pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 06 2017

Ms. Loriann Putzier,
President/COO
Tithonus Butler, LP
c/o Integracare Corporation
6600 Brooktree Court, Suite 1000
Wexford, Pennsylvania 15090

RE: Newhaven Court at Clearview
100 Newhaven Lane
Butler, Pennsylvania 16001
License #: 423460

Dear Ms. Putzier:

As a result of the Department of Human Services' annual licensing inspections on August 23, 2016 and August 24, 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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: NEWHAVEN COURT AT CLEARVIEW	License Number: 42346
Address: 100 NEWHAVEN LANE, BUTLER, PA 16001	County: Butler
Administrator: Gary Renwick	Region: WEST
Legal Entity Name: TITHONUS BUTLER LP	
Legal Entity Address: 6600 BROOKTREE COURT SUITE 1000, WEXFORD, PA 15090	

Certificate(s) of Occupancy
I-2
11/09/2010
Center Twsh, Butler

Staffing Hours

Resident Support: 0	Total Daily Staff: 122	Waking Staff: 92

Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced

Reason(s) for Inspection(s)
Renewal, Complaint, Incident

On-Site Inspections Dates and Department Representatives On-Site
08/23/2016: Cutter, Jan; Eveges, Joseph
08/24/2016: Cutter, Jan; Eveges, Joseph; Quinn, Suzanne

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 who:
Number of Residents Served: 87	Receive Supplemental Security Income: 0
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 86
Area: Back of Building	Have Mental Illness: 1
Secured Dementia Unit Capacity, if Applicable: 18	Have an Intellectual Disability: 0
Number of Residents Served in Secured Dementia Care Unit, if applicable: 18	Have a Mobility Need: 35
Number of Current Hospice Residents: 4	Have a Physical Disability: 0
Number of Hospice Residents in past year: 20	

Violation Report: 42346 - 08/23/2016 - Cutter, Jan
PCH Name: NEWHAVEN COURT AT CLEARVIEW

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 3/13/2016, at approximately 4:30 am, resident #1 summoned direct care staff to assist him/her to the bathroom. Direct care staff A and B went to the resident's room to assist. Resident #1 wanted to use his/her wheelchair. According to direct care staff person A, direct care staff B "started yelling and threatening resident #1 that he/she needs to walk or he/she is going to be sent to the hospital". In addition, direct care staff B told the resident that he/she "was faking and yelled and pointed his/her finger as he/she was arguing and disagreeing with resident #1". This made resident #1 very upset as he/she walked to the bathroom all the while direct care staff B was telling him/her that he/she was going to get sent to the "psych unit". Direct care staff B worked unsupervised for the remainder of the shift, until 7:00 am, on 3/13/2016.

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.

See pages 2a of 7 and 2b of 7

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/02/2016		

Signature of Legal Entity Representative (Required on EVERY Page) Gary Renwick

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Gary Renwick, Executive Director

Date 12-5-16

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

The above plan of correction is approved as of 1/19/17 (Date)

The above plan of correction was approved by JN. (Initials)

Plan of correction implementation status as of 1/19/17 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress JN.
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

2.P7

Community Name: Newhaven Court at Clearview
License Number: 423460
Date of Visit: 8/23/16 & 8/24/16
Date of Submission: 12/5/16

1. **Violation Review: 2600.15(b) –**
   If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2. **Review the Citation, the violation of the Regulation:**
   - On 3/13/16, at approximately 4:30am, resident #1 summoned direct care staff to assist him/her to the bathroom. Direct care staff A and B went to the resident's room to assist. Resident #1 wanted to use his/her wheelchair. According to direct care staff person A, direct care staff B "started yelling and threatening resident #1 that he/she needs to walk or he/she is going to be sent to the hospital". In addition, direct care staff B told the resident that he/she "was faking and yelled and pointed his/her finger as he/she was arguing and disagreeing with resident #1. This made resident #1 very upset as he/she walked to the bathroom all the while direct care staff B was telling him/her that he/she was going to get sent to the "psych unit". Direct care staff B worked unsupervised for the remainder of the shift, until 7:00am, on 3/13/2016.

