



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Ms. Diana L. Smyrl,
Director of HealthCare Services
ARHC WHWCHPA01 TRS, LLC
Executive Director
1361 East Boot Road
West Chester, Pennsylvania 19380

RE: Wellington Court at Hershey's Mill
License #: 141360

Dear Ms. Smyrl:

As a result of the Department of Human Services' annual licensing inspection on April 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.

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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: WELLINGTON COURT AT HERSHEY S MILL		License Number: 14138									
Address: 1361 EAST BOOT ROAD, WEST CHESTER, PA 19380		County: Chester									
Administrator: Andrea Diottavio		Region: SOUTHEAST									
Legal Entity Name: ARHC WHWCHPA01 TRS LLC											
Legal Entity Address: 1361 EAST BOOT ROAD, WEST CHESTER, PA 19380											
Certificate(s) of Occupancy <table border="0"> <tr> <td>I-2</td> <td>I-2</td> <td>I-2</td> </tr> <tr> <td>02/10/2015</td> <td>02/10/2015</td> <td>02/10/2015</td> </tr> <tr> <td>East Goshen Township</td> <td>East Goshen Township</td> <td>East Goshen Township</td> </tr> </table>			I-2	I-2	I-2	02/10/2015	02/10/2015	02/10/2015	East Goshen Township	East Goshen Township	East Goshen Township
I-2	I-2	I-2									
02/10/2015	02/10/2015	02/10/2015									
East Goshen Township	East Goshen Township	East Goshen Township									
Staffing Hours <table border="0"> <tr> <td>Resident Support: 46</td> <td>Total Daily Staff: 100</td> <td>Working Staff: 80</td> </tr> </table>			Resident Support: 46	Total Daily Staff: 100	Working Staff: 80						
Resident Support: 46	Total Daily Staff: 100	Working Staff: 80									
<table border="0"> <tr> <td>Type of Inspection: Full</td> <td>BHA Docket Number:</td> <td>Notice: Unannounced</td> </tr> </table>			Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced						
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced									
Reason(s) for Inspection(s) Renewal											
On-Site Inspection Dates and Department Representatives On-Site 04/21/2017; ; Woolers, Sandra											
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: 74 Number of Residents Served: 58 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: 4 Number of Hospice Residents in past year: 13	Number of Residents who: Receive Supplemental Security Income: 0 Are 80 Years of Age or Older: 58 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 3 Have a Physical Disability: 0										

Violation Report: 14136 - 04/21/2017 -

PCH Name: WELLINGTON COURT AT HERSHEY S MILL

1. REGULATION 55 Pa.Code §2800

2800.16(b) - The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

The home's written policy on reportable incidents does not address prevention, how the home identify and keep each type of incident from happening.

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 Home's written policy (attached) has been updated on 06/01/2017 to address prevention, how the home identifies an incident and how it keeps the incident from happening again. The administrator will in-service all team members to identify and keep each type of incident from happening. The administrator will review with all members of the Quality Improvement Team the new policy. During the quarterly Quality Improvement team meetings, all incidents will discussed as sto interventions and preventions.

All staff will be trained on the updated incident policy within 30 days of receipt of this plan of correction. All new staff will be trained on the policy within 40 hours of hire. [SW 6.7.17]

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

Signature of Legal Entity Representative
(Required on EVERY Page) Diana L. Smyth

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Diana L. Smyth, Dir. of HealthCare Date 06/03/17

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

The above plan of correction is approved as of <u>6/7/17</u> (Date)	Plan of correction implementation status as of <u>6/7/17</u> (Date)
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: 14136 - 04/21/2017 -

PCH Name: WELLINGTON COURT AT HERSHEY S MILL

1. REGULATION 65 Pa.Code §2000

2600.28(a) - If, after the home gives notice of discharge or transfer in accordance with § 2600.228(b) (relating to notification of termination) and the resident moves out of the home before the 30 days are over, the home shall give the resident a refund equal to the previously paid charges for rent and personal care services for the remainder of the 30-day time period. The refund shall be issued within 30 days of discharge or transfer. The resident's personal needs allowance shall be refunded within 2 business days of discharge or transfer.

2a. DESCRIPTION OF VIOLATION

On 2/26/17, Resident #1 moved out of the home, removing all personal belongings. The resident was due a refund of \$9,123.06 for the remaining days in the month. The home issued the refund on 4/13/17, more than 30 days after discharge.

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 financial personnel and administrative staff were trained on 06/01/2017 regarding refunds outlined by regulation 2600.28. For any new staff hired in the future, the administrator will provide training on refunds outlined in Regulation 2600.28.

The administrator will be responsible for providing discharge information immediately upon discharge of the resident to the Business Office. The administrator will also be responsible for following through with Wellington's Corporate Office (Benchmark Senior Living) to assure payment has been made within the 30 day window.

