



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 24 2017

Ms. Kelly Covone-Henning,
Administrator
Canterbury Place
310 Fisk Street
Pittsburgh, Pennsylvania 15201

RE: Canterbury Place
License #: 429490

Dear Ms. Covone-Henning:

As a result of the Department of Human Services' annual licensing inspection on November 15, 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: CANTERBURY PLACE		License Number: 42949
Address: 310 FISK STREET, PITTSBURGH, PA 15201		County: Allegheny
Administrator: Kelly Covone-Henning		Region: WEST
Legal Entity Name: CANTERBURY PLACE		
Legal Entity Address: 310 FISK STREET, PITTSBURGH, PA 15201		RECEIVED
Certificate(s) of Occupancy Other 09/15/2011 City of Pittsburgh		MAY 12 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 51	Working Staff: 38
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/15/2016; Barry, Courtney; Hoover, Josh; Mulick, Cindy; Roser, Ashley		
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: 78 Number of Residents Served: 40 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: 1 Number of Hospice Residents In past year: 5		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 40 Have Mental Illness: 3 Have an Intellectual Disability: 1 Have a Mobility Need: 11 Have a Physical Disability: 0

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Violation Report: 42949 - 11/15/2016 - Barry, Courtney
PCH Name: CANTERBURY PLACE

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 11/15/16, the current license, a copy of 55 Pa.Code Chapter 2600 and the current licensing inspection summary issued by the Department, dated 1/26/16, 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 and the current licensing inspection summary, dated 1/26/16, were posted in the front lobby. MS 5/18/17

A copy of the current personal care license has been moved from the administrative offices to the front lobby area (see photo). Additionally, the current licensing inspection summary report has been moved from the resident's mail box area to the front lobby area (see photo).

Immediately - The administrator or designated staff person will check the home weekly to ensure all required documentation in accordance with regulation 2600.3c is posted in a conspicuous and public place in the home. MS 5/15/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Kelly (Lorene) Henning

Date 5-12-17

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

The above plan of correction is approved as of 5/18/17
(Date)

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

Plan of correction implementation status as of 5/18/17
(Date)

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

Violation Report: 42949 - 11/15/2016 - Barry, Courtney
PCH Name: CANTERBURY PLACE

MAY 12 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
Staff person A, hired on [redacted] 16, did not have a criminal background check completed until 9/9/16.

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

All employees hired in the future will have their criminal background checks completed in compliance with the Older Adult Protective Services Act.

Immediately - the administrator or designated staff person will review records of all staff persons hired within the past year to ensure a criminal history background check has been completed. MS 5/12/17

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kelly Anne Henning*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kelly Anne Henning* Date *5-12-17*

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

The above plan of correction is approved as of <u>5/16/17</u> (Date)	Plan of correction implementation status as of <u>5/16/17</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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MAY 12 2017

Page 4 of 12

Violation Report: 42949 - 11/15/2016 - Barry, Courtney
PCH Name: CANTERBURY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

There was grease and dried food debris in the stove top drip pans and dried splattered food debris on the interior of the microwave in the McVay room.

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 stove top drip pans were replaced with new drip pans (see photo). The microwave in the Mc Vay room was cleaned. (see photo). Weekly audits have been conducted by Activity staff/designees to ensure cleanliness of stove and microwave. These audits will continue and be reviewed by the Quality Assurance Committee. The need for future audits will be determined by the Committee (see audit form).

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Kelly Anne Hernandez

Date
5/12/17

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

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(Date)

Plan of correction implementation status as of 5/16/17
(Date)

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

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

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MAY 12 2017

Page 5 of 12

Violation Report: 42949 - 11/15/2016 - Barry, Courtney
PCH Name: CANTERBURY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
The hot water temperature at the sink in resident bedroom #503 measured 123.4 °F.

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 hot water temperature will be audited daily by the maintenance department to ensure that hot water temperature does not exceed 120 degrees F. The audit form includes apartment 503. Any temperature exceeding 120-degree F. will be immediately corrected.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Kelly (Courtney) Henning

Date

5-12-17

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(Date)

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(Date)

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(Initials)

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Violation Report: 42949 - 11/15/2016 - Barry, Courtney
 PCH Name: CANTERBURY PLACE

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The personal care home complaint hotline telephone number was not posted on or nearby the following telephones with an outside line.

- The McVay Room
- 3rd. floor hallway
- 5th floor hallway
- 6th floor hallway

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.

Telephone numbers were added to the Mc Vay Room, as well as the 3rd, 5th and 6th floor hallways. This was noted during the exit interview as complete (see photo). Phone numbers were placed in a plastic holders to ensure they will not be removed.

within 30 days of receipt of the plan of correction - A designated staff person will check all telephones in the home at least monthly to ensure all telephone numbers as required in regulation 2600.91 are posted on or by each telephone with an outside line. ms 5/15/17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kelly Henning</i>	Date <i>5-12-17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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Violation Report: 42949 - 11/15/2016 - Barry, Courtney PCH Name: CANTERBURY PLACE	WEST REGION FIELD OFFICE Human Services Licensing
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1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
The slats in the register vent are broken exposing the heating coils in resident bedroom #328 posing a burn hazard.
There was a 4 foot section of railing unhinged from the wall in the hallway adjacent to resident bedroom #514 posing a fall 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.

Slats in the register vent in apartment 328 were repaired prior to exit interview and this was noted during the exit interview as complete (see photo).

