



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to ABINGTON SENIOR CARE LLC
LEGAL ENTITY

To operate THE TERRACE AT CHESTNUT HILL
NAME OF FACILITY OR AGENCY

Located at 495 EAST ABINGTON AVENUE, PHILADELPHIA, PA 19118
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 122
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 45

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 16, 2016 until August 16, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 141570

Robert E. Robinson
ISSUING OFFICER

Jay Baurh
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 17 2016

Mr. Martin E. Steinberger, Manager
Abington Senior Care, LLC
1000 Legion Place, Suite 1600
Orlando, Florida 20004

RE: The Terrace at Chestnut Hill
495 East Abington Avenue
Philadelphia, Pennsylvania 19118
License #: 141570

Dear Mr. Steinberger:

As a result of the Department of Human Services' licensing inspection on June 21, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

Violation Report: 14157 - 06/21/2016 - Colon, Lissette
 PCH Name: THE TERRACE AT CHESTNUT HILL

1. REGULATION 55 Pa.Code §2600
 2600.28(f)(2) - Refunds shall be made within 30 days of the resident's discharge.

2a. DESCRIPTION OF VIOLATION
 Resident # 1 was discharged on [redacted] 16. The home did not provide the required refund until 6/16/16.

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.

The resident's refund was processed late because there was some confusion re: the actual date the resident's belongings were removed from the unit. To prevent recurrence, the following actions have been implemented:

1. Effective July 15, 2016, our community will use a Resident Discharge Form (attachment 1) to document and track when a resident is permanently discharged from our community and when the resident's belongings are removed from the community. The Resident Care Manager will initiate the form when a resident permanently leaves the building. The Facilities Director will then schedule an appointment with the resident and/or responsible party to do a final "walk through" of the apartment and receive the key. Once the Facilities Director receives the key, the Facilities Director will notify the Business Office Manager that the resident relinquished possession of the apartment. The Business Office manager will note the date on the tracking form and add the date the refund is due. The Business Office Manager will then begin the process of sending the refund.
2. Effective July 22, the Resident Care Manager, the Facilities Director and the Business Office Manager will report the above actions at the morning stand-up meetings so the Administrator can document and monitor the steps of the Refund Tracking Form. (See attachment 2.)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Morton, Executive Director</i>	Date <i>07/21/2016</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 8/2/16
 (Date)

Plan of correction implementation status as of 8/2/16
 (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: 14157 - 06/21/2016 - Colon, Lissette
 PCH Name: THE TERRACE AT CHESTNUT HILL

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

2a. DESCRIPTION OF VIOLATION

- On 6/10/16 at 5:31pm and 8:17pm, resident #2's glucometer was used to check resident # 3's glucose level.

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 6/21/16, the medication techs were re-trained in the use of glucometers and the need to use each individual's glucometer only for the individual resident. (See attachment 3a)
2. Both Residents #2 and #3 received new glucometers on 6/29/16. (See attachment 3b)
3. Beginning July 22, 2016, The Resident Care Director will audit glucometer usage weekly and verify glucometers have only been used for the individual resident. (See attachment 3c)

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Morton, Executive Director</i>	Date <i>07/21/2016</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *8/2/16*
 (Date)

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

Plan of correction implementation status as of *8/2/16*
 (Date)

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

Violation Report: 14157 - 06/21/2016 - Colon, Lissette
 PCH Name: THE TERRACE AT CHESTNUT HILL

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The home's administrator slipped and fell inside the home's elevator. There was no sign indicating the floor was treated, which posed as a hazardous condition for the 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.

1. Housekeeping staff were immediately reminded about checking floor conditions including after use of air sprays and the use of wet floor signs.
2. The next staff meeting (July 27, 2016) will include additional 27, 2016) will include information for all staff about maintaining a safe environment.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle Morton, Executive Director* Date *07/21/2016*

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Plan of correction implementation status as of 8/2/16
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 (Initials)

- Fully Implemented
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- Not Implemented

Violation Report: 14157 - 06/21/2016 - Colon, Lissette
 PCH Name: THE TERRACE AT CHESTNUT HILL

1. REGULATION 55 Pa.Code §2600

2800.91 - 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 located inside room # 200, does not have emergency service number posted nearby.

