (Date)

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

Plan of correction implementation status as of 8/5/16
 (Date)

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

2600.181.(d)

- On 6/7/16, Executive Director and Care Service Manager met with resident #2 to provide education regarding self-administration of medications. Medications shall be kept locked in a safe and secure location. Resident has since expressed that she would like to discontinue her medications. Care Services Manager is in process of working with physician to review meds and determine which meds can be discontinued.
- In the event that a resident who self-medicates is in a companion room with a resident who is not able to self-medicate or to manage poisonous materials, the resident who self-medicates will be required to maintain all medications in a locked drawer/closet/box at all times.
- 6/28/16 Care Service Manager will assess residents that self-medicate on admission and quarterly to assure they are able to safely self-medicate including the ability to keep medications secured. (See attachment F)

Violation Report: 44488 - 06/01/2016 - McCloskey, Jason
PCH Name: BARNES PLACE

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The initial assessment for Resident 3, admitted [redacted]-16, was completed on 2-8-16.

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.

Refer to Page 9A

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

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

The above plan of correction is approved as of 7/8/16
(Date)

Plan of correction implementation status as of 8/9/16
(Date)

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

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

2600.225(a)

- As of 6/27, Executive Director and Care Service Manager began audit of resident files to assure that the initial assessments are completed timely. To be completed by 7/30. (See attachment (g))
- Executive Director and Care Service Manager will audit resident files quarterly to assure written initial assessment is completed within 15 days of admission.

Violation Report: 44488 - 06/01/2016 - McCloskey, Jason
 PCH Name: BARNES PLACE

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

On 3-29-16, there is a new order for medication indicating that Resident 1 is biting and kicking when getting dressed and getting up. The most recent assessment for Resident 1, dated 10-8-15, indicates that there is no problem with irritability, judgment, agitation, aggression, hallucinations or communication of needs.

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

Refer to Page 10A

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/02/2016

Signature of Legal Entity Representative
 (Required on EVERY Page) *Ferry King Executive Director*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Ferry King Executive Director* Date *6-30-16*

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

The above plan of correction is approved as of 7/20/16
 (Date)

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

Plan of correction implementation status as of 8/9/16
 (Date)

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

2600.225(c)

- Resident #1 no longer resides at Barnes Place
- Care Services Manager and or designee will audit resident files quarterly for resident significant changes prior to annual assessment.
- Staff training to identify new behaviors/medical conditions of the residents that require extra attention or care.(frequent falls, aggressive behaviors, routine refusals of care,etc)
- Implemented the First Responder Worksheet . A document available to staff to document concerns and nature of event.(see attatchement)

Violation Report: 44488 - 06/01/2016 - McCloskey, Jason

PCI Name: BARNES PLACE

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident 3 was admitted [redacted] 16, however, the resident's support plan was not completed until 2-20-16.

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.

Refer to Page 11.A

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

Signature of Legal Entity Representative (Required on EVERY Page) *Amy King Executive Dirct*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Amy King ED* Date *6/30/16*

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

The above plan of correction is approved as of 7/10/16 (Date)

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

Plan of correction implementation status as of 8/9/16 (Date)

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

2600.227(a)

Plan of Correction (POC)

- As of 6/27/16 Executive Director and Care Service Manager and or designee will audit resident's files for the support plan to assure accuracy and completion.
- Executive Director and or designee will audit resident files quarterly to assure support plans are complete and accurate upon admission..attatchement (h)