



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: June 19, 2017

Mr. Martin D. Allen
Director
Arden Courts North Hills of Pittsburgh PA, LLC
333 North Summit Street
Toledo, Ohio 43604

RE: Arden Courts of North Hills
1125 Perry Highway
Pittsburgh, Pennsylvania 15237
License # 435530

Dear Mr. Allen:

As a result of the Department of Human Services' licensing inspection on March 21, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Jon Kimberland".

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PGH Name: ARDEN COURTS OF NORTH HILLS		License Number: 43553
Address: 1125 PERRY HIGHWAY, PITTSBURGH, PA 15237		County: Allegheny
Administrator: Joan Ealy		Region: WEST
Legal Entity Name: ARDEN COURTS NORTH HILLS OF PITTSBURGH PALLC		RECEIVED
Legal Entity Address: 333 NORTH SUMMIT STREET, TOLEDO, OH 43604		
Certificate(s) of Occupancy C-2 LP 11/12/1996 Labor & Industry		^{AL} JUN 08 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 10	Total Daily Staff: 98	Waking Staff: 74
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspection Dates and Department Representatives On-Site 03/21/2017: Barone, Barbara; Bartlett, Patricia		
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: 56 Number of Residents Served: 44 Secured Dementia Care Unit in Home: Yes Area: Country Lane, Garden Path, Cottage Place, Boat House Cove Secured Dementia Unit Capacity, if Applicable: 56 Number of Residents Served in Secured Dementia Care Unit, if applicable: 44 Number of Current Hospice Residents: 10 Number of Hospice Residents in past year: 30		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 44 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 44 Have a Physical Disability: 0

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JUN 08^{one} 2017

Violation Report: 43553 - 03/21/2017 - Barone, Barbara
PCH Name: ARDEN COURTS OF NORTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing
of annual training relating to their job duties.

1. REGULATION 55 Pa.Code §2600
2600.65(e) - Direct care staff persons shall have at least 12 hours

2a. DESCRIPTION OF VIOLATION

Direct care staff person A received only 3.25 hours of the required 12 hours of training during the 2016 training year (January 2016 to December 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 page 2A of 10.

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

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

The above plan of correction is approved as of 6-13-17
(Date)

Plan of correction implementation status as of 6-13-17
(Date)

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

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

65 (e)

Direct care staff person A will complete an additional 8.75 hours of training to meet the required 12 hours of annual training.

Date: by June 2, 2017

Attachment: In-Service Attendance Record

The Executive Director or designee will audit all staff training plans for completion of the required 12 hours of annual training related to their job duties.

Date: By June 2, 2017


The Administrative Services Coordinator was in-serviced by the Education and Development Specialist regarding regulation 65 (e), including annual training requirements.

Date: May 25, 2017

Attachment: In-Service Attendance Record

The Administrative Services Coordinator or designee will audit individual staff training plans on a quarterly basis to ensure staff training requirements are completed.

Date: June 2, 2017, and on-going


JOAN L. EALY, EXEC. DIR.

6-8-17
6-13-17g

JUN 08 2017

Violation Report: 43553 - 03/21/2017 - Barone, Barbara PCH Name: ARDEN COURTS OF NORTH HILLS	WEST REGION FIELD OFFICE Human Services Licensing
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1. REGULATION 55 Pa.Code §2600
 2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person A did not receive training on the following required training topics during the 2016 training year (January 2016 to December 2016):

- * Medication self-administration training
- * Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- * Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration
- * Personal care service needs of the resident
- * Safe management 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 page 3A of 10

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>			
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>		Date	
<i>JOAN L. EARLY, Exec Dir.</i>		<i>6-8-17</i>	

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

The above plan of correction is approved as of <u>6-13-17</u> (Date)	Plan of correction implementation status as of <u>6-13-17</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></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

65 (f)

Direct care staff person A will complete required training topics included in the Violation Report.

Attachment: In-Service Attendance Record

Date: June 2, 2017

The Executive Director or designee will audit all individual staff training plans for completion of the required training topics.

Date: June 2, 2017

The Administrative Services Coordinator was in-serviced by the Education Development Specialist regarding regulation 65 (f), including required training topics.

Date: May 25, 2017

Attachment: In-Service Attendance Record

The Administrative Services Coordinator or designee will audit individual staff training plans on a quarterly basis to ensure staff training requirements are completed.

Date: June 2, 2017, and on-going

 JOAN L. EALY, EXEC. DIR.

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6-13-17 g

JUN 08 2017

Violation Report: 43553 - 03/21/2017 - Barone, Barbara
PCH Name: ARDEN COURTS OF NORTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A did not receive training on the following required training topics during the 2016 training year (January 2016 to December 2016).

- * Emergency preparedness procedures and recognition and response to crises and emergency situations.
- * The Older Adult Protective Services Act (35 P. S. §§10225.101—10225.5102).
- * Falls and accident prevention.

Ancillary staff person B did not receive training on the following required training topics during the 2016 training year (January 2016 to December 2016).

- * The Older Adult Protective Services Act (35 P. S. §§10225.101—10225.5102).
- * Falls and accident prevention.