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 sticker with all required numbers was added to the phone in room 200 on 6/21/16
2. Checking the telephone number sticker was added on the New Resident Move-in Checklist on 6/22/16.
3. The next staff meeting (July 27, 2016) will include reminders for all staff who enter resident rooms to be alert to required elements such as telephone postings.
4. Beginning July 22, 2016, the Facilities Director will randomly audit 20% of all rooms each month for all required items in resident rooms. Missing items will be immediately placed in the room. (See attachment 4)

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

Printed Name and Title of Legal Entity Representative *Michelle Morton*
 (Required on EVERY Page) *Executive Director* Date *07/21/2016*

DEPARTMENT USE ONLY - (HOMES MAY NOT WRITE BELOW THIS LINE)

The above plan of correction is approved as of 8/2/16
 (Date)

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

Plan of correction implementation status as of 8/2/16
 (Date)

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

Violation Report: 14157 - 06/21/2016 - Colon, Lisselle
 PCH Name: THE TERRACE AT CHESTNUT HILL

1. REGULATION 55 Pa.Code §2600

2600.94(a) - Interior and exterior doors that open directly into a stairway and are used for exit doors, resident areas and fire exits must have a landing, which is a minimum of 3 feet by 3 feet.

2a. DESCRIPTION OF VIOLATION

The doorway leading directly into the stairway located on the rear side of the mansion stair tower, does not have a landing.

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 "Caution" sign was placed on the door on 7/21/16.
2. As part of the renovations that are already in process, the community will either change the swing of the door so that it opens into the hallway or build a landing in the stairwell. (The community will have the renovation contractor evaluate the situation and recommend corrections that meet fire safety codes.) The correction will occur by 10/21/16. (Please note there is another exit, so this door is used only as a secondary exit and residents use the elevator instead of the stairs.)
3. The resident whose apartment is located by these stairs will be moved to another floor on August 1, 2016.

Repeat Violation; No	Date(s) of Previous Violation(s);		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Martin*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Michelle Martin Executive Director</i>	Date <i>07/21/2016</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *8/2/16*
 (Date)

Plan of correction implementation status as of *8/2/16*
 (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: 14157 - 06/21/2016 - Colon, Lissette
 PGH Name: THE TERRACE AT CHESTNUT HILL

1. REGULATION 55 Pa.Code §2600
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There was a large metal drain cover outside the first floor fire exit door. This poses a hazard for the residents exiting the door during an emergency.

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 drain cover was removed immediately.
2. Beginning on 6/22/16, the transportation / maintenance staff person will check all exits, buildings and grounds for any hazards during the morning walk through of the building on weekdays. Any hazards will be immediately corrected. (See attachment,5.)

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle Morton, Executive Director*

Date *07/21/2016*

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The above plan of correction is approved as of *8/2/16*
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Plan of correction implementation status as of *8/2/16*
 (Date)

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 (Initials)

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

Violation Report: 14157 - 06/21/2016 - Colon, Lissette
 PCH Name: THE TERRACE AT CHESTNUT HILL

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 inside room #325 and room #438, do 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.)
 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. Residents in rooms 325 and 428 did not want a light at their bedsides. The Resident Care Director will educate the residents on the safety need for a light at bedside by July 22, 2016.
2. The Administrator will explore other acceptable options that will meet the residents' preferences while providing a light at bedside (i.e. Flashlight, stick-on light, etc.) Residents will be given an option that is acceptable to them and the Administrator will purchase the chosen light by July 22, 2016.
3. The next staff meeting (July 27, 2016) will include reminders for all staff who enter resident rooms to be alert to required elements such as telephone postings.
4. Beginning July 22, 2016, the Facilities Director will randomly audit 20% of all rooms each month for required items in resident rooms. Missing items will be immediately placed in the room(s). (See attachment 4.)

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle Morton Executive Director* Date *07/21/2016*

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 (Date)

Plan of correction implementation status as of *8/2/16*
 (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: 14157 - 06/21/2016 - Colon, Lissette
 PCH Name: THE TERRACE AT CHESTNUT HILL

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 6/21/16, there was no thermometer in the ice cream freezer located in the main kitchen.

