



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to CLARKS SUMMIT AID II OPCO LLC
LEGAL ENTITY

To operate WILLOWBROOK PLACE
NAME OF FACILITY OR AGENCY

Located at 150 EDELLA ROAD, CLARKS SUMMIT, PA 18411
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 80
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from October 18, 2016 until April 18, 2017,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **226591**

Robert E. Robinson
ISSUING OFFICER

Jay Baulk
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 17 2016

Mr. Daniel Guill, Authorized Signatory
Clarks Summit AID II OPCO LLC
330 N. Wabash Avenue, Suite 3700
Chicago, Illinois 60611

RE: Willowbrook Place
150 Edella Road
Clarks Summit, Pennsylvania 18411
License #: 226591

Dear Mr. Guill:

As a result of the Department of Human Services' licensing inspection on September 22, 2016 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

During the inspection, violations on the enclosed License Inspection Summary were found. All violations specified on the 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.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe", written in a cursive style.

Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

Violation Report: 22859 - 09/22/2016 - Yellenic, Cindy
 PCH Name: WILLOWBROOK PLACE

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

Resident #1 was admitted to the facility on [REDACTED] 6. The resident contract completed on [REDACTED] 16 is not signed by the resident.

Resident #2 was admitted to the facility on [REDACTED] 16. The resident contract completed on [REDACTED] 16 is not signed by the resident.

Resident #3 was admitted to the facility on [REDACTED] 5. The resident contract completed on [REDACTED] 15 is 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.

25b: It is very important that the resident sign or at least mark the resident contract. After clarification from the department about the miss-information from [REDACTED] last year, we will go back to having the resident sign or make a mark on every contract. The Admissions Director will do this upon every admission and the ED/Designee will monitor for accuracy.

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 Date
 (Required on EVERY Page) Christopher Murray, Executive Director 10/11/16

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

The above plan of correction is approved as of 10/13/16
 (Date)

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

Plan of correction implementation status as of 10/13/16
 (Date)

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

Violation Report: 22659 - 09/22/2016 - Yellenic, Cindy
 PCH Name: WILLOWBROOK PLACE

1. REGULATION 55 Pa.Code §2600
 2600.29a(b)(1) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: A physician, who is not an employee or contractor of the home, has certified in writing that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

2a. DESCRIPTION OF VIOLATION
 The facility held a fire drill on 4/14/16 at 10:53am. Resident #4 who was receiving Hospice Services was not evacuated during the fire drill. A physician has not certified in writing that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

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.

29a (b) (1,2,3,4,6,10): These 29a series of regulations are very important when caring for residents on hospice. Going forward all hospice residents will evacuate during fire drills unless all of these requirements within 29ab are met, received and executed by the facility in advance. This will be enforced and completed by the Director of Nursing, Director of Maintenance (who is aware of the drills) and Monitored and verified by the ED/Designee upon each new Hospice case. This will include having the proper documents on file from MD, and resident, POA, guardian, or health care representative; notifying the resident and staff in advance to follow proper evacuation procedures; and updating the resident's Assessment and Support Plan with the proper evacuation procedure for the resident.

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	
Christopher Murray, ED		10/11/16	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of	10/13/16 (Date)	Plan of correction implementation status as of	10/13/16 (Date)
The above plan of correction was approved by	M (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: 22659 - 09/22/2016 - Yellenic, Cindy
 PCH Name: WILLOWBROOK PLACE

1. REGULATION 55 Pa.Code §2600
 2600.29a(b)(2) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: The resident, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative has provided written informed consent that the person is not to evacuate in a fire drill.

2a. DESCRIPTION OF VIOLATION
 The facility held a fire drill on 4/14/16 at 10:53am. Resident #4 who was receiving Hospice Services was not evacuated during the fire drill. The resident, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative has not provided written informed consent that the resident is not to evacuate during a fire drill.

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.

29a (b) (1,2,3,4,6,10): These 29a series of regulations are very important when caring for residents on hospice. Going forward all hospice residents will evacuate during fire drills unless all of these requirements within 29ab are met, received and executed by the facility in advance. This will be enforced and completed by the Director of Nursing, Director of Maintenance (who is aware of the drills) and Monitored and verified by the ED/Designee upon each new Hospice case. This will include having the proper documents on file from MD, and resident, POA, guardian, or health care representative; notifying the resident and staff in advance to follow proper evacuation procedures; and updating the resident's Assessment and Support Plan with the proper evacuation procedure for the resident.

