



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to:

**MAILING DATE: January 31, 2017**

Ms. Susan Sartoretto, Owner  
Morgan Hill Senior Living LLC  
215 Cedar Park Boulevard  
Easton, Pennsylvania 18042

RE: Abington Manor at Morgan Hill – Memory Care Village  
5 Cedar Park Boulevard  
Easton, Pennsylvania 18042  
License: 226140

Dear Ms. Sartoretto:

As a result of the Department of Human Services' licensing inspection on July 28, 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,

*Anne Graziano*  
Anne Graziano  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 22614 - 07/28/2016 - Dumas, Gerald  
 PCH Name: ABINGTON MANOR Memory Care Village

**1. REGULATION 55 Pa.Code §2600**  
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

**2a. DESCRIPTION OF VIOLATION**  
 The home did not immediately report the alleged abuse on 5/10/16 of Resident # 3 by Resident # 2 to the Office of Aging until 5/11/16.

**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.

Please see attached -  
 POC 2<sup>A</sup> of 9

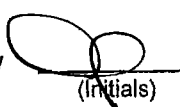


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>1-31-17</u> (Date)	Plan of correction implementation status as of <u>1-31-17</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 #22614- 7/28/16

p2A99

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act(35 P.S. Sections 10225.701) and 6 Pa. Code Sections 15.21 – 15.27. (Relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.
2. The regulation was violated when the home did not immediately report the alleged abuse on 5/10/16 of Resident #3 by Resident #2 to the Office of Aging until 5/11/16.


3. Plan of Correction: 2 of 9


It is always our intent to report any sign of suspected abuse. We absolutely always wish to keep the state updated and report as per regulations any suspected or confirmed events of abuse. However, honestly that is not the case in this violation.

The events as described in the reportable sent 5/12/16, which state that Resident # 2 was in [redacted] bottomless, the caregiver stepped out of the room for a very short time only to obtain [redacted] supplies to do pm care. Resident # 2 made [redacted] way to the bathroom, transferred [redacted] to the toilet. Upon the caregivers return, Resident #3 was in [redacted] with [redacted] bottoms off. No abuse could have possible occurred in the short time that the caregiver was absent from the room. At which point the following morning Area of Aging was notified for guidance as I also wrote in reportable 5/12/16. By this time, an overzealous hospice employee prematurely sent in an Act 13 sheet which I intern desiring to keep DHS up to date issued a reportable incident.

Area of Aging didn't return my call until 5/12/16 advising me that an Act 13 was not necessary, and no further follow up was needed.

Name and Title of Legal Entity Representative: Mary Ann Smokenyak, Administrator

Signature of Legal Entity:  Mary Ann Smolonyak  
Date: 10/13/16

 1-31-17

Violation Report: 22614 - 07/28/2016 - Dumas, Gerald  
 PCH Name: ABINGTON MANOR Memory Care Village

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

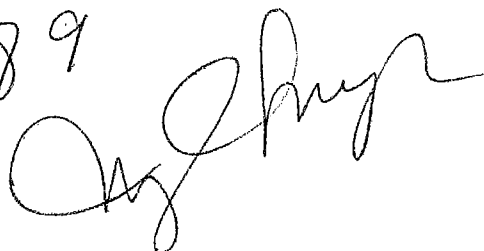
The home did not report the alleged abuse on 5/10/16 of Resident # 3 by Resident # 2 until 5/12/16.

**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.*

Please see attached

POC <sup>A</sup> 3 of 9



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

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 (Date)

Plan of correction implementation status as of 1-31-17  
 (Date)

The above plan of correction was approved by



(Initials)

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

Violation Report #22614- 7/28/16

p3A99

Abington Manor at Morgan Hill-Memory Care Village

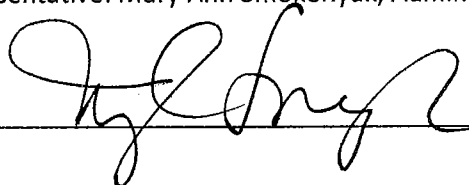
1. Regulation: 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by the law).
2. The regulation was violated when the home did report the alleged abuse on 5/10/16 of Resident #3 by Resident #2 until 5/12/16.

