



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 27 2017

Ms. Loriann Putzier,  
President & COO  
Tithonus Chambersburg LP  
C/O Integracare Corporation  
6600 Brooktree Court, Suite 1000  
Wexford, Pennsylvania 15090

RE: Magnolias of Chambersburg  
735 Norland Avenue  
Chambersburg, Pennsylvania 17201  
License #: 307670

Dear Ms. Putzier:

As a result of the Department of Human Services' annual licensing inspections on January 24, 2017 and January 25, 2017 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](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: 30767 - 01/24/2017 - Comstock, Kelly  
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

**1. REGULATION 55 Pa.Code §2600**

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

**2a. DESCRIPTION OF VIOLATION**

The contract for Resident #4, dated [redacted] 16 was not signed by the resident. There was no notation made to indicate whether the resident was given an opportunity to sign.

**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 attached page 2A of 8. -BE*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Tressia Day, Executive Director* Date *4-28-17*

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

The above plan of correction is approved as of 5-19-17  
 (Date)

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

Plan of correction implementation status as of 5-19-17  
 (Date)

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

PLAN OF CORRECTION

Page 2A of 8 YE

Community Name: Magnolias of Chambersburg

License Number: 307670

Date of Visit: 1/24-25/17

Date of Submission: 4/28/17

1. Violation Review:

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.

2. Violation Interpretative Statement:

The contract for the Resident #4, dated [redacted]/16 was not signed by the resident. There was no notation made to indicate whether the resident was given an opportunity to sign.

3. Review the benefit of the Regulation, per RCG:

Signing the contract constitutes a pledge by both parties to abide by the specified terms.

4. Description of the Repair of the Immediate Problem:

On 4/27/17, Executive Director (ED) sit with resident and reviewed contract and obtaining residents signature on the contract and/or made mark see attached.

5. Determine / document the Root Cause of the Violation:

Director of Marketing and Executive Director failed to review contract and have resident sign, managers are no longer with Magnolias of Chambersburg.

6. Detail Action Steps / System Developed to prevent future occurrence:

By 5/1/17, Executive Director (ED) will complete and audit of all residents contracts and review audit process with new Director of Marketing once on board. Going forward effective 4/24/17 all new admissions paperwork to include contract will be audited by ED within 24 hours of admission for all signatures to include an initial check list of completion (see attached).

Authorized Signature Jessie Day

Date: 4-28-17

Plan of Correction Template

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ADM040

Violation Report: 30767 - 01/24/2017 - Comstock, Kelly  
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

**1. REGULATION 55 Pa.Code §2600**  
 2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

**2a. DESCRIPTION OF VIOLATION**  
 On January 2, 5, 8, 10, 11, 13, 16, 20, 23 and 25, 2017, from 10 pm to 6 am, up to 23 residents were present in the home. On these dates, there were no staff persons present in the home who were certified in first aid, CPR and obstructed airway techniques.

**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 attached Page 3A of 8. - SE*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Tressia Day, Executive Director</i>	Date <i>4-28-17</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>5-19-17</u> (Date)	Plan of correction implementation status as of <u>5-19-17</u> (Date)
The above plan of correction was approved by <u>SE</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

Community Name: Magnolias of Chambersburg

License Number: 307670

Date of Visit: 1/24-25/17

Date of Submission: 4/28/17

1. Violation Review:

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2. Violation Interpretative Statement:

On January 2, 5, 8, 10, 11, 13, 16, 20, 23, and 25, 2017, from 10 pm to 6 am, up to 23 residents were present in the home. On these dates, there were no staff persons present in the home who were certified in first aid, CPR and obstructed airway techniques.

3. Review the benefit of the Regulation, per RCG:

Ensures that staff are appropriately trained to respond to an emergency, and that there are sufficient numbers of qualified staff to respond to simultaneous emergency situation (for example, if one resident is choking while another resident experience cardiac arrest.)

4. Description of the Repair of the Immediate Problem:

On 5/1/17, staff members without current CPR/First Aid and obstructed airway attended CPR/First Aid class and obtained all certifications. A second class will be scheduled for June 2017 for all resident care staff.