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) Christopher Murray, ED Date 10/11/16

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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: 22659 - 09/22/2016 - Yellenic, Cindy
 PCH Name: WILLOWBROOK PLACE

1. REGULATION 55 Pa.Code §2600
 2600.29a(b)(4) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: During a fire drill, the one designated person at the home who has knowledge in advance of the fire drill is to immediately upon setting off the fire alarm to begin the fire drill, go to the room of the resident who meets the conditions of § 2600.29a(b)(1)-(3), and notify the affected resident and any staff person who attempts to evacuate the resident, that this is a fire drill and the resident is not to be evacuated.

2a. DESCRIPTION OF VIOLATION
 The facility held a fire drill on 4/14/16 at 10:53am. Resident #4 who was receiving Hospice Services was not evacuated during the fire drill. During the drill, the one designated person that had knowledge in advance of the drill, did not respond to the resident room to notify the resident and any staff that attempt to evacuate the resident that this is a fire drill.

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.

29a (b) (1,2,3,4,6,10): These 29a series of regulations are very important when caring for residents on hospice. Going forward all hospice residents will evacuate during fire drills unless all of these requirements within 29ab are met, received and executed by the facility in advance. This will be enforced and completed by the Director of Nursing, Director of Maintenance (who is aware of the drills) and Monitored and verified by the ED/Designee upon each new Hospice case. This will include having the proper documents on file from MD, and resident, POA, guardian, or health care representative; notifying the resident and staff in advance to follow proper evacuation procedures; and updating the resident's Assessment and Support Plan with the proper evacuation procedure for the resident.

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) Christopher MURPHY, ED			Date: 10/11/16
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
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The above plan of correction was approved by <u>[Signature]</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: 22659 - 09/22/2016 - Yellenic, Cindy
 PCH Name: WILLOWBROCK PLACE

1. REGULATION 65 Pa.Code §2600
 2600.29a(b)(6) - If the provisions of § 2600.29a(b)(4) are not initiated, staff persons will proceed to evacuate the resident. All staff persons are to be trained to follow this evacuation procedure.

2a. DESCRIPTION OF VIOLATION
 The facility held a fire drill on 4/14/16 at 10:53am. Resident #4 who was receiving Hospice Services was not evacuated during the fire drill. The one designated person that had knowledge in advance of the fire drill did not respond to the resident room to notify staff persons that this is a fire drill; however staff failed to follow evacuation procedures, and did not evacuate 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.

29a (b) (1,2,3,4,6,10): These 29a series of regulations are very important when caring for residents on hospice. Going forward all hospice residents will evacuate during fire drills unless all of these requirements within 29ab are met, received and executed by the facility in advance. This will be enforced and completed by the Director of Nursing, Director of Maintenance (who is aware of the drills) and Monitored and verified by the ED/Designee upon each new Hospice case. This will include having the proper documents on file from MD, and resident, POA, guardian, or health care representative; notifying the resident and staff in advance to follow proper evacuation procedures; and updating the resident's Assessment and Support Plan with the proper evacuation procedure for the resident.

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) Christopher Murray, MD

Date 10/11/16

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The above plan of correction is approved as of 10/13/16
 (Date)

Plan of correction implementation status as of 10/13/16
 (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: 22659 - 09/22/2016 - Yellenic, Cindy
 PCH Name: WILLOWBROOK PLACE

1. REGULATION 55 Pa. Code §2600
 2600.29a(b)(10) - The resident's assessment and support plan are to be kept current and specify the requirements of this section as it relates to the specific resident.

2a. DESCRIPTION OF VIOLATION
 The facility held a fire drill on 4/14/16 at 10:53am. Resident #4 who was receiving Hospice Services was not evacuated during the fire drill. The resident's Assessment and Support Plan does not specify the evacuation procedures specific to the resident's needs.

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.

29a (b) (1,2,3,4,6,10): These 29a series of regulations are very important when caring for residents on hospice. Going forward all hospice residents will evacuate during fire drills unless all of these requirements within 29ab are met, received and executed by the facility in advance. This will be enforced and completed by the Director of Nursing, Director of Maintenance (who is aware of the drills) and Monitored and verified by the ED/Designee upon each new Hospice case. This will include having the proper documents on file from MD, and resident, POA, guardian, or health care representative; notifying the resident and staff in advance to follow proper evacuation procedures; and updating the resident's Assessment and Support Plan with the proper evacuation procedure for the resident.

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 10/11/16

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- Not Implemented

Violation Report: 22659 - 09/22/2016 - Yellenic, Cindy
 PCH Name: WILLOWBROOK PLACE

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

2a. DESCRIPTION OF VIOLATION

Upon entering the facility, the hostess cart in the main foyer had cookies on a tray. The cookies were not covered or in a container

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.

