



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 23 2016

Mr. Kevin Caruso, Executive Director  
Brookdale Senior Living Communities, Inc.  
111 Westwood Place, Suite 400  
Brentwood, Tennessee 37027

RE: Brookdale Northampton  
65 Richboro-Newtown Road  
Richboro, Pennsylvania 18974  
License #: 127140

Dear Mr. Caruso:

As a result of the Department of Human Services' annual licensing inspections on June 29, 2016 and June 30, 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: BROOKDALE NORTHAMPTON		License Number: 12714
Address: 65 RICHBORO NEWTOWN ROAD, RICHBORO, PA 18954		County: Bucks
Administrator: Kevin Caruso		Region: SOUTHEAST
Legal Entity Name: BROOKDALE SENIOR LIVING COMMUNITIES INC		
Legal Entity Address: 111 WESTWOOD PLACE SUITE 400, BRENTWOOD, TN 37027		
Certificate(s) of Occupancy		
C-2 LP 04/23/1993 PA Department of L & I		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 121	Working Staff: 91
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 06/29/2016: Kazimer, Lauren; Colon, Lisselle 06/30/2016: Kazimer, Lauren; Colon, Lisselle		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates:		
Licensed Capacity: 120	Number of Residents who:	
Number of Residents Served: 76	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 76	
Area: Clare Bridge	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable: 23	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 20	Have a Mobility Need: 45	
Number of Current Hospice Residents: 8	Have a Physical Disability: 0	
Number of Hospice Residents in past Year: 20		

Violation Report: 12714 - 06/29/2016 - Kazimer, Lauren  
 PCH Name: BROOKDALE NORTHAMPTON

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

2a. DESCRIPTION OF VIOLATION

On 3/4/16, during dinnerline, staff person A would not allow resident #1 access to their bedroom to use the bathroom. Staff person A locked the bedroom door, guided the resident's wheelchair away, and told the resident they had to eat their dinner before returning to their room. This incident was witnessed by resident #2, who intervened and told the staff they had to open the door.

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.

Please see attached Plan of Correction for Regulation 2600.42(c)

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) *Kevin Caruso, Executive Director*

Date *7/2/16*

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

## Brookdale Northampton

### Plan of Correction

The following is the Plan of Correction for Brookdale Northampton regarding the Statement of Deficiency dated July 14, 2016 for Renewal and incident on June 29, 2016 and June 30, 2016. This Plan of Correction is not to be as a Statement of Deficiencies, or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.

#### Regulation 2600.42c

*Upon Executive Director notification of the incident on 03/04/2016, staff person A was suspended pending investigation and the incident was reported to Department of Human Services (DHS) immediately. The investigation found that staff person A was attempting positive redirection. A plan of supervision was submitted and this plan was approved by DHS to return staff person A back to work. Staff person A was re-trained on treating residents with dignity and respect by the Executive Director (ED) prior to return to work, with supervision, on 03/11/2016. The plan of supervision was followed through on for over 90 days with no incidents. During Brookdale Northampton's annual DHS survey, surveyor [REDACTED] made a call to DHS supervisor [REDACTED] to approve the plan of supervision as being acceptable, followed through on, and safe to discontinue effective immediately. [REDACTED] approved Brookdale Northampton to discontinue the plan of supervision. Resident #2 has since been transferred to the memory care unit due to dementia where [REDACTED] behaviors can be safely managed. The community will continue to provide education on this topic at employee orientation and on an annual basis. Training will also be conducted in individual circumstances as warranted. The Health and Wellness Director or designee will continue to raise awareness regarding resident dignity within the community, and they will monitor that staff are treating residents with respect at all times. The ED or designee will review orientation and annual training for completion of required trainings monthly to verify if further action is warranted.*

Evidence: Attendance document

Completed: June 30, 2016

Violation Report: 12714 - 06/29/2016 - Kazimer, Lauren  
 PCH Name: BROOKDALE NORTHAMPTON

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 room #224 does not have emergency service numbers 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.

**Regulation 2600.91**

*Upon notification of the missing emergency phone numbers in room #224 on 06/30/2016 the numbers were posted nearby by the Maintenance Manager. The ED completed a training with the Maintenance Manager on June 30, 2016 regarding the importance of having telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline being posted in every resident apartment. An audit was completed by the Maintenance Manager. Effective 07/01/2016 this emergency phone numbers were available in every resident's apartment. The Maintenance Manager will monitor for ongoing compliance effective immediately during weekly environment rounds. The ED or designee will review audit/ rounds results for the next 3 months to monitor for compliance and determine if further action is warranted.*

Evidence- Staff training attendance log

Completion Date: June 30, 2016

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>Kenn Corso, Executive Director</i>			Date <i>7/2/16</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>			
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: 12714 - 06/29/2016 - Kazimer, Lauren  
 PCH Name: BROOKDALE NORTHAMPTON

1. REGULATION 55 Pn. Code §2600  
 2600.101(i) - A resident shall have access to his/her bedroom at all times.

2a. DESCRIPTION OF VIOLATION  
 On 3/4/16, resident #1 was denied access to their bedroom by staff person A by locking the door. Staff person A wanted the resident to return to the dining room for dinner.

