



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 07 2016

Sr. Sara Swayze, Treasurer
Sisters of Saints Cyril and Methodius
875 Montour Boulevard
Danville, Pennsylvania 17821

RE: Maria Joseph Manor
License #: 200320

Dear Sr. Swayze:

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

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 20032 - 08/04/2016 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600
 2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
 On 8/4/16 a copy of 55 Pa. Code Chapter 2600 was not posted in a conspicuous and public place in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.
 A copy of 55 Pa. Code Chapter 2600 is now placed in a public area on the ground floor by the resident/visitor information bulletin board. A sign is posted indicating the placement of this book. The Book is placed in protective sleeve at the bulletin board.
 Administrator will monitor for compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Casey East*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Casey East* Designee Date *9/15/14*

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

The above plan of correction is approved as of *9/20/16*
 (Date)

Plan of correction implementation status as of *9/26/16*
 (Date)

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

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

Violation Report: 20032 - 08/04/2016 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600
 2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION
 Licensing representatives selected the lists of staff and resident records to be reviewed as part of the annual inspection by 9:30 AM. No staff record information had been received by licensing representatives to be until 11:45 AM. The home reported their administrator had left employment and the staff were searching for the home's annual staff training information.

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.

- A resident roster has been created to provide the inspectors upon request, immediate access to information that they request for residents to begin selecting their sample population to review while at the facility. This roster provides inspectors with at a glance information that they ask for when they arrive to the facility. This roster will be updated when there is an admission or discharge to the facility, census change, or change in resident condition. Nursing staff will notify the administrator if changes need to be made to the information identified on the roster. Nursing will also notify the administrator of the new admission information that will need to be added to the roster.
- Staff records. An updated employee roster will be e mailed to the administrator/designee monthly. The list will reflect all new hires as well as update of all terminated employees for the Manor building. The administrator/designee will print and provide to the licensing representatives upon arrival. Once the licensing representatives have selected the employees that they would like to review the Administrator/designee will notify the HR director/designee the list of employees selected for review. The HR director/designee will pull the required folders from the office which include the State criminal background check, high school diploma or GED, proof of DPW training certificate, staff orientation plan, job description, driver's license upon hire, licenses or certificates for nursing staff.

Proper notification will be provided to all departments of inspectors arrival to the facility so that the staff may immediately begin to gather records the inspectors will request to review to prevent delay of information. Once the administrator is aware of the inspectors arrival the reception staff will be asked to alert all departments via phone of the start of inspection.

Staff education: 9/22/16 and 9/23/16

Staff/Administration will initiate roster on 9/26/16

• *The administrator shall monitor for ongoing compliance.*
M
9/26/16

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Casey Cast*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Casey Cast-Designer* Date *9/15/16*

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

The above plan of correction is approved as of <u>9/26/16</u> (Date)	Plan of correction implementation status as of <u>9/26/16</u> (Date)
The above plan of correction was approved by <u>M</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: 20032 - 08/04/2016 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR

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 8/4/16 confidential resident information was unlocked and accessible on top of the desk and in drawers at the desk/nursing areas on the first, second and third floors. This information included treatment, shower, laundry, weight, and blood pressure logs, hourly checks indicating in detail what the resident was doing and resident preference logs indicating likes, dislikes and resident needs.
 On 8/4/16 the licensing inspection summary dated 4/24/15 was posted in a public and conspicuous place with the resident privacy coding document still attached.

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.
 Staff education will take place 9/22/16 and 9/23/16.
 Confidential resident information kept at the nursing desk will be kept in a secure place away from public access. Cabinets with locks have been ordered for each nursing station. Staff will be educated to keep resident information such as treatment, laundry, weight, and blood pressure logs, and hourly check records in a secure area when they are not documenting in these recordbooks. The Nurse Supervisor and/or administration will monitor for compliance. *Cabinets arrived 9/14/16*

☉ The Administrator will place a copy of the licensing inspection in a public and conspicuous place once the resident coding document has been removed from the packet. *after each inspection is completed*

Plan will go into effect immediately following last employee training on 9/23/16

The administrator shall monitor and assure ongoing compliance. M 9/26/16

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Cathy Cab*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cathy Cab Designer* Date *9/15/16*

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

The above plan of correction is approved as of <u>9/26/16</u> (Date)	Plan of correction implementation status as of <u>9/26/16</u> (Date)
The above plan of correction was approved by <u>M</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: 20032 - 08/04/2016 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 The contract for resident # 1, dated 1/15/16, was not signed by the resident.