3. Plan of Correction: 3 of 9

~~Please see POC from previous violation 2 of 9 as the plan of correction is the same.~~  
 Moving forward, I will send an "initial" report in within 24 hours. Area of Aging was contacted within the appropriate time, but I feel my error was waiting for their direction. I will now send in the "initial" report and follow up with the "final" once my investigation is complete.

Name and Title of Legal Entity Representative: Mary Ann Smokenyak, Administrator

Signature of Legal Entity: \_\_\_\_\_



mary Ann Smokenyak

Date: \_\_\_\_\_

10/13/16

Q. 1-31-17

Violation Report: 22614 - 07/28/2016 - Dumas, Gerald  
 PCH Name: ABINGTON MANOR Memory Care Village

**1. REGULATION 55 Pa.Code §2600**

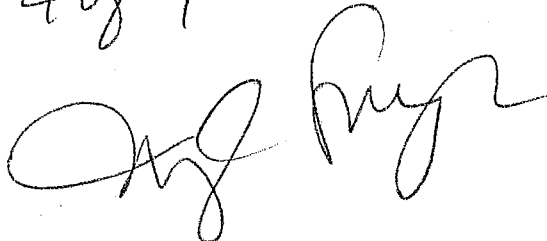
2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

**2a. DESCRIPTION OF VIOLATION**

Direct Care Staff Person A was directed by Staff Person B, who is the home's administrator, to partner with another direct care staff person's assistance when transferring residents. On 6/21/16 at 6:30 p.m. while Staff Person A was transferring Resident #1, the resident's wheel chair began to close. Staff Person A held Resident # 1 up and tried to open the wheel chair and sit the resident back down. Staff Person A stated that his/her leg then got caught in the resident's wheel chair and they both lost their balance, causing the residents leg to get caught on the foot pedal resulting in a deep wound to resident # 1's leg. Staff Person A neglected to follow the Administrators directives resulting in a serious leg injury which required sutures.

**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.*

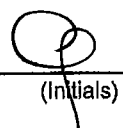
Please see attached  
 POC 4 of 9  


Repeat Violation: No	Date(s) of Previous Violation(s):		
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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)	Date
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p 4 A of 9

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.
2. The regulation was violated when a Direct Care Staff person A was directed by staff person B, who is the home's administrator, to partner with another direct care staff person for assistance when transferring residents. On 6/21/16 this staff person A failed to follow the staff person B directions and caused a serious leg injury to resident #1.

3. Plan of Correction: 4 of 9

The incident occurred on 6/21/16 at 6:30pm, upon caregiver A's return to work on 6/22/16 she was immediately counseled and given a written disciplinary regarding her poor judgement in not following the proper procedure regarding the transfer of Resident #1 which was directly given to her by staff person B, administrator of the facility. This caregiver was also instructed and directed by staff person B the proper use of a gait belt and transfers.

Caregiver A reviewed the "ADL Orientation from Genesis Therapy" upon hire on [redacted] 16 which reviews proper lifting, body mechanics and transfers. She also attended the live training program & demonstration by Genesis Therapy on 7/13/16.

Moving forward, the home shall establish a training schedule so that each coworker will attend the Genesis Therapy Body Mechanics training and demonstration session annually, in addition to the immediate review of the "ADL Orientation from Genesis Therapy" information packet upon hire.

At this time, due to increased training sessions of current caregivers and follow through, Resident #1 has increased [redacted] mobility substantially and currently is ambulating to and from each meal and is doing exceptionally well. [redacted] no longer has any open area's that were due to [redacted] injury which are completely healed.

The facility Administrator, staff person B, and the Director of Resident Care meet with Genesis therapy routinely each week for updates to provide accurate care for all residents with mobility need, and to discuss entities of Speech, OT & PT.