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 thermometer was immediately placed in the ice cream freezer in the main kitchen.
2. Beginning Aug. 1, 2016, the Dining Service Director will check all thermometers monthly. (See attachment 6a.)
3. Beginning 7/22/16, checking thermometers was added to the staff cleaning assignment. (See attachment 6b.)

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle Morton, Executive Director* Date *07/26/2016*

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

The above plan of correction is approved as of *8/2/16*
 (Date)

Plan of correction implementation status as of *8/2/16*
 (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: 14157 - 06/21/2016 - Colon, Lissette
PCH Name: THE TERRACE AT CHESTNUT HILL.

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 the following dates, resident # 3's accu-check readings on the glucometer did not coincide with the readings on the medication administration record,
- 6/17/16 at 7:52pm, glucometer - 183, medication administration record - 168
- 6/20/16 at 7:29am, glucometer - 260, medication administration record - 210
- 6/21/16 at 12:43pm, glucometer - 84, medication administration record - 85

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 6/21/16, med techs were re-trained in the use of glucometer documentation of readings. (See attachment 3a.)
2. The Resident Care Director will audit glucometer usage audit and audit documentation. (See attachment 3c.)

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Michelle Morton, Executive Director* Date *07/21/2016*

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

The above plan of correction is approved as of <i>8/2/16</i> (Date)	Plan of correction implementation status as of <i>8/2/16</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: 14157 - 06/21/2016 - Colon, Lissette
 PCH Name: THE TERRACE AT CHESTNUT HILL

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
 On 6/20/16 at 9:04am, resident # 4 had an accu-check reading on the glucometer of 100. The reading was not written on the 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.

1. Resident #4 complained of not feeling well on 7/20/16 at approximately 7:00 a.m. Staff completed standard assessment of resident including checking blood sugar. It is standard of care and not a regulatory requirement. Staff later completed the routine standing order for the resident's blood sugar reading at 9:04 a.m. but did not document the reading in the MAR. On 6/21/16, the staff were trained on proper usage of glucometers and documentation. (See attachment 3a.)
2. Beginning July 22, 2016, the Resident Care Director will audit glucometer usage and audit documentation. (See attachment 3c.)

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michelle Motta*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle Motta Executive Director* Date *07/21/2016*

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

The above plan of correction is approved as of <u><i>8/2/16</i></u> (Date)	Plan of correction implementation status as of <u><i>8/2/16</i></u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 14157 - 06/21/2016 - Colon, Lisseila
 PCH Name: THE TERRACE AT CHESTNUT HILL.

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

2a. DESCRIPTION OF VIOLATION

Resident # 2 has a prescribed order for accu-checks once a week, Wednesdays' only. According to the medication administration record, accu-checks were done twice on Friday, 6/10/16 and once on Tuesday, 6/14/16.

On the following dates, resident # 2's accu-check readings were on the medication administration record, but not on the glucometer,
 - 6/01/16 - 184
 - 6/08/16 - 145
 - 6/15/16 - 134

Resident # 4 has a prescribed order for accu-checks once daily. According to the medication administration record, the resident accu-check was done twice on 6/20/16.

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.

1. Resident #2 received accu-checks as ordered on Wednesdays, 6/1/16, 6/8/16 and 6/15/16. Additional readings on 6/10/16 and 6/14/16 were additional readings and were taken because resident did not feel well and physician orders aren't necessary for additional readings. However, the Resident Care Manager will ask physicians to write standard care orders that include accu-checks pm beginning with the August 2016 orders.
2. Resident #2's accu-checks were on the glucometer but not on the MAR. On 6/21/16, med techs were trained on documenting accu-check readings on the MAR. (See attachment 3a.)
3. Beginning July 22, 2016, the Resident Care Director will audit glucometer usage weekly and verify glucometers have only been used for the individual resident and that the correct glucometer readings are entered into the correct MAR. (See attachment 3c.)
4. Resident #4 complained of not feeling well on 6/20/16 at approximately 7:00 a.m. Staff completed standard assessment of the resident including checking blood sugar. Staff later completed the routine standing order for the resident's blood sugar reading at 9:04 a.m., resulting in the resident receiving two blood sugar checks in one day instead of one. Physician orders aren't necessary for additional readings. However, the Resident Care Manager will ask physicians to write standard care orders that include accu-checks pm beginning with the August 2016 orders.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Michelle Moran, Executive Director* Date *07/21/2016*

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