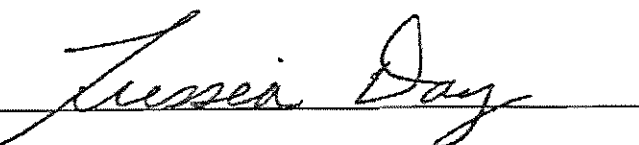
5. Determine / document the Root Cause of the Violation:

Director of Resident Care Services (DRCS) and Executive Director (ED) failed to monitor and/or schedule certified CPR/First Aid and obstructed airway classes to keep all staff in compliance with regulation 2600.63 (a). Both DRCS and ED are not longer with the community.

6. Detail Action Steps / System Developed to prevent future occurrence:

On 4/24/17, ED developed a tickler (see attached) and calendar reminder of certified training for each staff member employed in the community. ED will monitor monthly to ensure new staff members are added to tickler and all staff are current and up to date with trainings.

Authorized Signature



Date:

4-28-17

Violation Report: 30767 - 01/24/2017 - Comstock, Kelly  
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

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

2a. DESCRIPTION OF VIOLATION

From 1/24/17 to 1/25/17, one glucometer was used for blood sugar checks for three different residents. The glucometer's last five readings were 151, 270, 197, 317 and 95. Resident #1's Medication Administration Record (MAR) recorded blood sugar readings of 151, 270 and 197 on 1/25/17. Resident #6's MAR recorded a reading of 317 on 1/24/17 and Resident #7's MAR recorded a blood sugar reading of 95 on 1/24/17.

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 attached pages 4A of 8 - 2e*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Tressia Day, Executive Director* Date *4-28-17*

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

The above plan of correction is approved as of 8-8-17  
 (Date)

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

Plan of correction implementation status as of 8-8-17  
 (Date)

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

PLAN OF CORRECTION

Page 4 of 8

Community Name: Magnolias of Chambersburg  
License Number: 307670  
Date of Visit: 1/24-25/17  
Date of Submission: 6/19/17

gg

1. Violation Review:

2600.85 (a) – Sanitary conditions shall be maintained.

2. Violation Interpretative Statement:

From 1/24/17 to 1/25/17, one glucometer was used for blood sugar checks for three different residents. The glucometer's last five readings were 151, 270, 197, 317 and 95. Resident #1's Medication Administration Record (MAR) recorded blood sugar readings of 151, 270, and 197 on 1/25/17. Resident #6's MAR recorded a reading of 317 on 1/24/17 and Resident #7's MAR recorded a blood sugar reading of 95 on 1/24/17,

3. Review the benefit of the Regulation, per RCG:

Greatly minimizes the risk of resident illness, rodent and insect infestation, and provides dignified living conditions for residents.

4. Description of the Repair of the Immediate Problem:

On 2/1/17, DRCS purchased individual boxes to store resident's individual glucometer's, test strips and all supplies for testing blood sugars. MA's were educated on 4/27/17, regarding the importance of sanitary practices with the use of individual glucometer's.

5. Determine / document the Root Cause of the Violation:

Medication Assistants (MA) and Director of Resident Care Services (DRCS) failed to use residents individual testing supplies and used on multiple residents, DRCS failed to education MA's on sanitary practices of using individual glucometer's. DRCS is no longer with the community.

6. Detail Action Steps / System Developed to prevent future occurrence:

On 6/14/17, ED developed an audit tool to assist with audit of the weekly glucometer check which will be performed weekly by direct care staff med assist for all diabetic resident supplies and ensured all residents have individual supplies to include labeling and to verify that all blood sugars are only used for 1 individual resident. Each individual resident will have an audit sheet that can be signed by DRCS and/or ED to verify audit was completed weekly see attached. The first audit was completed on 6/21/17 a reminder was added to ED's Outlook calendar for this audit. Continued education was held on 4/27/17 see attached sign in sheet (provided previously).

Authorized Signature

Date:

6-19-17

Plan of Correction Template

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ADM040

Violation Report: 30767 - 01/24/2017 - Comstock, Kelly  
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

1. REGULATION 55 Pa.Code §2800  
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for Resident #1, dated 5/11/16 does not include the resident's height, weight, pulse rate, blood pressure or temperature.