*Adm will also ensure that all employees correctly recognize the aspects of abuse in order to provide proper care to residents*

Name and Title of Legal Entity Representative: Mary Ann Smokenyak, Administrator

Signature of Legal Entity: \_\_\_\_\_

*[Handwritten Signature]* Mary Ann Smokenyak

Date: 10/13/16

*Op. 1-31-17*

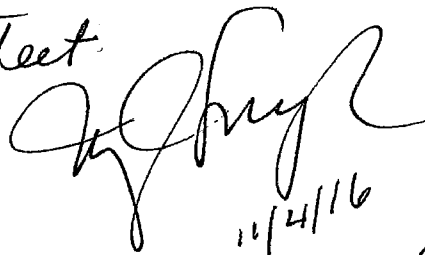
*Q.*

Violation Report: 22614 - 07/28/2016 - Dumas, Gerald  
 PCH Name: ABINGTON MANOR Memory Care Village

1. REGULATION 55 Pa.Code §2600  
 2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

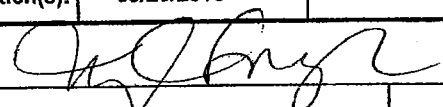
2a. DESCRIPTION OF VIOLATION  
 All of the residents in the home reside in a Secure Dementia Care Unit. The home is not adequately staffed to evacuate all the residents with various mobility needs in the event of an emergency. After walking through the building and noting the residents with physical mobility needs, interviewing staff and observing residents it was determined the east wing has two residents with physical mobility needs, Resident #5 in Room 201 and Resident #6 in Room 204; the South wing has seven residents with physical mobility needs: Resident #8 in Room 100, Resident # 9 in Room 104, Resident #13 in Room 107, Resident #4 and #14 in Room 112, and Resident #10 in Room 121. Resident's #1, #2, #14 are a 2 person assist and require assistance to evacuate the building. Resident #3, #4, #5, #6, and #9 are a 1 person assist and require assistance to evacuate the building. In addition, Resident #10 in Room115 and Resident #11 in Room120 are a 1 person assist, but can self-propel to evacuate the building.  
 The home has a maximum evacuation time of 11 minutes with no internal areas of refuge. The home schedules 4 staff members on the overnight shift. The home states the 4 staff members are able to evacuate the residents, however this facility is a Secured Dementia Care Unit and there would be no staff outside to supervise the already evacuated 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.

*Please see attached sheet.*  
  
 11/4/16  
 5899


Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/20/2016
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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) *Mary Ann Smolensky* Date *11/4/16*

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

The above plan of correction is approved as of <u>1-31-17</u> (Date)  The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>1-31-17</u> (Date) <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
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Violation Report #22614- 7/28/16

p 5 A 8 9

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600:60(a) = Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.
2. This plan of correction will address the violation concern.
3. Plan of Correction: 5 of 9

It is always the intent of this facility to evacuate all residents in a safe and timely process. The facility has gone from 4 direct care staff members to 5 with the goal to have 6 by December 1, 2016. In order to address the states concerns regarding the East wing (B Wing) & South wing (A Wing) we have created 5 assignments for each shift.

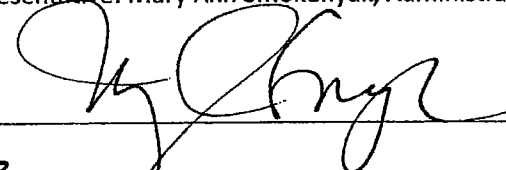
In East wing (B wing) we have 2 assignments which equates to 2 direct caregivers for 18 residents. In South (A wing) we have 3 assignments which equates to 3 direct caregivers for 27 residents.

This plan will adequately address the needs of our residents in the event of an emergency requiring an evacuation and allow a direct caregiver to stay with the evacuated residents while the rest of the staff safely evacuate the remainder of the residents.


4. In addition extra wheelchairs will be placed at each point of egress for added support of residents that might require additional report.

The Adm will review the employee schedule and the home's monthly fire drill log, at least once per month to ensure the home is correctly staffing all shifts in order to meet residents' needs.

Name and Title of Legal Entity Representative: Mary Ann Smokenyak, Administrator

Signature of Legal Entity: 

Date: 11/4/16

 1-31-17

Violation Report: 22614 - 07/28/2016 - Dumas, Gerald  
 PCH Name: ABINGTON MANOR Memory Care Village

**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's physician changed the order for Clonazepam from 2 x daily to 3 x daily. There was no indication on the medication a change had been made.