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

The resident contract shall be signed by the resident. If the resident chooses not to sign the contract and requests for family to sign on their behalf, or the resident is unable to sign for what ever reason, the reason why the resident signature is not on the contract will be written on that document by the Admissions person or designee.

The Admission person or designee will review the resident contract for completeness. The Administrator will re check the resident contract for a signature when admission forms are completed.

Resident #1 was met with and did sign [redacted] resident contract on 9/15/16. [redacted] chart was updated to reflect that [redacted] contract was reviewed with [redacted] on 9/15/16 and [redacted] verbalized understanding of original admission date in January 2016 and verbalized understanding of the contract today.

For all new admissions this POC will take effect

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Casey Cast*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Casey Cast - Designee* Date *9/15/16*

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

The above plan of correction is approved as of 9/26/16 Plan of correction Implementation status as of 9/26/16
 (Date) (Date)

- The above plan of correction was approved by *MC* Fully Implemented
 (Initials) Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Violation Report: 20032 - 08/04/2016 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600
 2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
 Resident #1's, date of admission [redacted] 16, record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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 contract contains a listing of the resident rights and compliant procedures. This document is reviewed with the resident and/or their designated person. If the resident would choose not to sign the resident contract containing a list of the resident rights and compliance procedures, it will be documented on the resident contract that the residents rights were reviewed with the resident and they verbalized understanding of their rights and compliance procedures and the reason for why the resident did not sign the contract.

This will be done by the Admissions person/designee at the time admission documents are signed. The administrator will check for completeness when the admission documents are completed.

Resident #1 was met with today 9/15/16 and [redacted] resident rights were re reviewed with [redacted] and [redacted] signature was obtained to confirm this was done.

For all new admissions this POC will take affect.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Casey East*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Casey East Designee* Date *9/15/16*

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

The above plan of correction is approved as of 9/26/16
 (Date)

Plan of correction implementation status as of 9/26/16
 (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: 20032 - 08/04/2016 - O'Haire, Anne
 PCH Name: MARIA JC SEPH MANOR

1. REGULATION 55 Pa.Code §2600
 2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 Room # 210 resident's bed had an enabler bar with no cover allowing for a potential entrapment hazard.

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.

Staff education will take place 9/22/16 and 9/23/16.

Staff will be educated on the safe use of an enabler bar, that it must have a covering to reduce the risk of entrapment hazard. An audit will be done to check that enabler bars in use by residents have intact covers, that are in place to reduce potential for entrapment hazard.

This audit will be done by the Med Tech/Charge Nurse on 1st shift ongoing once employees are trained/educated on 9/23/16
 The Nurse Supervisor or nursing designee will do a follow up check.

The administrator shall monitor and assure ongoing compliance.

[Signature]
 9/26/16

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Casey Cost*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Casey Cost* ^{Designee} Date *9/15/16*

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

The above plan of correction is approved as of <i>9/26/16</i> (Date)	Plan of correction implementation status as of <i>9/26/16</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

Cont ^{pg} 70/23


Plan of correction education for regulation code 2600.81 (b)

The facility will keep wheelchairs, walkers, prosthetic devices and other apparatus used by resident clean, in good repair and free of hazards.

An enabler bar must have a covering to reduce the risk of entrapment.

Staff will check that enabler bars in use by a resident have intact covers in place to reduce the potential for entrapment hazard. These checks will be done on the residents scheduled bath day and bed linen change day. In the event an enabler bars if found to not have a cover one will immediately be placed on the bar. If a cover is found to be soiled it will be replaced with a clean cover. The Med Tech/Charge Nurse will conduct this check on 1st shift.

