



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 02 2017

Mr. Craig Anlauf,
President/CEO
The Palms at O'Neil, Inc.
1 Glenshire Lane
McKeesport, Pennsylvania 15132

RE: The Palms at O'Neil
License #: 439640

Dear Mr. Anlauf:

As a result of the Department of Human Services' annual licensing inspections on August 10, 2016 and August 11, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

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

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: THE PALMS AT O NEIL		License Number: 43964
Address: 1 GLENSHIRE LANE, MCKEESPORT, PA 15132		County: Allegheny
Administrator: Craig Anlauf		Region: WEST
Legal Entity Name: THE PALMS AT O'NEIL INC		
Legal Entity Address: 1 GLENSHIRE LANE, MCKEESPORT, PA 15132		RECEIVED
Certificate(s) of Occupancy I-1 10/22/2008 City of McKeesport		FEB 09 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 97	Waking Staff: 73
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 08/10/2016: Marini, Michael; Pfaff, Vicki; Sutherland, Brent; Mulick, Cindy 08/11/2016: Marini, Michael; Sutherland, Brent; Mulick, Cindy		
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: 115 Number of Residents Served: 70 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 13 Number of Hospice Residents in past year: 45		Number of Residents who: Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 68 Have Mental Illness: 2 Have an Intellectual Disability: 2 Have a Mobility Need: 27 Have a Physical Disability: 2

FEB 09 2017

Violation Report: 43964 - 08/10/2016 - Marini, Michael

PCH Name: THE PALMS AT O NEIL

WEST REGION FIELD OFFICE
Human Services Licensing

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 8-10-16, the home's current license, a copy of Chapter 2600, and copies of the license inspection summaries dated 2-2-15 and 12-15-15 were 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.

The home just finished painting the hallway where all of the required postings hang on the first floor. Upon request the inspector was provided the framed postings and they were immediately re-hung. The home will conduct quarterly checks to ensure all required postings are in a conspicuous and public place.

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)

Jessica Verzin

Date 2-6-17

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

The above plan of correction is approved as of 3/6/17
(Date)

Plan of correction implementation status as of 3/6/17
(Date)

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

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

Violation Report: 43964 - 08/10/2016 - Marini, Michael
 PCH Name: THE PALMS AT O NEIL

WEST REGION FIELD OFFICE
 Human Services Licensing

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 8-10-16 at 9:12 AM, resident #1's resident record was left unattended and accessible on the counter at the first floor nurse's station.

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.

All staff members were reeducated with the homes policy Resident record accessibility, security, confidentiality, retention and disposal. See attached. Supervisors will monitor the nursing station and ensure all records are kept in the designated space at all times.

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
Jessica V... ..	2-6-17

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 (Date)

Plan of correction implementation status as of 3/6/17
 (Date)

- Fully Implemented *BB*
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- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 43964 - 08/10/2016 - Marini, Michael

PCH Name: THE PALMS AT O NEIL

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.44(g) - The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Disability Rights Network of Pennsylvania (DRN), the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

On 8/10/16, the telephone numbers for the Department's regional office, the Commonwealth Information Center, and Pennsylvania Protection & Advocacy, Inc. were 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.

The home just finished painting the hallway where all of the required postings hang on the first floor. Upon request the inspector was provided the framed postings and they were immediately re-hung. The home did have the contact information posted on the second and third floors in the hallway.

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) Jessica Ventzin Date 2-6-17

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

Plan of correction implementation status as of 3/6/17 (Date)

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

Violation Report: 48984 - 08/10/2016 - Martin, Michael

MAR 06 2017

PCH Name: THE PALMS AT ONEIL

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa. Code §2600:
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 8-9-16 at 8:14PM, staff person C tested resident #3's blood glucose and it measured 367 mg/dl. Staff person C retested resident #3's blood 2 more times with resident #3's glucometer and this resulted in error readings. In order to obtain what he/she believed was a more accurate and valid reading, staff person C used another resident's glucometer to test resident #3's blood glucose although he/she could not recall whose glucometer he/she used. Staff person C indicated he/she used shared glucometers "a few times" when glucometers have shown errors.