**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.

*Mary Ann Smolenyak*  
 POC 11/4/16  
 Please see attached sheet

*609a*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mary Ann Smolenyak*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Ann Smolenyak*      Date *11/4/16*

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

The above plan of correction is approved as of 1-31-17  
 (Date)

Plan of correction implementation status as of 1-31-17  
 (Date)

The above plan of correction was approved by *Q*  
 (Initials)

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

Violation Report #22614- 7/28/16

p6 A3 9

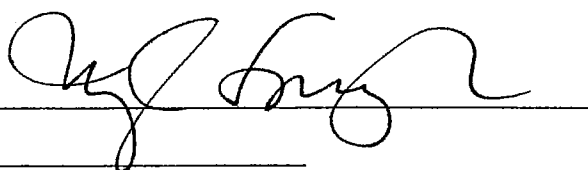
Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.184(a) – The original Container for prescription medications shall be labeled with a pharmacy label: resident name, medication, prescription date, dosage instructions & name & title of prescriber.
2. The regulation was violated when Resident #4's medication order was changed but wasn't made clear on the label.
3. Plan of Correction: 6 of 9  
It is and always will be out intent to ensure the safety of our residents so that all medication orders are processed and followed correctly.
4. 7/21/16 the order was changed and increased for resident #4 from 2 times daily to 3 times daily. The process was reviewed by the Administrator and Director of Resident Care and was changed to relocate the "change of direction" sticker to make them more accessible to the Nursing and Med Tech staff. They were pulled from the Nursing Office and placed in each medication cart.
5. The Director of Resident Care verbally instructed the Nurses and Med Tech's to reeducate them on the proper procedure as follows:
  - a. Upon receiving a change in a medication order, the Nurses & Med Tech's are to check the label on the Medication against the order in the computer to ensure accuracy.
  - b. If a change in the order was made, a "change of direction" sticker must be added to the label immediately.
  - c. The Director of Resident Care will continue to monitor the compliance of the process and routine Audits of the medication and treatment carts will take place monthly.  
(Please see the attached "Medication and Treatment Cart – Audit Sheet".

Adm will oversee to ensure ongoing compliance. Q. 1-31-17

Name and Title of Legal Entity Representative: Mary Ann Smokenyak, Administrator

Signature of Legal Entity: \_\_\_\_\_



Date: 11/4/16

Violation Report: 22614 - 07/28/2016 - Dumas, Gerald  
 PCH Name: ABINGTON MANOR Memory Care Village

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

2a. DESCRIPTION OF VIOLATION  
 There were 46 medications given late to 13 different residents on 7-28-16 from 12:00am to 3:07pm.

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.

*POC  
 Please see attached  
 sheet of my copy  
 11/4/16  
 7099*

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

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

Plan of correction implementation status as of 1-31-17 (Date)

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

Violation Report #22614- 7/28/16

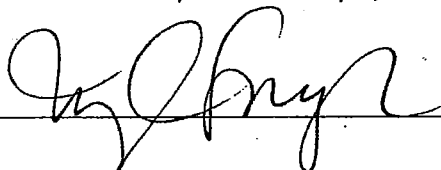
P7A29

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.187(d) – The home shall follow the directions of the prescriber.
2. The regulation was violated when 46 medications were given outside the "1 hour" window, but the correct medication, dose, route & person was accurate and correct.
3. Plan of Correction: 7 of 9  
It is and always will be our intent to ensure the safety of our residents so that all medication orders are processed and followed correctly.
4. On 9/19/16 with the direction from [REDACTED] Administrator the Pharmacy initiated a new medication administration process. (Please see the attached notice). All Nurses and Med Tech's were instructed on the new process and the attached notice was adhered to the top of each medication cart to remind the staff, and continue use as a reference moving forward.
5. On 11/3/16 the medication cart was reorganized to improve the flow of the med pass in an effort to improve the accuracy and time management when administering medications to our residents using the new system.
6. The Administrator also requested a "Scanning" process so that the medications the medications from the pharmacy can be scanned prior to administration so that the administration is correct, i.e. correct resident, medication, order, dose, strength & time. The Scanning process was
7. The Administrator and Director of Resident care, are reviewing all medications orders and will be staggering the administration times i.e. 8am & 9am so that there is adequate time to administer the ordered medications within the allotted "1 hour" window. The proper physicians will be notified for a change in order if needed to reflect the new timeframe.