The administrator will review resident funds within 30 days of discharge to ensure refunds are reimbursed accordingly, starting immediately. (SW 6.7.17)

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Diana L. Smyrle*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Diana L. Smyrle Dir. of Health CARE SER* Date *06/03/17*

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

The above plan of correction is approved as of 6/7/17
(Date)

Plan of correction implementation status as of 6/7/17
(Date)

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

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

Violation Report: 14138 - 04/21/2017 -

PCH Name: WELLINGTON COURT AT HERSHEY S MILL

1. REGULATION 65 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION *B*

On 2/23/17, direct care staff person *A*, whose first day of work was 2/23/17, did not receive orientation on the designated meeting place in the event of an emergency evacuation.

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.

Direct Care person *B* received orientation on the designated meeting place on May 31, 2017. Regulation 2600.65 is already a part of the initial orientation which occurs on the 1st day of work (attached) which includes designated meeting places. All staff persons will be in-serviced by the administrator as to the meeting place during an emergency evacuation on June 2 & 3, 2017. Additionally all new employee orientation will include include regulation 2600.65 during the first day of work at orientation (attached).

Report Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
(Required on EVERY Page) *Diana L. Smyrl*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Diana L. Smyrl Dir. of Health Care Serv.* Date *06/03/17*

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

The above plan of correction is approved as of <u>6/7/17</u> (Date)	Plan of correction implementation status as of <u>6/7/17</u> (Date)
The above plan of correction was approved by <u><i>DS</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

Violation Report: 14136 - 04/21/2017 -

PCH Name: WELLINGTON COURT AT HERSHEY S MILL

1. REGULATION 65 Pa.Code §2600

2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 4/21/17, Resident # 2's wheelchair's handles were loose and the locking mechanism was missing.

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 #2's wheel chair handles were tightened on April 21, 2017 and the locking mechanism on Resident #3's wheel chair was fixed on April 21, 2017. The staff have been in-serviced to report any defect or need of cleaning for any residents' equipment to the administrator. Upon any reported need, the defect and/or cleaning will addressed immediately.

Additionally maintenance will be checking monthly (form attached) all wheelchairs to determine their safety. The audit form will be reviewed monthly by the Director of HealthCare Services.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Dana L. Smyth

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

Dana L. Smyth, Dir. of Health Care Service

Date *06/03/17*

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

The above plan of correction is approved as of

6/7/17
(Date)

Plan of correction implementation status as of

6/7/17
(Date)

The above plan of correction was approved by

(Signature)
(Initials)

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

Violation Report: 14138 - 04/21/2017 -
 PCH Name: WELLINGTON COURT AT HERSHEY S MILL

1. REGULATION 55 Pa.Code §2800
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION
 The used the same exit routes for fire drills conducted on 1/12/17, 1/28/17, 2/11/17 and 3/10/17.

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.

The Administrator reviewed the violation with the Facilities Director, the Facilities Director will insure that alternate exit routes including stair towers are used during drills. The Facilities Director also has in-serviced all maintenance personnel who conduct fire drills to utilize alternate exit routes. All staff by the Director of HealthCare Services at staff meetings and residents at resident councils have been instructed the exit of fire drills will vary. The Director of HealthCare Services will audit the fire drill records monthly especially noting if different fire routes were utilized.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Diana Smyrl*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Diana L Smyrl, Dir of HealthCare Services* Date: *06/03/17*

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

The above plan of correction is approved as of <u>6/7/17</u> (Date)	Plan of correction implementation status as of <u>6/7/17</u> (Date)
The above plan of correction was approved by <u><i>DS</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

Violation Report: 14136 - 04/21/2017 -

PCH Name: WELLINGTON COURT AT HERSHEY S MILL

1. REGULATION 85 Pa.Code §2600

2600.144(b) - The home rules shall specify whether the home is designated as smoking or nonsmoking.

2a. DESCRIPTION OF VIOLATION

The home's smoking policy indicates smoking is only permitted on the outside patio. The resident handbook indicates smoking is permitted on the patio and the balcony.

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.

Wellington Court is a non-smoking facility and smoking is not allowed inside or outside of the building. Both Wellington Court's policy and handbook (attached) have been updated to reflect Wellington Court's no smoking policy. Residents will be notified of the new policy by 06/05/2017 by the Director of HealthCare Services. This policy goes into effect immediately.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Dawn L. Smyth

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Dawn L. Smyth, Dir. of HealthCare Services

Date

06/03/17

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

The above plan of correction is approved as of

6/7/17
(Date)

Plan of correction implementation status as of

6/7/17
(Date)

The above plan of correction was approved by

(Signature)
(Initials)

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

Violation Report: 14136 - 04/21/2017 -

PCH Name: WELLINGTON COURT AT HERSHEY S MILL

1. REGULATION 56 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Senokot 8.6mg PRN at bedtime. On 4/21/17, the medication was not available for administration.