3. **Description of the Repair of the Immediate Problem:**
   - When the Charge Nurse on duty on 3/13/16 was informed of the alleged incident, Direct care staff B was instructed to avoid all contact with resident #1 for the remainder of the shift. Once the ED & DRCS was informed of the alleged incident on the morning of 3/13/16, an immediate investigation was conducted. Several attempts by phone were made to Direct care staff B regarding the incident and to inform [redacted] of the suspension pending the results of our investigation. No return call was received from Direct care staff B. A written statement was obtained from Direct care staff A regarding the incident and witnessed behavior. Following a thorough investigation, the home was able to substantiate that the incident did in fact occur. The POA/Family member of resident #1 was immediately notified. Verbal report to Older Adult Protective Services followed by a written ACT 13 report to OAPS. Direct care staff B was immediately terminated from her position at the home. It wasn't until 6:27pm on 3/14/16, that the home received a text message from Direct care staff B that [redacted] was resigning her position. An Initial and Final Reportable Incident was sent to DHS. Resident #1 resides in our Special Needs area of the home. [redacted] continues to show no signs of distress and has no recollection of the incident. The daughter/POA continues to be supportive of the home and efforts to care for [redacted].

4. **Detail Action Steps / System Developed to prevent future occurrence and Designated position responsible with target dates for completion:**
   - Staff education on Resident Rights and Mandatory Reporting conducted by Butler County Ombudsman (Carol Israel) and Older Adult Protective services rep (Ricky Lake) on 2/4/16. Direct care staff B was not in attendance.

JN. 1/19/17

Authorized Signature [signature] Date: 12-5-16

- Staff Training via Relias On-line Academy assigned to all staff persons in February 2016, as part of the annual training plan on Resident Rights and Preventing, Recognizing, and Reporting Abuse. Direct care staff B did not complete this training as scheduled.
- Despite efforts by the home, a follow up training on these topics were not able to be successfully scheduled with Direct care staff A.
- Resident Rights, Elder Abuse, and Mandatory Reporting reinforced during General Orientation with Direct care staff A as it relates to the regulation and company standard.
- Staff Training via Relias On-line Academy to be assigned to all staff persons for 2017, as part of the annual training plan on Resident Rights and Preventing, Recognizing, and Reporting Abuse.
- The ED and Assistant ED will continue to monitor this training is completed annually and as part of the new hire orientation for new staff persons.

All staff persons received training on 12/20/16 on residents' rights and reporting and preventing resident abuse by a Department-approved outside source. 1/19/17

Within 30 days of receipt of the plan of correction: All staff persons will receive a monthly training on residents' rights and reporting and preventing resident abuse. Documentation of the trainings shall be kept. 1/19/17

1/19/17

Authorized Signature _____ Date: 12-5-16

Violation Report: 42346 - 08/23/2016 - Cutter, Jan
PCH Name: NEWHAVEN COURT AT CLEARVIEW

1. REGULATION 55 Pa.Code §2600
2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION
Resident #1's assessment and support plan, dated 12/31/2015, indicates that the resident is non-ambulatory and requires staff assistance for transfers; however, on 3/13/2016 at 4:30 am, direct care staff B insisted that the resident walk to the bathroom and would not allow him/her to use his/her wheelchair.

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.

See page 3a of 7

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) Gary Renwick, Executive Director

Date 12-5-16

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

The above plan of correction is approved as of 1/19/17 (Date)

The above plan of correction was approved by JN. (Initials)

Plan of correction implementation status as of 1/19/17 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress JN.
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

3 of 7

Community Name: Newhaven Court at Clearview
License Number: 423460
Date of Visit: 8/23/16 & 8/24/16
Date of Submission: 12/5/16

1. **Violation Review: 2600.23(a) –**
   A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2. **Review the Citation, the violation of the Regulation:**
   - Resident #1 assessment and support plan, dated 12/31/2015, indicates that the resident is non-ambulatory and requires staff assistance for transfers; however, on 3/13/2016 at 4:30am, direct care staff B insisted that the resident walk to the bathroom and would not allow him/her to use his/her wheelchair.