Name and Title of Legal Entity Representative: Mary Ann Smokenyak, Administrator

Signature of Legal Entity: \_\_\_\_\_



Date: \_\_\_\_\_

11/4/16



1-31-17

Violation Report: 22614 - 07/28/2016 - Dumas, Gerald  
 PCH.Name: ABINGTON MANOR Memory Care Village

1. REGULATION 55 Pa.Code §2600  
 2600.234(b) - The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

2a. DESCRIPTION OF VIOLATION

The Resident Assessment and Support Plans for Resident # 3 and Resident # 2 did not address both residents behaviors with agitation, aggression and irritability. Resident # 3's RASP states the resident is immobile in a wheelchair, however, the resident walks around the home independently with and without a walker.

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.

*POC  
 please see attached  
 sheet  
 1/4/16  
 M.A. Sinden  
 2019*

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

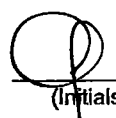
Signature of Legal Entity Representative  
 (Required on EVERY Page) *M.A. Sinden*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Mary Ann Sinden, LLC*      Date *1/4/16*

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Violation Report #22614- 7/28/16

P8A89

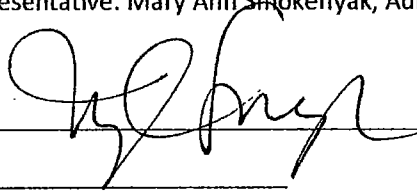
Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.234(b) – The support plan must identify the resident's physical, medical, social cognitive and safety needs.
2. Plan of Correction: 8 of 9  
It is and always will be out intent to ensure the safety of our residents and maintain accurate documentation so that the RASP is fully updated and the staff is educated correctly.
3. The RASP has been updated on Resident #2. Resident #3 expired [redacted] 16 so there is no further updates needed.
4. The Director of Resident Care will update RASPS ongoing <sup>and</sup> annually and with significant changes to ensure they are fully updated and available for staff to follow to provide quality care to our residents.

Adm will oversee to ensure ongoing compliance.

Name and Title of Legal Entity Representative: Mary Ann Smokenyak, Administrator

Signature of Legal Entity: \_\_\_\_\_



Date: 4/4/16

Q. 1-31-17

Violation Report: 22614 - 07/28/2016 - Dumas, Gerald  
 PCH Name: ABINGTON MANOR Memory Care Village

1. REGULATION 55 Pa.Code §2600  
 2600.234(d) - The support plan shall be revised at least annually and as the resident's condition changes.

2a. DESCRIPTION OF VIOLATION  
 Resident # 2 had an incident where the resident was aggressive with Resident # 4 by grabbing Resident # 4's hand. Resident # 2's RASP was not updated to reflect this incident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
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POC  
 Please see attached  
 sheet  
 w/4/16 9089

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Mary Ann Smolonyak	11/4/16

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

The above plan of correction is approved as of <u>1-31-17</u> (Date)	Plan of correction implementation status as of <u>1-31-17</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 #22614- 7/28/16

99A89

Abington Manor at Morgan Hill-Memory Care Village

1. Regulation: 2600.234(d) – The support plan shall be revised at least annually and as the resident's condition changes.

2. Plan of Correction: 9 of 9

It is and always will be out intent to ensure the safety of our residents and maintain accurate documentation so that the RASP is fully updated and the staff is educated correctly. The plan of correction remains the same for this violation, as the violation 234(b) which was explained on 8 of 9.

and

3. The Director of Resident Care will update RASPS ongoing annually and with significant changes to ensure they are fully updated and available for staff to follow to provide quality care to our residents.

Adm will oversee to ensure ongoing compliance.

Name and Title of Legal Entity Representative: Mary Ann Smokenyak, Administrator

Signature of Legal Entity: \_\_\_\_\_



Date: \_\_\_\_\_

4/4/16

Op. 1-31-17