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. Immediately, include dates by which the steps will be completed.*

**Regulation 2600.101(i)**

*Upon ED notification of the incident on 03/04/2016, staff person A was immediately suspended and the incident was reported to DHS. The ED conducted an investigation and found that staff Person A was attempting positive interventions. Brookdale Northampton submitted a plan of supervision to DHS and this plan was approved. Staff person A was re-trained on the community policy regarding residents always having access to his/her room at all times. This training occurred prior to Staff Person A's return to work with supervision on 03/11/2016. The plan of supervision was followed through on for over 90 days with no incidents. During Brookdale Northampton's annual DHS survey, surveyor [redacted] made a call to DHS supervisor [redacted] to approve the plan of supervision as being acceptable, followed through on, and safe to discontinue. [redacted] approved Brookdale Northampton to discontinue the plan of supervision. Resident #1 was subsequently transferred to the memory care unit due to [redacted] level of dementia per physician order. The Health and Wellness Director and Health and Wellness Coordinator will continue to raise awareness regarding resident dignity within the community, and they will monitor that staff are treating residents with respect at all times. The ED or designee will review orientation and annual training for completion of required trainings monthly to verify if further action is warranted.*

Evidence- Staff training attendance log, plan of supervision log,

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) *Lenh Gariso, Executive Director*      Date *7/21/16*

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

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

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

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 12714 - 06/29/2016 - Kazimor, Lauren.  
 PCH Name: BROOKDALE NORTHAMPTON

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
 Resident #3's current medical evaluation was completed on 8/11/2015. The last medical evaluation was completed on 7/25/2014.

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.

**Regulation 2600.141(b)(1)**

*On 06/30/2016 the Health & Wellness Director, the Health & Wellness Coordinator, and the Resident Care Coordinator completed an audit of all Medical Evaluations for timely completion. A filing system to audit the medical evaluations monthly for compliance was established. On 06/30/2016 the Executive Director completed a re-training on this community policy to the appropriate staff. The Health & Wellness Director or nursing designee will pull the upcoming month's list of medical evaluations due for completion, and the Health & Wellness Director or designee will be responsible for assuring completion per community policy. The Health and Wellness Director/ Health and Wellness Coordinator will both review the medical evaluation for completion and initial medical evaluations prior to filing in the medical record. The ED will randomly monitor results for 3 months to verify if any further action is warranted.*

Evidence: Training attendance sheet

Completion date: June 30, 2016

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) <i>Kevin Caruso, Executive Director</i>	Date <i>7/21/16</i>
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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: 12714 - 06/29/2016 - Kazimer, Lauren  
 PCH Name: BROOKDALE NORTHAMPTON.

1. REGULATION 55 Pa.Code §2600  
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION  
 - Resident #4's Lantus Solstar pen, located in the medication cart on 6/30/16, was opened and dated 5/20/16. According to the manufacturer's instructions, the Lantus pen should be discarded after 28 days.  
 - Resident #5's Novolog Insulin was opened and not dated. According to the manufacturer's instructions, Novolog should be discarded 28 days after opening.

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.

**Regulation 2600.183 (e)**

*The expired insulin was discarded day of survey. Furthermore, the new medications were immediately obtained on 06/30/2016 and they were dated accurately to reflect the manufacturer's directions. The Health & Wellness Director, Health & Wellness Coordinator, and Resident Care Coordinator were re-trained on 06/30/2016 by the Executive Director on the importance of accurate medication cart audits for ongoing compliance. The Resident Care Coordinator will audit medication carts weekly effective immediately and ongoing. The Health & Wellness Director or designee will review audits monthly effective immediately. for 3 months to verify if any further action is warranted.*

Evidence: Training attendance sheet


Completion date: June 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) Kevin Caruso, Executive Director      Date 7/2/16

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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: 12714 - 08/29/2016 - Kazimer, Lauren  
 PCH Name: BROOKDALE NORTHAMPTON

1. REGULATION 55 Pa. Code §2600  
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:  
 (1) The resident's name.  
 (2) The name of the medication.  
 (3) The date the prescription was issued.  
 (4) The prescribed dosage and instructions for administration.  
 (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION  
 - Resident #4 has an order for Acetaminophen 325mg, 2 tabs every 4 hours as needed. The pharmacy label for resident # 5's Acetaminophen 325mg reads, "take 2 tabs twice daily."  
 - Resident #7 has an order for Mirtazapine 7.5mg, 1 tab at bedtime. The pharmacy label for resident #6's Mirtazapine reads, "15mg, take one half tab (7.5mg) at bedtime."  
 - The label for resident #8's Famofidine 20 reads it is a PRN when it is a straight order at bedtime.  
 - The label for resident #8's Docusate Sodium 100mg reads it is a PRN twice a day when it is a straight order twice a day.  
 - The label for resident #8's Ambien 5mg (1/2 tab=2.5mg) reads it is a PRN at bedtime when it is a straight order at bedtime.