The LPN Supervisor or Assigned Nursing Designee will do a follow up check.


9/26/16

Violation Report: 20032 - 08/04/2016 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

On 8/4/16 the 1st floor kitchenette refrigerator contained a cracker barrel take out container with chocolate cake that was not labeled or dated. Both the 1st and 2nd floor kitchenette refrigerators contained clear plastic containers with what appeared to be condiments that were not labeled or dated. The second floor kitchenette refrigerator contained a patty shaped food item in tinfoil that was not labeled or dated, an open water bottle that was not labeled or dated, a half- eaten slice of cheese cake on a plate that was not labeled or dated, a diet green tea that was opened that was not labeled or dated, half a sub sandwich labeled [redacted] that was not dated, and food in a blue plastic container that was not labeled or dated. The third floor kitchenette refrigerator contained an open water bottle that was not labeled or dated.

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.

Staff education will take place 9/22/16 and 9/23/16.

A letter, dated 9/13/16, was placed in the mail to families and a copy provided to residents reviewing proper storage of food and beverages in the refrigerator.

Signs are on the refrigerators in the kitchenettes reminding residents and staff to properly label and store all food and beverage items with the person's name and date on the item.

Magnetic baskets have been ordered to hang on the refrigerators that will hold labels and markers to provide for proper labeling of food and beverages.

Checks will be done nightly by nursing staff to search/check the refrigerator for items that are not properly labeled or may be spoiled or not stored properly. Residents will be informed of food items that were removed by staff if they are able to identify who the items belong to. *to begin after staff education 9/23/16*

The Nurse Supervisor will do follow up checks to monitor refrigerator checks are being done.

Administrator will do random spot checks for compliance

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Casey Cash*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Casey Cash Designer* Date *9/15/16*

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

The above plan of correction is approved as of <i>9/26/16</i> (Date)	Plan of correction implementation status as of <i>9/26/16</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: 20032 - 08/04/2016 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
 The stick of butter in the refrigerator in the 1st floor kitchenette was opened and unsealed. It was loosely wrapped in a paper towel.

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.

Staff will be educated on 9/22/16 and 9/23/16

Signs are on the refrigerators reminding staff/residents to properly label and store all food items.

Family/residents informed of regulations and plans for compliance via letter dated 9/13/16. Letter sent in mail to family and handed out to residents.

Checks will be done nightly by the nursing staff to search/check the refrigerators in the kitchenettes for items that are not properly labeled (name/date) and sealed and remove those items. Residents will be informed of removed food/beverage items by staff if they are able to identify who the item belongs to. *To begin once employees receive education on 9/23/16*

Nursing Supervisor will do follow up checks to monitor the refrigerator audit.

The Administrator will do random spot checks.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Casey East*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Casey East, Designated* Date *9/15/16*

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

The above plan of correction is approved as of *9/26/16*
 (Date)

Plan of correction implementation status as of *9/26/16*
 (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: 20032 - 08/04/2016 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
 On 8/4/16 a raspberry Chobani Greek yogurt with an expiration date of 7/10/16, was located in the home's refrigerator in the 2nd floor kitchenette.

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.

Staff education will take place 9/22/16 and 9/23/16

Signs are placed on the refrigerators reminding staff/residents to properly label and store all food/beverage items.

Family/residents informed of regulations and plan for compliance via letter sent out on 9/13/16 to families and handed out to the resident.

Checks will be done nightly by nursing staff to search/check the refrigerator in the kitchenettes for items that are not properly labeled/sealed. If staff find items to be expired they are to remove those items. The resident will be informed of items being removed by staff if the items are able to be properly identified to do so. *Checks will begin once employees are Educated 9/23/16*

Nursing supervisor will do follow up checks to monitor for refrigerator compliance
 The Administrator will do random spot checks.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Cathy East*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Cathy East Designer</i>	Date <i>9/15/16</i>
--	---------------------

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

The above plan of correction is approved as of 9/26/16
 (Date)

Plan of correction implementation status as of 9/26/16
 (Date)

The above plan of correction was approved by *m*
 (initials)

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

Violation Report: 20032 - 08/04/2016 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION
 The home did not have the required amount of bottled water on hand in the event of an emergency. The home's population was 68 residents requiring 204 gallons of water on hand and the home had a total of 152 gallons of emergency water on hand.