103g: This is very important, however, the cookies in the lobby have a domed lid on them and at that moment the inspectors noticed, a resident had just taken a cookie and did not replace the lid as of yet. It was replaced as soon as the resident stirred their coffee. Our receptionist will watch for the cookie dome not being replaced and make sure it is replaced each time a cookie is taken. We will remind the residents as well. Reception will watch for this and the ED/Designee will monitor.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

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

Date

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10/13/16
 (Date)

Plan of correction implementation status as of

10/13/16
 (Date)

The above plan of correction was approved by


 (Initials)

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

Violation Report: 22859 - 10/22/2016 - Yellenic, Cindy
 PCH Name: WILLOWBROOK PLACE

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed the sidewalk area directly below the exterior clothing dryer vent. There were several areas of large accumulations of lint.

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.

105g (2): This regulations is very important to our PM's done in the building on a weekly basis. The Maintenance Director completes these timely and includes the vent duct and internal and external ductwork of the dryers. He will add to this the sweeping of the sidewalk directly below the duct, in case any lint may happen to collect their after his cleaning. This will be done by the Maintenance Director and checked/monitored by the ED/Designee.

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) Christopher Murray, CEO Date 10/11/16

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

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


Violation Report: 22659 - 09/22/2016 - Yellenic, Cindy
 PCH Name: WILLOWBROOK PLACE

1. REGULATION 55 Pa. Code §2600
 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION
 The facility's notification to the Fire Department regarding residents served in the facility with mobility needs dated 7/25/16 does not include the total capacity of the facility.

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.

124: This letter used by the home has been the same letter used for the 15 years the home has been operating. After suggestion from the inspector, the total occupancy of the home was added to the letter at the time of inspection. They took a copy and had said it was sufficient and accurate. See attachment A.

The administrator shall monitor and assume ongoing compliance:

 10/13/16

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) Christopher Murray, CEO Date 10/11/16

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Plan of correction implementation status as of 10/13/16
 (Date)

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 (Initials)

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- Not Implemented

Violation Report: 22659 - 09/22/2016 - Yellenic, Cindy
 PCH Name: WILLOWBROOK PLACE

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
 Department Representatives observed the facility's fire drill logs. The fire drill log indicated a fire drill was held on 4/14/16 at 10:53, however it did not indicate if the drill was held in the AM or 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.

132c: This regulation is very important and the am was added to the drill at the time of inspection, correcting this violation. The inspectors took a copy of this with them as well. Going forward, the Maintenance Director will log the drill times in military time to avoid this from happening again. The ED/Designee will monitor the log as well. See Attachment B.

Repeat Violation: No

Date(s) of Previous Violation(s):

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

Date

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10/13/16
 (Date)

Plan of correction Implementation status as of

10/13/16
 (Date)

The above plan of correction was approved by

[Signature]
 (Initials)

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

Violation Report: 22659 - 09/22/2016 - Yellenic, Cindy
 PCH Name: WILLOWBROOK PLACE

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed the exit door on the lower level near the laundry room. Directly outside of the door was an ashtray with 20 extinguished cigarettes. This is not a designated smoking area of the facility.

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.

144c (1): This regulation is very important and that is why we have a designated smoking area not where this old ash tray was located. The ashtray witnessed was on its way to the dumpster, but too heavy for the Director to lift himself. After further investigation, we discovered the employees of Abington Manor using this ashtray on their way into their rented training room in our building. To prevent this from happening again, we disposed of this all together and had a discussion with the Administrator of Abington. The Maintenance Director and ED/Designee will monitor for this not to happen going forward.

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) Christopher Murray, ED Date 10/11/16

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 (Date)

Plan of correction implementation status as of 10/13/16
 (Date)

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

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

Violation Report: 22659 - 09/22/2016 - Yellanic, Cindy
 PCH Name: WILLOWBROOK PLACE

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

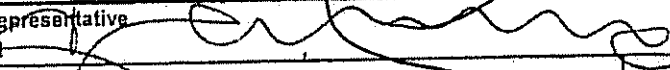
Resident #5 has a diagnosis of Diabetes and has a physician's order for insulin coverage based on a sliding scale. The resident has an order for a blood glucose test to be administered 3 x daily. The order in the MAR does not state what times the insulin should be given, only to be given 2 x daily.

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.

187a: Medication records are extremely important to us in our facility. To insure proper times for insulin going forward, our nurses will make sure that the MD includes exact times on their orders and then our med techs will give accordingly. This will be enforced by our RN, Director of Nursing and our LPN, Nurse Supervisor. The ED/Designee will monitor as well.


Repeat Violation: Yes Date(s) of Previous Violation(s): 09/17/2015

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christopher Murray, ED Date 10/11/16

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