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 PRN senekot had not been requested for the past 9 months and the bottle had expired. Staff discarded the medication, but did not obtain an order from the Physician to discontinue the medication. The DC'd order was obtained on April 21, 2017.

All PRNs for all residents were audited to ascertain if there were any medications which needed to be DC'd with a Physician's order (attached). The Administrator will audit PRNs monthly.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Stacy L. Bruyl*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Diana L. SmyRL, Dir. of Health Care Services* Date *06/03/17*

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

The above plan of correction is approved as of 6/7/17
(Date)

Plan of correction implementation status as of 6/7/17
(Date)

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

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

Violation Report: 14136 - 04/21/2017 -
 PCH Name: WELLINGTON COURT AT HERSHEY S MILL

1. REGULATION 55 Pa.Code §2600
 2600.190(c) - A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

2a. DESCRIPTION OF VIOLATION
 The home's annual medication administration training record for staff person ^RB does not include their name, date and documentation of successful completion.

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 annual medication administration training record for staff person A was corrected on April 21, 2017 to include the name, date and documentation of successful completion. All other medication administration records were audited for completeness. The Director of HealthCare Services will audit all administration records upon completion of training and observation by the Director of HealthCare Services.

Staff member A is now a LPN.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Diana L Smyth*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Diana L Smyth, Dir. of Health Care Services* Date *06/03/17*

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

The above plan of correction is approved as of <u>6/7/17</u> (Date) :	Plan of correction implementation status as of <u>6/7/17</u> (Date)
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: 14136 - 04/21/2017 -

PCH Name: WELLINGTON COURT AT HERSHEY S MILL

1. REGULATION 56 Pa.Code §2600

2600.223(b) - The home shall develop written procedures for the delivery and management of services from admission to discharge.

2a. DESCRIPTION OF VIOLATION

The homes does not have written procedures for the delivery and management of services.

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.

Wellington Court has developed written procedures for the delivery and management of services from admission to discharge (attached). This policy goes into effect immediately.

All administrative staff will be trained on the updated procedures within 30 days of receipt of the plan of correction. [SW 6.7.17]

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Diana L. Smyrl*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Diana L. Smyrl, Dir. of HealthCare Services* Date *06/03/17*

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

The above plan of correction is approved as of <u>6/7/17</u> (Date)	Plan of correction implementation status as of <u>6/7/17</u> (Date)
The above plan of correction was approved by <u><i>DS</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

Violation Report: 14136 - 04/21/2017 -
 PCH Name: WELLINGTON COURT AT HERSHEY S MILL

1. REGULATION 65 Pa.Code §2600
 2600.254(b) - Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

2a. DESCRIPTION OF VIOLATION
 [The home's policies and procedures for managing records do not include who is responsible for record accessibility, security, storage, authorized use and release.

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.

Wellington Court has now developed and implemented a policy and procedures addressing record accessibility, security, storage authorized use and release and who is responsible for the records (attached). This policy goes into effect immediately.

The administrator or designee will review the new policy and procedures with all staff within 30 days of receipt of the plan of correction and review the plan annually. [SW 6.7.17]

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Diana L. Smyth*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Diana L. Smyth, Dir. of Health Care Serv* Date *06/03/17*

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

The above plan of correction is approved as of <u>6/7/17</u> (Date)	Plan of correction implementation status as of <u>6/7/17</u> (Date)
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: 14136 - 04/21/2017 -

PCH Name: WELLINGTON COURT AT HERSHEY S MILL

1. REGULATION 65 Pa.Code §2800

2600.254(c) - Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

2a. DESCRIPTION OF VIOLATION

On 4/21/17 at 4:36 p.m, resident records located at the nurses station on "A" floor were unlocked and accessible. The nurses station is opened to a half wall and easily accessible to residents, providers, and family members.

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 records are now stored in locked cabinets and only authorized personnel have a key access (see attached picture).

The administrator or designee will provide training to all staff on the importance keeping resident records confidential and locked. The training will be conducted within 30 days of receipt of this plan of correction. [SW 6.7.17]

The administrator or designee will conduct period checks on the resident records to ensure they remain locked at all times when not in use, starting immediately. [SW 6.7.17]

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Diana L. Smyer*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Diana L. Smyer, Dir. of Health Care Services* Date *06/03/17*

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

The above plan of correction is approved as of <u>6/7/17</u> (Date)	Plan of correction implementation status as of <u>6/7/17</u> (Date)
The above plan of correction was approved by <u><i>DS</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