3. **Description of the Repair of the Immediate Problem:**
   - All Direct care staff that provide assistance with ADL's to Resident #1 are aware of her physical needs to include assistance for ambulation and transfers.

4. **Detail Action Steps / System Developed to prevent future occurrence and Designated position responsible with target dates for completion:**
   - All Direct care staff will be educated on support plans and importance of the information contained in the document as it relates to resident needs and levels of assistance. Education will include location of support plans within the medical chart and Wellness office. This education and training will be held on 12/21/16. Documentation will be kept on file.
   - The DRCS will continue to train new staff regarding support plans and resident needs and to inform all staff on an on-going basis as changes or updates is made.
   - All Resident ADL needs and transfer requirements are listed on the Direct care staff daily assignment sheets and updated as needs change.
   - The Executive Director will monitor for progress and adherence to the plan, immediately and on-going.

Staff person B was terminated. gw 1/19/17

gw. 1/19/17

Authorized Signature _____ Date: 12-5-16

Violation Report: 42346 - 08/23/2016 - Cutter, Jan
PCH Name: NEWHAVEN COURT AT CLEARVIEW

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

2a. DESCRIPTION OF VIOLATION
On 3/13/2016, at approximately 4:30 am, resident #1 summoned direct care staff to assist him/her to the bathroom. Direct care staff A and B went to the resident's room to assist. Resident #1 wanted to use his/her wheelchair. According to direct care staff person A, direct care staff B "started yelling and threatening resident #1 that he/she needs to walk or he/she is going to be sent to the hospital". In addition, direct care staff B told the resident that he/she "was faking and yelled and pointed his/her finger as he/she was arguing and disagreeing with resident #1". This made resident #1 very upset as he/she walked to the bathroom all the while direct care staff B was telling him/her that he/she was going to get sent to the "psych unit". Direct care staff A stayed with resident #1 while in the bathroom and used the wheelchair to assist him/her back to bed.

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.

See pages 4a of 7 and 4b of 7

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/02/2016		

Signature of Legal Entity Representative (Required on EVERY Page) Gary Renwick

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Gary Renwick, Executive Director

Date 12-5-16

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

The above plan of correction is approved as of 1/19/17 (Date)

The above plan of correction was approved by JW. (Initials)

Plan of correction implementation status as of 1/19/17 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress JW.
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

4 of 7

Community Name: Newhaven Court at Clearview
License Number: 423460
Date of Visit: 8/23/16 & 8/24/16
Date of Submission: 12/5/16

1. **Violation Review: 2600.42(c) –**
   A resident shall be treated with dignity and respect.

2. **Review the Citation, the violation of the Regulation**
   - On 3/13/16, at approximately 4:30am, resident #1 summoned direct care staff to assist him/her to the bathroom. Direct care staff A and B went to the resident's room to assist. Resident #1 wanted to use his/her wheelchair. According to direct care staff person A, direct care staff B "started yelling and threatening resident #1 that he/she needs to walk or he/she is going to be sent to the hospital". In addition, direct care staff B told the resident that he/she "was faking and yelled and pointed his/her finger as he/she was arguing and disagreeing with resident #1. This made resident #1 very upset as he/she walked to the bathroom all the while direct care staff B was telling him/her that he/she was going to get sent to the "psych unit". Direct care staff A stayed with resident #1 while in the bathroom and used the wheelchair to assist him/her back to bed.