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 4 A 0116

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)

JOAN L. EALLY, Exec. Dir.

Date

6-8-17

DEPARTMENT USE ONLY (HOMES MAY NOT WRITE BELOW THIS LINE!)

The above plan of correction is approved as of

6-13-17
(Date)

Plan of correction implementation status as of

6-13-17
(Date)

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

The above plan of correction was approved by

K
(Initials)

65 (g)

Direct care staff person A will complete required training topics included in the Violation Report.

Date: June 2, 2017

Attachment: In-Service Attendance Record

Ancillary staff person B will complete required training topics included in the Violation Report.

Date: May 25, 2016

Attachment: In-Service Attendance Record

The Executive Director or designee will audit all staff training plans for completion of required training topics.

Date: June 2, 2017

The Administrative Services Coordinator was in-serviced by the Education Development Specialist regarding regulation 65 (g), including annual training requirements.

Date: May 25, 2017

Attachment: In-Service Attendance Record

The Administrative Services Coordinator or designee will audit individual staff training plans on a quarterly basis to ensure staff training requirements are completed.

Date: June 2, 2017, and on-going

John L. Early

JOHN L. EARLY, EXEC. DIR.

6-7-17

6-13-17

JUN 08 2017

Violation Report: 43553 - 03/21/2017 - Barone, Barbara
PCH Name: ARDEN COURTS OF NORTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home is not routinely evacuating all residents to a fire safe area designated in writing by a fire safety expert or a public thoroughfare during fire drills. Only the area of the simulated fire is evacuated to include:

- * 2/28/17 at 4:07 p.m. - Only the Cottage area of the home was evacuated.
- * 2/22/17 at 2:21 p.m. - Only the Grayson area of the home was evacuated.
- * 1/31/17 at 2:40 p.m. - Only the Garden area of the home was evacuated.
- * 1/25/17 at 9:22 p.m. - Only the Country area of the home was evacuated.

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 10

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)

JOAN LEALY, EXEC. DIR.

Date

6-8-17

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

The above plan of correction is approved as of

6-13-17
(Date)

Plan of correction implementation status as of

6-8-17
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

132 (d)

1) The Building Services Coordinator was in-serviced by the Education and Development Specialist regarding regulation 132 (d) re. evacuation of all residents to a fire safe area.

Date: May 25, 2017

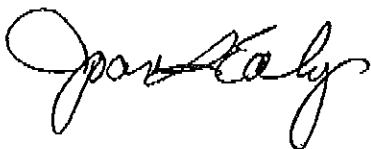
Attachment: In-Service Attendance Record

2) June fire drill records will be reviewed by the Education and Development Specialist by June 30, 2017, to ensure compliance with regulation 132 (d).

Date: June 30, 2017

3) The fire drill records will be reviewed monthly at the Safety Committee Meeting to ensure compliance with regulation 132 (d), including evacuation of all residents to a fire safe area.

Date: June 2, 2017, and on-going



JOAN L. EALY, Exec. Dir.

6-8-17
6-13-17

JUN 08 2017

Violation Report: 43553 - 03/21/2017 - Barone, Barbara PCH Name: ARDEN COURTS OF NORTH HILLS	WEST REGION FIELD OFFICE Human Services Licensing
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1. REGULATION 65 Pa.Code §2600
2600.132(i) - A fire alarm or smoke detector shall be set off during each fire drill.

2a. DESCRIPTION OF VIOLATION

On 10/28/16 at 5:30 a.m., the home conducted a fire drill. However, no fire alarm or smoke detector was activated.
 On 12/23/16 at 3:45 a.m., the home conducted a fire drill. However, no fire alarm or smoke detector was activated.
 On 1/25/17 at 11:30 p.m., the home conducted a fire drill. However, no fire alarm or smoke detector was activated.

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 6A of 10

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) <i>JOAN L. EALY EXEC DIR</i>	Date <i>6-8-17</i>
--	--------------------

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

The above plan of correction is approved as of 6-13-17
(Date)

Plan of correction implementation status as of 6-13-17
(Date)

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

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

132 (i)

1) The Building Services Coordinator was in-serviced by the Education and Development Specialist regarding regulation 132 (d) re. a fire alarm or smoke detector shall be set off during each fire drill

Date: May 25, 2017

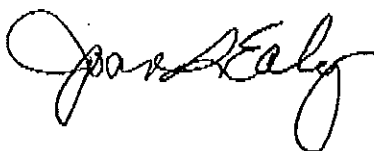
Attachment: In-Service Attendance Record

2) June fire drill records will be reviewed by the Education and Development Specialist by June 30, 2017, to ensure compliance with regulation 132 (i).

Date: June 30, 2017

3) The fire drill records will be reviewed monthly at the Safety Committee Meeting to ensure compliance with regulation 132 (i), including a fire alarm or smoke detector shall be set off during each fire drill.

Date: June 2, 2017, and on-going



JOAN L. EALY, Exec Dir

6-8-17
6-13-17g

JUN 08 2017

Violation Report: 43553 - 03/21/2017 - Barone, Barbara
PCH Name: ARDEN COURTS OF NORTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident #6's most recent medical evaluation was completed on 8/27/15.
Resident #6's most recent medical evaluation was completed on 12/3/15.