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 Person C's employment had already been separated at the time of the inspection. It is against the homes policy to share gluco-meters. The home conducted a check to ensure all trained persons obtaining HCLs are using the proper protocol. The homes resident care coordinator and Practicum Observer will monitor the handling of supplies to ensure proper compliance by conducting quarterly checks of gluco-meters and comparing them with the recorded MAR. In addition the practicum observer will conduct 2 MAR reviews and 2 observations with each med passor annually.

By 4/30/17 - All staff persons involved with blood glucose testing will be educated on the home's policy prohibiting glucometer sharing. BB 3/6/17

Repeat Violation No	Date(s) of Previous Violation(s)	
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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 <u>BB</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>BB</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

MAR 06 2017

Violation Report: 49964 - 08/10/2016 - Miami, Michael
PCH Name: THE PALMS AT O'NEIL

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa Code §2600.2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION:
On 8-10-16 at 11:05 AM, there was an unhygienic garbage can in the second floor bathroom/shower room with dirty paper towels in it

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 trash can has been replaced with an acceptable trash can. Housekeeping will conduct daily checks to ensure that all garbage receptacles meet 2600.85. See attached.

Report 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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Violation Report #3984 - 08/10/2016 - Mann, Michael

FCH Name: THE PALMS AT O'NEIL

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 59 PA Code §2800

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards

2a. DESCRIPTION OF VIOLATION

On 8-10-16, there was a 13 inch x 6 inch hole in the Atrium entrance ramp across from room 228 presenting a tripping 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.)

New ramps & railings have been made for the Atrium. The home will conduct quarterly checks to ensure resident safety in all areas of the home. See attached.

During 2017 quality management plan reviews and evaluations - The administrator will take action to ensure the home places an increased emphasis on these plans of correction.

BB 3/6/17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/02/2015
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Michael Mann		2/28/17

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Violation Report: 43864 - 08/10/2016 - (Marlin), Michael
 RCH Name: THE PALMS AT O'NEIL

RECEIVED

1. REGULATION 56 Pa.Cod. §2500:
 2800.69(b) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

MAR 06 2017

2a. DESCRIPTION OF VIOLATION

WEST REGION FIELD OFFICE
 Human Services Licensing

On 8-10-16, there was no handrail by the Atrium entrance ramp access from room 206.

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.

New ramps & railings have been made for the Atrium. The home will conduct quarterly checks to ensure resident safety in all areas of the home. See attached.

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: *Shenan* Date: *2/28/17*
 (Required on EVERY Page)

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

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

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Violation Report: 43964 - 08/10/2016 - Marini, Michael

PCH Name: THE PALMS AT O NEIL

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

On 8/10/16, the home's and the local municipality's emergency procedures were 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.

The home just finished painting the hallway where all of the required postings hang on the first floor. Upon request the inspector was provided the framed postings and they were immediately re-hung. The home will conduct quarterly checks to ensure all required postings are in a conspicuous and public place.

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)

Jessica Kinzin

Date 2-6-17

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(Date)

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(Date)

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(Initials)

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

Violation Report: 43964 - 08/10/2016 - Marin, Michael

PCH Name: THE PALMS AT ONEII

MAR 06 2017

1. REGULATION OR Pg Code: §2600

2600.144(b)(1) - A resident shall have a medical evaluation at least annually.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION:

Resident #3's medical evaluation, dated 2-21-16, does not include the resident's weight, pulse, blood pressure, or temperature.

Resident #4's most recent medical evaluation was completed on 8-10-16.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date fully 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 date(s) by which the steps will be completed.

Resident #3's information was unintentionally omitted. This information has been updated random quarterly audits of the medical evaluations will be completed to ensure compliance.

Resident #4 was made aware in June that [redacted] needed an MD appointment to maintain DME compliance. [redacted] was then notified on June 22 that [redacted] had an appointment with MD on July 27, 16.