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 Dietary department will have enough bottled water on hand in the event of an emergency.

An emergency water supply check will be kept by the dietary staff to make sure a 3 day water supply is on hand for the home's population.

The Dietary Manager will check for on going compliance.

Current census is 68 water on hand for 71.

The administrator shall monitor and assure ongoing compliance.

m
9/26/16

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Casey Ed*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Casey Ed Designer* Date *9/15/16*

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

The above plan of correction is approved as of 9/26/16
 (Date)

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

Plan of correction implementation status as of 9/26/16
 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 20032 - 08/04/2016 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
 According to the Personal Care Home's "Drills Policy: Drills conducted between the hours of 9:00 P.M. and 6:00 A.M., may be conducted by announcement rather than the use of our audible alarm system. Drills may or may or may not be pre-announced."

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 drill policy has been updated to state that drills may not be pre announced, all fire drills will be unannounced.

The maintenance department oversees the fire drills.

The maintenance supervisor will monitor for ongoing compliance.

The Administrator will monitor for ongoing compliance and review the fire drill log after the maintenance supervisor completes the drill

Policy in effect as 9/14/16

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Cathy East*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cathy East Designer* Date *9/15/16*

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

The above plan of correction is approved as of <u>9/24/16</u> (Date)	Plan of correction implementation status as of <u>9/26/16</u> (Date)
The above plan of correction was approved by <u><i>m</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: 20032 - 08/04/2016 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR

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 home did not document exact times on the home's monthly fire drills from 10-30-15 thru 07-22-16. The home documented only the minutes of the drills and seconds were not stated on the fire drill log.

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 fire drill policy has been update to state that documentation must include the time of the drill and how long it took to conduct the drill down to minutes and seconds.

The maintenance department oversees the fire drills

The maintenance supervisor will monitor for ongoing compliance.

The Administrator will monitor for ongoing compliance and review the fire drill log after the maintenance supervisor completes the drill.

Policy in effect as of 9/14/16

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Casey East*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Casey East Designer* Date *9/15/16*

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

The above plan of correction is approved as of <u>9/26/16</u> (Date)	Plan of correction implementation status as of <u>9/26/16</u> (Date)
The above plan of correction was approved by <u><i>ME</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20032 - 08/04/2016 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600
 2600.132(i) - A fire alarm or smoke detector shall be set off during each fire drill.

2a. DESCRIPTION OF VIOLATION
 According to the Personal Care Home's "Drills Policy: Drills conducted between the hours of 9:00 P.M. and 6:00 A.M., may be conducted by announcement rather than the use of our audible alarm system. Drills may or may or may not be pre-announced."
 During the fire drill on (January 3rd shift drill), the fire alarm was not sounded. Instead, staff used only strobes.

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 drill policy has been updated to state all fire drills will be conducted by use of the audible alarm system.
 The maintenance department oversees the fire drills.
 The maintenance supervisor will monitor for ongoing compliance.
 The administrator will monitor for ongoing compliance and review the drill log once the Maintenance supervisor has completed the drill.

Policy in effect as of 9/14/16

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Cassey East*

Printed Name and Title of Legal Entity Representative *Cassey East Designer* Date *9/15/16*
 (Required on EVERY Page)

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

The above plan of correction is approved as of <u>9/26/16</u> (Date)	Plan of correction implementation status as of <u>9/26/16</u> (Date)
The above plan of correction was approved by <u><i>m</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: 20032 - 08/04/2016 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
 Personal Care Homes are not permitted to change the content of the medical evaluation without the consent of the person who performed the evaluation and it cannot be changed by someone who is not a RN or LPN.