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 attached page 5A of 8. -SE

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Tressia Day, Executive Director Date 4-28-17

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

The above plan of correction is approved as of <u>5-19-17</u> (Date)  The above plan of correction was approved by <u>SE</u> (Initials)	Plan of correction implementation status as of <u>5-19-17</u> (Date)  <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
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PLAN OF CORRECTION

Page 5 of 8

Community Name: Magnolias of Chambersburg

License Number: 307670

Date of Visit: 1/24-25/17

Date of Submission: 4/28/17

pe

1. Violation Review:

2600.141 (a)(2) – The medical evaluation must include the following: (1) through (10)

2. Violation Interpretative Statement:

The medical evaluation for Resident #1, dated 5/11/16 does not include the resident’s height, weight, pulse rate, blood pressure or temperature.

3. Review the benefit of the Regulation, per RCG:

Accurate medical information helps homes decide whether a resident’s needs can be met at the home, helps the home develop accurate assessments and support plans, and ensures that residents’ medical needs will be met.

4. Description of the Repair of the Immediate Problem:

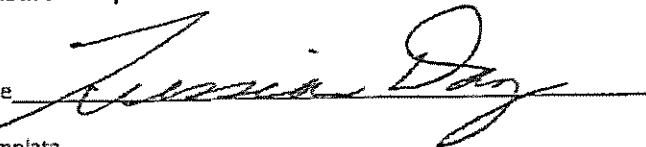
On 4/24/17, Director of Resident Care Services updated medical evaluation with height, weight, pulse rate, and temperature. An audit of all other charts on 4/25/17, was completed to ensure accurate assessment of resident we in place.

5. Determine / document the Root Cause of the Violation:

Director of Resident Care Services (DRCS) failed to review completeness of the medical evaluation to ensure resident’s medical needs were being met. DRCS is no longer with the community.

6. Detail Action Steps / System Developed to prevent future occurrence:

On 4/25/17, all mangers involved with admission process participated in an educational review of completeness of medical evaluation process and admission checklist (see attached). By 5/1/17, all other residents’ charts were reviewed for completeness of medical evaluation. Going forward effective 4/24/17, new DRCS (once onboard) and ED will review all residents’ medical evaluation within 24 hours prior to or after admission, and receipt of the annually completed DME to ensure compliance of Medical Evaluation.

Authorized Signature 

Date: 4-28-17

Violation Report: 30767 - 01/24/2017 - Comstock, Kelly  
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

**1. REGULATION 55 Pa.Code §2600**

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**

The Medication Administration Record (MAR) for Resident #1 does not include the diagnosis or purpose for Furosemide 20mg once daily (8am) and hydralazine 50mg twice daily (8am/8pm).  
 The MAR for Resident #2 does not include the diagnosis or purpose for Donepezil 10mg once daily (8am), folic acid one tablet daily (8am), and Vitamin B-12 1000mg once daily (8am).

**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 attached Page 6A & 6B of 8. -JE*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Tressia Day, Executive Director</i>	Date <i>4-28-17</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 5-19-17  
 (Date)

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

Plan of correction implementation status as of 5-19-17  
 (Date)

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

Community Name: Magnolias of Chambersburg

License Number: 307670

*JE*

Date of Visit: 1/24-25/17

Date of Submission: 4/28/17

1. Violation Review:

2600.187 (a) – A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Residents 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

2. Violation Interpretative Statement:

The Medication Administration Record (MAR) for resident #1 does not include the diagnosis or purpose for Furosemide 20 mg once daily (8am) and hydralazine 50 mg twice daily (8am/8pm). The MAR for resident #2 does not include the diagnosis for Donepezil 10mg once daily (8am), folic acid one tablet daily (8am) and Vitamin B-12 1000mg once daily (8am).

3. Review the benefit of the Regulation, per RCG:

The home's staff persons will be able to track all medications a resident receives and to ensure all medications are administered as prescribed.

4. Description of the Repair of the Immediate Problem:

On 2/1/17, Director of Resident Care Services (DRCS) reviewed residents identified above MAR's and contacted physician/pharmacy for correct medication diagnosis for all medication.

Authorized Signature

*Terri Day*

Date:

4-28-17

Plan of Correction Template

ADM040

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5. Determine / document the Root Cause of the Violation:

MA staff and Director of Resident Care Services failed to review medication administration records (MAR) for diagnosis of medication they were administering. *HE*

6. Detail Action Steps / System Developed to prevent future occurrence:

On 4/24/17, Executive Director (ED) audited all MAR's for compliance of diagnosis for all medication prescribed for all residents.

New DRCS (once onboard) and ED will going forward set up a schedule audit weekly to review all MAR's for compliance of diagnosis.