3. **Description of the Repair of the Immediate Problem:**
   - When the Charge Nurse on duty on 3/13/16 was informed of the alleged incident, Direct care staff B was instructed to avoid all contact with resident #1 for the remainder of the shift. Once the ED & DRCS was informed of the alleged incident on the morning of 3/13/16, an immediate investigation was conducted. Several attempts by phone were made to Direct care staff B regarding the incident and to inform [redacted] of the suspension pending the results of our investigation. No return call was received from Direct care staff B. A written statement was obtained from Direct care staff A regarding the incident and witnessed behavior. Following a thorough investigation, the home was able to substantiate that the incident did in fact occur. The POA/Family member of resident #1 was immediately notified. Verbal report to Older Adult Protective Services followed by a written ACT 13 report to OAPS. Direct care staff B was immediately terminated from [redacted] position at the home. It wasn't until 6:27pm on 3/14/16, that the home received a text message from Direct care staff B that [redacted] was resigning [redacted] position. An Initial and Final Reportable Incident was sent to DHS. Resident #1 resides in our Special Needs area of the home. [redacted] continues to show no signs of distress and has no recollection of the incident. The daughter/POA continues to be supportive of the home and efforts to care for [redacted]

Authorized Signature [signature] Date: 12-5-16

JW. 1/19/17

4. **Detail Action Steps / System Developed to prevent future occurrence and Designated position responsible with target dates for completion:**
   - Staff education on Resident Rights and Mandatory Reporting conducted by Butler County Ombudsman (Carol Israel) and Older Adult Protective services rep ([redacted] on 2/4/16. Direct care staff B was not in attendance.
   - Staff Training via Relias On-line Academy assigned to all staff persons in February 2016, as part of the annual training plan on Resident Rights and Preventing, Recognizing, and Reporting Abuse. Direct care staff B did not complete this training as scheduled.
   - Despite efforts by the home, a follow up training on these topics were not able to be successfully scheduled with Direct care staff A.
   - Resident Rights, Elder Abuse, and Mandatory Reporting reinforced during General Orientation with Direct care staff A as it relates to the regulation and company standard.
   - Staff Training via Relias On-line Academy to be assigned to all staff persons for 2017, as part of the annual training plan on Resident Rights and Preventing, Recognizing, and Reporting Abuse.
   - The ED and Assistant ED will continue to monitor this training is completed annually and as part of the new hire orientation for new staff persons.

All staff persons received training on 12/20/16 on residents' rights and reporting and preventing resident abuse by a Department-approved outside source. gv. 1/19/17

Within 30 days of receipt of the plan of correction: All staff persons will receive a monthly training on residents' rights and reporting and preventing resident abuse. Documentation of the trainings shall be kept. gv. 1/19/17

Authorized Signature [signature] Date: 12-5-16

gv. 1/19/17

Violation Report: 42346 - 08/23/2016 - Cutter, Jan
PCH Name: NEWHAVEN COURT AT CLEARVIEW

1. REGULATION 55 Pa.Code §2600
2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION
On 8/24/16, a medication card of QC Non-Aspirin 8 hour caplet, substitute for Tylenol ER 650 mg caplet, take two caplets (1300 mg) by mouth every 8 hours as needed for pain, prescribed for resident #2, was in the medication cart. However, this medication has been discontinued.

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.

See page 5a of 7

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/21/2015		

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

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

Date 12-5-16

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

The above plan of correction is approved as of 1/19/17 (Date)

The above plan of correction was approved by JN. (Initials)

Plan of correction implementation status as of 1/19/17 (Date)

- ☐ Fully Implemented
- ☒ Partially Implemented - Adequate Progress JN.
- ☐ Partially Implemented - Inadequate Progress
- ☐ Not Implemented

Community Name: Newhaven Court at Clearview
License Number: 423460
Date of Visit: 8/23/16 & 8/24/16
Date of Submission: 12/5/16

1) **Violation Review: 2600.183(f):**
Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2) **Review the Citation, the violation of the Regulation:**
   - On 8/24/16, a medication card of QC Non-Aspirin 8 hour caplet, substitute for Tylenol ER 650 mg caplet, take two caplets (1300mg) by mouth every 8 hours as needed for pain, prescribed for resident #2, was in the medication cart. However, this medication has been discontinued.