Resident #1 was admitted on [redacted] 16. The resident's medical evaluation was completed on 1/14/16 and faxed to the PCH. After the medical evaluation was faxed to the home the following changes were made with ink pen: (6) immunization history next to the word yes an "X" was placed and the dates were written in on page 2. The home did not know who made these changes.

Resident #2 was admitted on [redacted] 16. The resident's medical evaluation was completed on 6/28/16 and faxed to the PCH. After the medical evaluation was faxed to the home the following changes were made with ink pen: (8) Body Positioning/Movement next the word none an "X" was placed. The home did not know who made these changes.

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.

Staff education on 9/22/16 and 9/23/16

A letter will be sent to the physicians with the DME for reviewing that the DME needs completed within 60 days prior to admission or up to 30 days after the admission. It requests for the DME to be completed in it entirety.

If a DME is returned with blanks on the form nursing will contact the physicians office and inform them we are re submitting the form to them to obtain the needed information and request for the DME to be re sent to us with all blanks spaces filled out.

An LPN can contact the doctor to review the form with the physician and make changes to the DME but they must note changes and initial/date the changes they made.

The letter will be sent for new admissions by the Admissions designee along with DME
Nursing Staff will send the letter to the Physicans with the DMEs for Annual assessments and significant change.

→ Administrator will monitor for ongoing compliance
 To go into effect on 9/26/16

Repeat Violation: Yes Date(s) of Previous Violation(s) 07/16/2015

Signature of Legal Entity Representative
 (Required on EVERY Page) *Casey East*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Casey East Designee Date 9/15/16

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

The above plan of correction is approved as of 9/26/16 (Date) Plan of correction implementation status as of 9/26/16 (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: 20032 - 08/04/2016 - O'Hara, Anne
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The annual medical evaluation for resident #3, date of admission [redacted] #3, dated 3/3/16, does not include sections (3) Medical Information Pertinent to Diagnoses and Treatment, if applicable, (6) immunization history, and (8) body positioning and movement.

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.

Staff education will take place on 9/22/16 and 9/23/16

A letter will be sent to the physicians with the DME for reviewing that the DME needs completed within 60 days prior to admission or up to 30 days after admission. The letter request for the DME to be completed in it entirety.

If a DME is returned with blanks on the form nursing will contact the physicians office and inform them we are re-submitting the form to them to obtain the need information and request for the DME to be resent to us with all blank spaces filled out.

An LPN can contact the doctor to review the form with the physician and makes changes to the DME but they must note changes and initial/date the changes made.

Nursing staff will send the letter to the Physicians with the DME form for Annual Assessments and Significant changes

• Administrator will monitor and assure ongoing compliance.

To go into effect 9/26/16

m
 9/26/16

Repeat Violation: Yes Date(s) of Previous Violation(s) 07/16/2015

Signature of Legal Entity Representative
 (Required on EVERY Page) *Casey East*

Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) *Casey East* 9/15/16

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

The above plan of correction is approved as of 9/26/16
 (Date)

Plan of correction implementation status as of 9/26/16
 (Date)

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

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

Violation Report: 20032 - 08/04/2016 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 35 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 On 8/4/16 an 8 ounce bottle of Pepto Bismol was unlocked and accessible to residents in the refrigerator located in the 3rd floor kitchenette.

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.

Staff education will take place 9/22/16 and 9/23/16

Nightly checks will be conducted by nursing staff of the refrigerators for medication and items that should be kept in a secure area, any items that are required to be kept in a secured area will be removed. The Nursing Supervisor will check for ongoing compliance. The Administrator will randomly check to ensure compliance. *To begin once staff trained 9/23/16*

Letter sent to families and residents date 9/13/16 informing them of the regulation and reviewing our plan to comply. They were informed of the need to keep medications, prescription and OTC, CAM and syringes in a secured area or container, this includes items kept in the resident rooms.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Casey East*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Casey East Designer* Date *9/15/16*

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

The above plan of correction is approved as of 9/26/16 (Date) Plan of correction implementation status as of 9/26/16 (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: 20032 - 08/04/2016 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 The home did not implement procedures for the safe use of medical equipment. On 8/4/16, at 4:54pm, there was a plastic bin sitting on the counter in the 1st floor kitchenette that contained a sharps container and glucometers for residents #4, #5, #6, #7, and #8. There was no staff present at the time.