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.

See page 7 of 10

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Joan L. Ealy

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

JOAN L. EALY, EXEC. DIR.

Date *6-8-17*

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The above plan of correction is approved as of 6-13-17
(Date)

Plan of correction implementation status as of 6-13-17
(Date)

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

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

141(b) (1)

A medical evaluation was completed on Resident #5.
A medical evaluation was completed on Resident #6.
Attachments – Medical evaluations on Residents #5 and #6
Date: March 22, 2017

The Resident Services Coordinator or designee will audit all resident records for completion of a medical evaluation at least annually.
Date: June 2, 2017

The Resident Services Coordinator will be in-serviced by the Executive Director regarding regulation 141 (b) (1), including resident shall have a medical evaluation at least annually.
Date: May 30, 2017
Attachment: In-Service Attendance Record

The Executive Director or designee will audit individual resident records on a quarterly basis to ensure medical evaluations are completed at least annually.
Date: June 2, 2017, and on-going

Joan L. Ealy

JOAN L. EALY, Exec. Dir.

6-8-17
6-10-17

JUN 08 2017

Violation Report: 43553 - 03/21/2017 - Barone, Barbara
PCH Name: ARDEN COURTS OF NORTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #6's support plan does not indicate the frequency, care and responsible party for hospice services being provided to 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.

See page 8 of 10

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *JOAN L. GALLY, EXEC. DIR.* Date *6-8-17*

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

The above plan of correction is approved as of 6-13-17
(Date)

Plan of correction implementation status as of 6-13-17
(Date)

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

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

227 (d)

The support plan for resident #6 was revised to include the frequency, care and responsible party for hospice services.

Date: June 2, 2017

Attachment: Support Plan Addendum

The Executive Director or designee will audit all resident records for documentation of services as required by regulation 227 (d).

Date: June 2, 2017

The coordinators will be in-serviced by the Executive Director regarding regulation 227 (d), including documentation of services as required by regulation 227 (d).

Date: May 30, 2017

Attachment: In-Service Attendance Record

The Executive Director or designee will audit individual resident records on a quarterly basis to ensure documentation of services as required by regulation 227 (d).

Date: June 2, 2017, and on-going

Joan Lealy JOAN L. EALY, EXEC. DIR.

6-8-17
6-13-17

JUN 08 2017

Violation Report: 43553 - 03/21/2017 - Barone, Barbara

PCH Name: ARDEN COURTS OF NORTH HILLS

WEST REGION FIELD OFFICE

Human Services Licensing

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 #7 was admitted to the secured dementia care unit on [redacted] 16. However, resident #7's medical evaluation was completed on [redacted] 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.

See pgs 9 & 10

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Jean L. Ealy

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

JEAN L. EALY, EXEC DIR

Date

6-8-17

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

The above plan of correction is approved as of

6-13-17
(Date)

Plan of correction implementation status as of

6-13-17
(Date)

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

The above plan of correction was approved by

JLE
(Initials)

231 (b)

The Executive Director or designee will audit resident records for timely completion of medical evaluations as required by regulation 231(b).

Date June 2, 2017

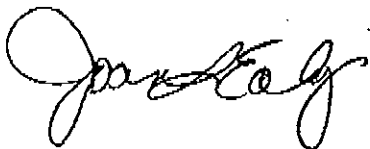
The coordinators will be in-serviced by the Executive Director regarding regulation 231 (b), including timely completion of medical evaluations as required by regulation 231(b).

Date: May 30, 2017

Attachment: In-Service Attendance Record

The Executive Director or designee will audit individual resident records prior to move-in to ensure timely completion of medical evaluations as required by regulation 231 (b).

Date: June 2, 2017, and on-going



Joan L. Early, Exec. Dir.

6-8-17
6-13-17 y

JUN 08 2017

Violation Report: 43553 - 03/21/2017 - Barone, Barbara
PCH Name: ARDEN COURTS OF NORTH HILLS

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2800

2800.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #7 was admitted to the secured dementia care unit on [redacted] 16. However, resident #7's cognitive preadmission screening was completed on [redacted] 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.

See page 10 A of 10

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) *JOAN L. EALLY, EXEC. DIR.* Date *6-8-17*

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

The above plan of correction is approved as of 6-13-17
(Date)

Plan of correction implementation status as of 6-13-17
(Date)

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

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

231 (c)

The Executive Director or designee will audit all resident records for timely completion of the written cognitive preadmission screening as required by regulation 231(c).

Date: June 2, 2017

The coordinators will be in-serviced by the Executive Director regarding regulation 231 (c), including timely completion of the written cognitive preadmission screening as required by regulation 231(c).

Date: May 30, 2017

Attachment: In-Service Attendance Record

The Executive Director or designee will audit individual resident records prior to move-in to ensure timely completion of the written cognitive preadmission screening as required by regulation 231 (c).

Date: June 2, 2017, and on-going

 JOAN L. EALLY, EXEC. DIR.

6-8-17
6-13-17