Resident returned from MD apt with incomplete paperwork on 7-27-16. Several attempts were made to acquire paperwork from the MD 8-4-16, 8-9-16, and 8-10-16. The paperwork was finally acquired on 8-12-16. Please see attached paperwork. The DON will continue to monitor all DME's for compliance with timely notification to families. This is explained in section VIII Admission part B of the home contract. See attached.

Immediately - The administrator will implement procedures to ensure each resident has a medical evaluation at least annually. BB 3/6/17

Repeat Violation No. _____ Date(s) of Previous Violation(s) _____

Signature of Legal Entity Representative *[Signature]*
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative *Wenman Admin* Date *2/28/17*
(Required on EVERY Page)

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(Date)

Plan of correction implementation status as of 3/6/17
(Date)

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

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

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FEB 09 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 43964 - 08/10/2016 - Marini, Michael
PCH Name: THE PALMS AT O NEIL

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

Resident #1 is prescribed Morphine Sulfate, 20mg/ml - 0.25ml under the tongue as directed on label. However, resident #1's August medication administration record indicates the strength of the medication as 10mg/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.

The pharmacy substituted the solution due to availability, and dispensed 100mg/5ml. The order was entered by both the pharmacy and approved by the facility as 10mg/5ml. The home immediately corrected the order with pharmacy. The home will continue to conduct a double check system to ensure accuracy.

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
Jessica Venzin	2-6-17

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

The above plan of correction is approved as of 3/6/17
(Date)

Plan of correction implementation status as of 3/6/17
(Date)

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

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

Violation Report: 43904 - 08/10/2016 - Mann, Michael

POH Name: THE PALMS AT O'NEIL

MAR 06 2017

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

WEST REGION FIELD OFFICE
Human Services Licensing

2. DESCRIPTION OF VIOLATION:

Resident #5 is prescribed Fentanyl 25mcg/hr. Apply 1 patch topically every 72 hours. Staff failed to administer the patch on 8-1-16, 8-4-16, and 8-7-16.

Resident #6 is prescribed blood glucose testing 4 times a day. Staff failed to test resident #6's blood glucose from 7-27-16 at 8:00 AM to 8-8-16 at 8:00 PM.

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.

Both residents supply their own medication to the facility. The facility was unable to obtain the medication due to the residents having unpaid pharmacy bills. A letter was sent to the resident regarding both of their pharmacy bills. The MD was notified of the missed doses. See attached. The home added to the homes admission agreement that the home will purchase the medication at resident expense to maintain compliance. The home will then seek payment several times; if payment is not obtained in 30 days, then the home will send a 30 day notice for non-payment as stated in the homes contract. Residents will receive at least 30 days' advance notice, in writing, of the home's request to change the contract.

Immediately - The administrator will implement procedures to ensure that the home follows the directions of the prescriber. *BB 3/6/17*

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: *Jessica Kerren Admin* Date: *2/28/17*

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Violation Report: 43984 - 08/10/2016 - Merrill, Michael

FGH Name: THE PALMS AT O'NEIL

1. REGULATION 65 Pa. Code §2600

2600.251(c) - The home shall use standardized forms to record information in the resident's record.

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2a. DESCRIPTION OF VIOLATION

The following medical evaluations were not documented on the Department's Documentation of Medical Evaluation standardized form

MAR 06 2017

- Resident #2's medical evaluation, dated 2/22/16
- Resident #3's medical evaluation, dated 2/21/16
- Resident #4's medical evaluation, dated 2/27/16
- Resident #7's medical evaluation, dated 6/6/16

WEST REGION FIELD OFFICE
Human Services Licensing

3. PLAN OF CORRECTION (POC) (Attach pages 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 home currently uses Tabula Pro to conduct documentation for the DME & RASE. The home is applying for a waiver to comply with regulation. Please see attached e-mail from [redacted]. If waiver is not accepted the home will use standard DHS & DME form. Waiver has already been submitted.

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: 2/28/17	

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