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.

Staff education on 9/22/16 and 9/23/16

Cabinets with locks have been purchased for each nursing station. Staff will be educated to use these cabinets to store medical equipment and supplies when not in use. *Cabinets Arrived 9/14/16*

Nursing supervisor and Administrator will monitor for ongoing compliance

To go into effect on 9/23/16 after last employee training

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Cathy East*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Cathy East* Date *9/15/16*

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

The above plan of correction is approved as of <u>9/26/16</u> (Date)	Plan of correction implementation status as of <u>9/26/16</u> (Date)
The above plan of correction was approved by <u><i>M</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: 20032 - 08/04/2016 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR

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 # 9 does not include a diagnosis or purpose for Clindamycin 300mg and Robafen Syp 100mg/5ml.

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.

Keystone Pharmacy will be reviewing all medication orders to make sure there is a supporting diagnosis when printing the monthly MARs, if they note a medication missing a diagnosis they will notify the nursing staff of the Resident with the medication that needs a supporting diagnosis so that the physician may be notified to obtain a supporting diagnosis. Nursing will notify the physician and then update the pharmacy with the obtained diagnosis. *Report already in place*

Nurse Supervisor to review for ongoing compliance

Keystone Pharmacy reviews the medication orders for a supporting diagnosis

This report is done every 6 months by pharmacy - it reviews physicians orders and supporting diagnosis. The report is sent to nursing when complete for review. Nursing send the report off to the resident physicians for review so that they may sign off on the report. The report is then sent back to the Pharmacy to make any necessary changes. Resident records are then updated accordingly.

Nurse Supervisor to review for ongoing compliance

To begin with Octobers MAR's.

The administrator shall monitor and assure ongoing

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Casey East*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Casey East*

Date *9/26/16*
 Date *9/15/16*

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

The above plan of correction is approved as of *9/26/16*
 (Date)

Plan of correction implementation status as of *9/26/16*
 (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: 20032 - 08/04/2016 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

Resident #1, date of admission [redacted] 16, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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 contract contains a listing of the resident rights and compliant procedures. This document is reviewed with the resident and/or their designated person. If the resident would choose not to sign the resident contract containing a listing of the resident rights and compliance procedures it will be documented on the resident contract that the residents rights were reviewed with the resident and they verbalized understanding of their rights and compliance procedures and the reason for not signing.

This will be done by the Admission person/designee at the time the admission forms are signed. The Administrator will review form compliance when the admission forms are completed.

Resident #1 did sign the resident contract on 9/15/16 to confirm that this information was re reviewed with [redacted] as at the time of admission [redacted] choose to have [redacted] son sign on [redacted] behalf but there was no notation of this at that time.

To begin will all future admission to facility.

The administrator shall monitor and assure ongoing compliance in
 [Signature] 9/26/16

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
Casey Cad			9/15/16
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of		Plan of correction implementation status as of	
[Signature] 9/26/16 (Date)		[Signature] 9/26/16 (Date)	
The above plan of correction was approved by		<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	
[Signature] (Initials)			

Violation Report: 20032 - 08/04/2016 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR

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

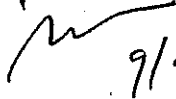
The annual assessment for resident #11, admitted [redacted] 11, dated 4/17/16 was not completed. The Personal Care Need and Degree sections titled Eating, Drinking, Transferring, and Toileting did not have any check marks next to the degree codes A-E.

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.

Staff education will be done on 9/22/16 and 9/23/16

Nursing will complete the RASP for the resident. The completed RASP will be reviewed by the assigned nursing staff member to make sure all sections on the RASP are complete. Once the RASP is identified as complete the nurse supervisor or LPN designee will check the RASP before it is filed on the resident chart.