Medication Assistants will be educated on 4/27/17, to flag all prescriptions and/or make DRCS/ED aware of any medication that does not have a diagnosis to be corrected immediately.

Authorized Signature *Jessica Day*

Date: 4-28-17

Plan of Correction Template

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ADM040

Violation Report: 30767 - 01/24/2017 - Comstock, Kelly  
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

**1. REGULATION 55 Pa.Code §2600**

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

**2a. DESCRIPTION OF VIOLATION**

Resident #2 had a medical evaluation completed on 6/9/16 which did not include a diagnosis of Alzheimer's disease or other dementia.

**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 attached pages 7A + 7B of 8. -SE*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Tressia Day, Executive Director* Date *4-28-17*

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

The above plan of correction is approved as of 5-19-17  
 (Date)

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

Plan of correction implementation status as of 5-19-17  
 (Date)

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

PLAN OF CORRECTION

Community Name: Magnolias of Chambersburg *GE*

License Number: 307670

Date of Visit: 1/24-25/17

Date of Submission: 4/28/17

1. Violation Review:

2600.231 (b)- A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2. Violation Interpretative Statement:

Resident #2 had a medical evaluation completed on 6/9/16 which did not include a diagnosis of Alzheimer's disease or other dementia.

3. Review the benefit of the Regulation, per RCG:

Accurate medical information helps the homes decide whether a resident's needs can be met at the home, helps develop accurate assessments and support plans, and ensures that residents' medical needs will be met.

4. Description of the Repair of the Immediate Problem:

On 2/8/17, Director of Resident Care Services (DRCS) met with resident and resident physician to review medical evaluation or above mention resident. Resident's diagnosis of Alzheimer's disease or dementia was added to medical evaluation and signed by physician see attached.

5. Determine / document the Root Cause of the Violation:

DRCS, Executive Director, and Director of Marketing failed to review all diagnosis on medical evaluation; none of the managers are currently with community.

6. Detail Action Steps / System Developed to prevent future occurrence:

On 4/25/17, all mangers involved with admission process participated in an education review of completeness of medical evaluation process.

By 5/1/17, all other residents' charts were reviewed for completeness of medical evaluation.

Authorized Signature *[Handwritten Signature]*

Date: 4-28-17

Going forward effective 4/24/17, new DRCS (once onboard) and ED will review all residents' medical evaluation within 24 hours prior to or after admission to ensure compliance of Medical Evaluation. *JE*

Authorized Signature



Date: 4-28-17

Plan of Correction Template

ADM040

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Violation Report: 30787 - 01/24/2017 - Cornstock, Kelly  
 PCH Name: MAGNOLIAS OF CHAMBERSBURG BUILDING 1

1. REGULATION 55 Pa.Code §2600  
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION  
 The record of Resident #3 who died in the home on [redacted] 16 does not contain a copy of the death certificate.

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 attached Page 8A of 8. - SE*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Tressica Day, Executive Director* Date *4-28-17*

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

The above plan of correction is approved as of 5-19-17  
 (Date)

Plan of correction implementation status as of 5-19-17  
 (Date)

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

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

PLAN OF CORRECTION

Community Name: Magnolias of Chambersburg

License Number: 307670 *JJE*

Date of Visit: 1/24-25/17

Date of Submission: 4/28/17

1. Violation Review:

2660.252- Each resident's record must include the following information (1) through (26)

2. Violation Interpretative Statement:

The record of Resident #3 who died in the home on [redacted] 16 does not contain a copy of the death certificate.

3. Review the benefit of the Regulation, per RCG:

Having a complete record for each resident gives the home the best possible picture of who the resident is, what the resident's history is, and what services or needs the resident may have.

4. Description of the Repair of the Immediate Problem:

On 4/24/17, Director of Resident Care Services (DRCS) contacted family to obtain a copy of the death certificate for resident #3; certificate was received on 4/25/17 see attached.

5. Determine / document the Root Cause of the Violation:

DRCS failed to retrieve complete record for closing of chart to provide the history of the residents services/needs. DRCS is no longer with community.

6. Detail Action Steps / System Developed to prevent future occurrence:

Executive Director (ED) will educate new DRCS (once hired) on completeness of closing of a resident record. Going forward effective 4/24/17, ED will audit all closed records and the closing of records to ensure all required documents are present audit tool put into place see attached.

Authorized Signature *Jessica Day*

Date: 4-28-17