3) **Description of the Repair of the Immediate Problem:**
   - The prescribed medication for Resident #2 was immediately removed from the medication cart and returned to pharmacy.

4) **Detail Action Steps / System Developed to prevent future occurrence and Designated position responsible with target dates for completion:**
   - On 12/5/16, pharmacy has added a medication monitor and review to each resident's electronic MAR.
   - This monitor and review will be completed by the Medication Assts. on the 7-3 shift on the 1st and 14th of each month.
   - Description of the monitor/review will include: verifying accuracy of MAR to medications present in the cart, verifying the 5 R's of medication administration are accurate, and all discontinued and/or expired medications will be removed from the cart and returned to pharmacy.
   - The Director of Resident Care Services will educate all Medication Assts. regarding medication monitor and review process by 12/9/16 and documentation will be kept at the home.
   - Executive Director to monitor periodically for compliance until such time that a routine for compliance has been successfully established.

Within 15 days of receipt of the plan of correction: a designated staff person, qualified to administer medications, will conduct an in initial and weekly audit of the medication cart(s), physicians' orders and medication administration records (MARs) to ensure all medication that is discontinued, expired or for residents who are no longer served at the home are destroyed in a safe manner. Documentation of the audits shall be kept. gv. 1/19/17

Authorized Signature  Date: 12-5-16

gv. 1/19/17

Violation Report: 42346 - 08/23/2016 - Cutter, Jan
PCH Name: NEWHAVEN COURT AT CLEARVIEW

1. REGULATION 55 Pa.Code §2600
2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION
*Resident #3 did not sign his/her support plan, dated 12/8/2015, and there was no indication that the resident was unable or unwilling to sign it.

*Resident #4 did not sign his/her support plan, dated 12/4/2015, and there was no indication that the resident was unable or unwilling to sign 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.

See page 7a of 7

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) Gary Renwick, Executive Director

Date 12-5-16

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

The above plan of correction is approved as of _____ (Date)

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

Plan of correction implementation status as of _____ (Date)

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

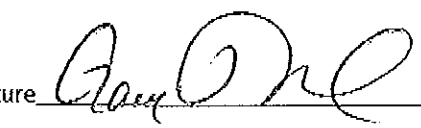
Community Name: Newhaven Court at Clearview
License Number: 423460
Date of Visit: 8/23/16 & 8/24/16
Date of Submission: 12/5/16

1. **Violation Review: 2600.227 (h):**
   If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2. **Review the Citation, the violation of the Regulation:**
   - Resident #3 did not sign his/her support plan, dated 12/8/2015, and there was no indication that the resident was unable or unwilling to sign it.
   - Resident #4 did not sign his/her support plan, dated 12/4/2015, and there was no indication that the resident was unable or unwilling to sign it.

3. **Description of the Repair of the Immediate Problem:**
   - The support plan dated 12/8/15 was reviewed and signed by resident #3 on 12/5/16.
   - The annual support plan for resident #3 is due on 12/8/16. The support plan will be updated and reviewed with Resident #3 and signature obtained if able. If resident #3 is not able to sign the support plan, the DRCS will notate as such.
   - Resident #4 no longer resides at this community.

4. **Detail Action Steps / System Developed to prevent future occurrence and Designated position responsible with target dates for completion:**
   - Moving forward, the DRCS or designated representative will ensure that all support plans will be signed by the POA and resident. If the resident is unable to sign the support plan, the appropriate box as indicated on the support plan will be documented as such.
   - An audit of all completed support plans to verify appropriate signatures by the resident or indicated that the resident is unable to sign will be completed 12/9/16.
   - The Executive Director will perform periodic checks weekly on new admission support plans and monitor for progress and adherence to the plan, immediately and on-going.

Authorized Signature  Date: 12-5-16

JW. 1/19/17