The administrator shall monitor and assure ongoing compliance.

 9/26/16

Repeat Violation: Yes	Date(s) of Previous Violation(s):		
-----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative (Required on EVERY Page) *Cathy East*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Cathy East Designee* Date *9/15/16*

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

The above plan of correction is approved as of <u>9/26/16</u> (Date)	Plan of correction implementation status as of <u>9/26/16</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 20032 - 08/04/2016 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION §5 Pa.Code §2600
 2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment, completed on 1/18/16, has an inconsistent assessment of the resident's mobility needs throughout the document. Under Ambulating it is marked "C" that the resident requires some physical assistance with ambulating. The resident uses a walker and staff daily should make sure resident utilizes walker with all ambulation. There is an "X" placed indicating that the resident is minimal mobile-which means the resident requires limited physical or oral assistance to evacuate in an emergency. Next to it under the description of the mobility need it states "minimal assistance in the event of an emergency". Next to that under the plan to meet mobility needs it states "instruct resident which way to go and make sure he/she goes that direction in the event of an emergency. Assist him/her entirely out of the building".

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.

Staff education will take place on 9/22/16 and 9/23/16

Nursing will complete the RASP for the resident. The completed RASP will be reviewed by the assigned nursing staff member to make sure all sections on the RASP are complete. Once the RASP is identified as complete the nurse supervisor or LPN designee will check the RASP before it is filed on the resident chart.

Audit will be done by nursing to check resident RASPS for completion.

The nurse supervisor will monitor for compliance

The administrator shall monitor and assure ongoing compliance

[Signature]
 9/26/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Casey East

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Casey East Designee

Date 9/15/16

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

The above plan of correction is approved as of

9/26/16
 (Date)

Plan of correction implementation status as of

9/26/16
 (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: 20032 - 08/04/2016 - O'Haire, Anne
 PCH Name: MARIA JOSEPH MANOR

1. REGULATION 55 Pa.Code §2600
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION
 The assessment, dated 7/3/16, for resident #12, under the section Personal Care Need and Degree-Eating the resident's degree code is "A", independent. Not applicable is checked for description of service need, plan to meet service need, frequency, and responsible party. In the summary section it states, "Adaptive Equipment-silverware". The resident's support plan does not document how this need will be met. Under the Personal Care Need and Degree-Personal Hygiene section, the resident's code is "C", some physical assistance, description of service need is "showering", plan to meet service need is "assist with showering reaching areas he/she can't", frequency "2 X per week and PRN", responsible party DCS. There is conflicting information in the Summary section where it states, "shower every other day". In the Summary section, it also states, "Physical Therapy with Family Home Medical 7/13/16" and it doesn't document the service need, the plan to meet the need, the frequency and the responsible party.

The assessment, dated 4/2/16, for resident #3, in the Summary Section states, "Physical Therapy started with Family Home Medical 7/13/16" and it doesn't document the service need, the plan to meet the need, the frequency and the responsible party.

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.

Staff education will take place on 9/22/16 and 9/23/16

Nursing will complete the RASP for the resident. The completed RASP will be reviewed by the assigned nursing staff member to make sure all sections are filled out. Once the RASP is identified as complete the Nurse supervisor or LPN designee will check the RASP before it is filed on the resident chart.

An addendum, which was provided to the facility by the state, will be used for the RASP as services needs are identified. The plan to meet the needs identified by the outside providers such as home health services will be written on the addendum as needed. All sections of the addendum will be filled out.

- Audit will be conducted by nursing to check RASPs for completion.
- Nurse Supervisor will monitor for ongoing compliance

• The Administrator shall monitor and assume ongoing compliance

M 9/26/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Casey East*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Casey East Designee* Date *9/15/16*

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

The above plan of correction is approved as of <u>9/26/16</u> (Date)	Plan of correction implementation status as of <u>9/26/16</u> (Date)
The above plan of correction was approved by <u><i>M</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