The 4-foot section of railing that was unhinged from the wall in the hallway adjacent to apartment 514 was repaired and this was noted during the exit interview as complete (see photo).

within 30 days of receipt of the plan of correction - A designated staff person will check the home at least weekly to ensure furniture and equipment are in good repair, clean and free of hazards. MS 5/12/17

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

Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i> Kelly (Owner - Interim)	Date 5-12-17
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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Violation Report: 42949 - 11/15/2016 - Barry, Courtney PCH Name: CANTERBURY PLACE	WEST REGION FIELD OFFICE Human Services Licensing
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1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 There was no thermometer in the 6th floor kitchen chest freezer.

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 thermometer in the 6th floor kitchen chest freezer was replaced and this was noted during the exit interview as complete (see photo). Dietary supervisor monitors temperatures daily and records temperature of freezer (see form). These audits will continue and be reviewed by the Quality Assurance Committee. The need for future audits will be determined by the Committee

Immediately - the dietary supervisor will check each refrigerator and freezer daily to ensure there are thermometers in each and to ensure food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit. ms 5/15/17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kelly Covone - Hemming</i>	Date <i>5/12/17</i>
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Violation Report: 42949 - 11/15/2016 - Barry, Courtney
PCH Name: CANTERBURY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION
The fire extinguisher adjacent to the cold prep line in the kitchen has not been inspected by a fire safety expert since 10/20/15.

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 extinguisher adjacent to the cold prep line in the kitchen was replaced with currently inspected fire extinguisher and this was noted during the exit interview as complete (see photo). Maintenance conducted monthly audits to ensure fire extinguisher adjacent to the cold prep line in the kitchen had been inspected monthly (see audit form). Maintenance continues to check fire extinguishers monthly to ensure compliance. These audits will continue and be reviewed by the Quality Assurance Committee. The need for future audits will be determined by the Committee

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Kelly Conroy*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kelly Conroy - Administrator* Date *5-12-17*

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The above plan of correction is approved as of 5/15/17
(Date)

Plan of correction implementation status as of 5/18/17
(Date)

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

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

Violation Report: 42949 - 11/15/2016 - Barry, Courtney
 PCH Name: CANTERBURY PLACE

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

On 9/27/16, there was a fire drill conducted at 11:12 p.m. At this time there were 40 residents residing in the home; however, only 38 residents were evacuated. No additional fire drills were conducted during the month of September 2016.

On 10/10/16, there was a fire drill conducted at 2:49 p.m. At this time there were 41 residents residing in the home; however, only 39 residents were evacuated. No additional fire drills were conducted during the month of October 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.

Residents shall be evacuated to designated areas during monthly fire drills. Fire drills will continue to be conducted by Administrator/designee monthly insuring participation of all residents. Additional fire drills will be conducted if needed to ensure all residents evacuate during fire drills. Additionally, fire evacuation practices and procedures will be reviewed at monthly resident council meetings, and/or in monthly newsletters and/or during safety chats by the Administrator/designee. If resident refuse to participate in the monthly fire drills, the resident will be reminded that it is a state/facility requirement to participate during fire drills and corrective action may be taken up to and including being discharged from the facility. in accordance with regulations 2600.228b and 2600.28h. Documentation of education provided to residents refusing to evacuate to a designated meeting place away from the building or within the fire-safe area shall be kept. ms 5/15/17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/26/2016	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kelly Covone-Dennirza*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Kelly Covone-Dennirza

Date
 5-12-17

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

The above plan of correction is approved as of <u>5/15/17</u> (Date)	Plan of correction implementation status as of <u>5/15/17</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress MS <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

MAY 12 2017

Violation Report: 42949 - 11/15/2016 - Barry, Courtney
PCH Name: CANTERBURY PLACE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

There was no thermometer in the transportation vehicle's first aid kit.

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 thermometer in the van's first aid kit was replaced prior to exit interview and this was noted during the exit interview as complete (see photo).

Immediately - A designated staff person will check any vehicle prior to transporting residents to ensure the first aid kit is present and the contents of the first aid kit are in accordance with regulation 2600.171(b)(5) to include a thermometer. ms 5/15/17

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kelly (Covone-Herrington)* Date *5-12-17*

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

The above plan of correction is approved as of 5/15/17
(Date)

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

Plan of correction implementation status as of 5/15/17
(Date)

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

Violation Report: 42949 - 11/15/2016 - Barry, Courtney
 PCH Name: CANTERBURY PLACE

MAY 18 2017

WEST REGION FIELD OFFICE
 Human Services Licensing

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 #3's November 2016 Medication Administration Record (MAR) did not include a diagnosis or purpose for the following prescribed medications:

- Divalproex 500mg
- Risperidone 0.5mg
- Trazadone 50mg

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.

Resident #3's current MAR includes all required components in accordance with regulation 2600.187a. MS 5/18/17

Director of Resident Care is auditing the Medication Administration Record (see MAR example) to ensure the following information is included for each resident for whom medications are administered: Residents' name, drug allergies, name of medication, strength, dosage form, dose, route of administration, frequency of administration, administration times, duration of therapy, if applicable, special precautions, if applicable, diagnosis or purpose for the medication, including pro re nata (PRN), date and time of medication administration, name and initials of the staff person administering the medication. Director of Resident Care/Designee will continue with monthly audits. Any deficient practice will be immediately corrected. These audits will continue and be reviewed by the Quality Assurance Committee. The need for future audits will be determined by the Committee.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kelly Covone-Henning*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kelly Covone-Henning* Date *5.18.17*

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

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