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.  
 Please see the attached Plan of Correction for Regulation 2600.184(a)

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) *Kevin Conso, Executive Director*      Date *7/21/16*

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

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

**Regulation 2600.184 (a)**

*On 06/30/2016 the noted medications were returned to the pharmacy for clarification of the physician order and relabeling. The medication carts were audited by the Health & Wellness Coordinator and Resident Care Coordinator to verify the orders matched the medications in the cart. The Health & Wellness Director, Health & Wellness Coordinator, and Resident Care Coordinator were re-trained on 06/30/2016 by the Executive Director on the community Medication Administration policy. The Resident Care Coordinator will audit medication carts for compliance weekly effective immediately and ongoing. The Health & Wellness Director will audit the Resident Care Coordinator's audits monthly effectively immediately and ongoing for 3 months to verify if any further action is warranted. The Resident Care will audit medication carts for compliance weekly effective immediately and ongoing. The Health & Wellness Director or designee audits monthly effectively immediately. The ED will randomly monitor results for 3 months to verify if any further action is warranted.*

Evidence: Training attendance sheet

Completion date: June 30, 2016

Violation Report: 12714 - 06/29/2016 - Kazimer, Lauren  
 PGH Name: BROOKDALE NORTHAMPTON

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

- The medication administration record for resident #8 does not include Prochlorperazine 10mg PRN every 6 hours for nausea.
- Resident #8 has an order for Bisacodyl suppository 10mg PRN every 72 hours. The MAR reads, "every 24 hours".
- The medication administration record for resident #9 does not include Hyoscyamine Sulfate sublingual 0.125mg, 1 tab under tongue PRN every 2 hours.
- The medication administration record for resident #9 reads, "Tylenol tablet 325mg, give 1 suppository by mouth every 6 hours as needed for temperature greater than 100." The medication record should read, "Tylenol 650mg, give 1 suppository rectally PRN every 6 hours as needed."

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.

*please see the attached plan of correction for Regulation 2600.187(a)*

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) *Ken Gandy, Executive Director* Date *7/2/16*

**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

**Regulation 2600.187 ( a )**

*Upon discovery of the issue with the orders, they were clarified with the physician and the pharmacy on 06/30/2016 by the Health & Wellness Director. New orders were obtained and updated in the Electronic Medication Administration Record (EMAR) immediately. The Health & Wellness Director, Health & Wellness Coordinator, and Resident Care Coordinator were trained on 06/30/2016 by the Executive Director on the importance of accurate medication orders that correspond with the physician order and documentation on the EMAR. The Resident Care Coordinator will audit medication carts for compliance weekly effective immediately and ongoing. The Health & Wellness Director will review the audits monthly effective immediately and for 3 months to verify if any further action is warranted.*

**Evidence: Training attendance sheet**

**Completion date: June 30, 2016**

*Ali P. Kevin Craig, Executive Director 7/2/16*

Violation Report: 12714 - 06/29/2016 - Kazimer, Lauren  
 PCH Name: BROOKDALE NORTHAMPTON

1. REGULATION 55 Pa. Code §2600  
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION  
 Staff did not initial the medication administration record for resident #4's Novalog flexpen 100units/ml on 6/2/16 at 11:30am, 6/3/16 at 8am, and 6/5/16 at 8am.

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.

**Regulation 2600.187 ( b )**

*On 06/30/2016, the Executive Director re-trained the Health & Wellness Director on the community policy on Medication Administration. The Health and Wellness Director re-trained the Medication Technicians on July 21, 2016 regarding the community policy on Medication administration and documentation. Effective immediately and ongoing, the HWD or designee will audit the Electronic Medication Administration Record (EMAR) for med tech documentation and accuracy. The Resident Care Coordinator will audit medication carts for compliance weekly effective immediately and ongoing. The Health & Wellness Director will review the audits monthly effective immediately and for 3 months to verify if any further action is warranted.*

**Evidence: Training attendance sheet**

**Completion date: June 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) *Kerna Corso, Executive Director*      Date *7/2/16*

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

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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)

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- Not Implemented

Violation Report: 12714 - 06/29/2016 - Kazlmer, Lauren  
 PCH Name: BROOKDALE NORTHAMPTON

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

2a. DESCRIPTION OF VIOLATION  
 Resident #4 did not receive Accuchecks as prescribed on the following days/times: 6/15/16 at 8am, 6/23/16 at am and 11:30am, 6/28/16 at 8am, and 6/29/16 at 11:30am.

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.

**Regulation 2600.187 (d)**

*On 06/30/2016, the Executive Director re-trained the Health & Wellness Director on the importance of EMAR documentation and following the directions of the prescriber. The Health and Wellness Director re-trained the Medication Technicians on July 21, 2016 regarding the community policy on Medication Administration. Effective immediately and ongoing, Resident Care Coordinator or designee will audit the EMAR for Medication Technician documentation and accuracy. The Health & Wellness Director will review the audits monthly effectively immediately and for 3 months to verify if any further action is warranted.*

**Evidence: Training attendance sheet**

**Completion date: June 30, 2016**

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) <i>Kevin Conko, Executive Director</i>	Date <i>7/21/16</i>
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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