



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 22 2017

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

RE: Magnolias of Lancaster
1870 Rohrestown Road
Lancaster, Pennsylvania 17601
License #: 322590

Dear Ms. Putzier:

As a result of the Department of Human Services' annual licensing inspection on June 22, 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: MAGNOLIAS OF LANCASTER		License Number: 32259
Address: 1870 ROHRESTOWN ROAD, LANCASTER, PA 17601		County: Lancaster
Administrator: Susan McClain		Region: CENTRAL
Legal Entity Name: TITHONUS LANCASTER LP		
Legal Entity Address: 6600 BROOKTREE COURT SUITE 1000, WEXFORD, PA 15090		
Certificate(s) of Occupancy C-2 LP 03/24/1998 L & I		
Staffing Hours Resident Support: 0 Total Daily Staff: 52 Waking Staff: 39		
Type of Inspection: Full BHA Docket Number:		Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 06/22/2017: Gillespie, Denise; McCloskey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>JUL 25 2017</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details Partial or Full Triggers: N/A Random Indicators: N/A		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 38 Number of Residents Served: 26 Secured Dementia Care Unit in Home: Yes Area: Entire Facility Secured Dementia Unit Capacity, if Applicable: 38 Number of Residents Served in Secured Dementia Care Unit, if applicable: 26 Number of Current Hospice Residents: 8 Number of Hospice Residents in past year: 10	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 26 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 26 Have a Physical Disability: 0	

Violation Report: 32258 - 06/22/2017 - Gillespie, Denise
PCH Name: MAGNOLIAS OF LANCASTER

1. REGULATION 55 Pa.Code §2800
2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION
Resident # 1 has not received a quarterly account of financial transactions since December 2016.
Resident # 2 has not received a quarterly account of financial transactions since 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.

*All attached
Pages 2A + 2B of 9. - 82*

Repeat Violation: Yes | Date(s) of Previous Violation(s): 07/07/2016

Signature of Legal Entity Representative (Required on EVERY Page) *Susan McClain*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *SUSAN McClain E.D.* Date *7/21/17*

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The above plan of correction is approved as of 7-31-17 (Date)

The above plan of correction was approved by 82 (Initials)

Plan of correction implementation status as of 7-31-17 (Date)

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

Community Name: Magnolias of Lancaster

License Number: 3225902

Date of Visit: June 22, 2017

Date of Submission: July 25, 2017

1. Violation Review: Residents #1 and #2 had not received a quarterly account of financial transactions since December 2016 making them unaware of available finances.

2. Violation Interpretative Statement: 2600.20(b){8} The home shall give the resident and the resident's designated person an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

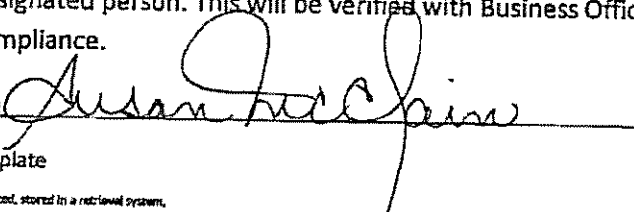
3. Review the benefit of the Regulation, per RCG: Providing itemized accounts allows the resident to review his financial transactions and verify.

4. Description of the Repair of the Immediate Problem: On 6/23/17, both an audit of each individual finances and a quarterly audit was conducted. Residents were made aware and quarterly letters were sent to resident's designated persons.

5. Determine / document the Root Cause of the Violation: Prior Executive Director did conduct audit, however, the quarterly had been missed in error.

6. Detail Action Steps / System Developed to prevent future occurrence:
 - a. Changing practice? Each month, Executive Director will complete the audit and document resident's finances. On a quarterly basis, ED will send a letter to resident's designated person. This will be verified with Business Office Assistant to ensure compliance.

Authorized Signature



Date: 7/21/17

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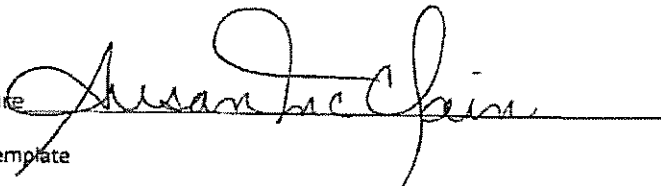
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- b. Teaching or Training? Review with BOA and send alert notification to both ED and BOA calendars monthly/quarterly.
 - c. On-going Monitoring? Alert notifications were placed on ED and BOA calendars.
7. Designated position responsible and specify target date for correction. ED will be responsible monthly starting 6/22/17.

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Date:

7/21/17

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Violation Report: 32259 - 06/22/2017 - Gillespie, Denise
PCH Name: MAGNOLIAS OF LANCASTER

1. REGULATION 55 Pa.Code §2600
2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION
Barbicide, with a manufacturer's label indicating, "harmful if swallowed call poison control immediately," was found in the salon, unlocked and accessible to all residents. Residents of the home have not been assessed capable of recognizing and using poisons safely.

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 3A + 3B of 9. -SE*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Susan McClain*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *SUSAN McClain E.D.* Date *7/21/17*

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(Date)

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

Plan of correction implementation status as of 7-31-17
(Date)

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

PLAN OF CORRECTION Magnolias of Lancaster

Community Name: Magnolias of Lancaster

License Number: 3225902

Date of Visit: June 22, 2017

Date of Submission: July 25, 2017

1. Violation Review: Barbicide, with a manufacture's label indicating "harmful is swallowed call poison control center immediately" was found in the salon, unlocked and accessible to all residents. Residents of the home have not been assessed capable of recognizing and using poisons safely.
2. Violation Interpretative Statement: 2600.82(c)Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.
3. Review the benefit of the Regulation, per RCG: Protects residents who are unable to safely use or avoid poisonous materials from illness, injury, or death related to misuse of accessible poisons.
4. Description of the Repair of the Immediate Problem: On 6/22/17, Barbicide was immediately removed and placed in a secure cabinet within the salon. A new one-way door lock had been installed allowing access with a key and locking behind upon entry or exit. Thus door would remain locked at all times.
5. Determine / document the Root Cause of the Violation: An employee failed to lock the door upon exiting and failed to secure Barbicide in a secure cabinet within the salon.
6. Detail Action Steps / System Developed to prevent future occurrence:

Authorized Signature

Susan McClain

Date:

7/21/17

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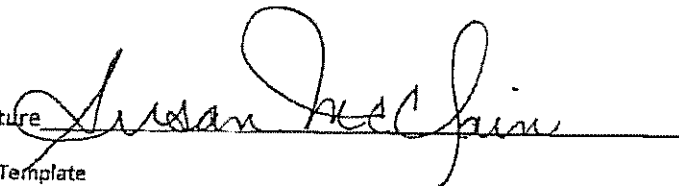
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- a. Changing practice? A one-way lock had replaced the existing lock ensuring the salon to secure.
 - b. Teaching or Training? On 7/25/17, during our Monthly Staff Meeting, ED will address new lock on salon door and review Regulation 2600.82(c). On 7/20/17, ED spoke with beautician on above. Record of training shall be documented and maintained.
 - c. On-going Monitoring? Executive Director and staff will do random door check to ensure salon is secure and poisonous materials are inaccessible to residents
7. Designated position responsible and specify target date for correction. On 6/22/17, Barbicide was removed and secured. On 7/20/17, new one-way lock installed. ED and staff to ensure compliance with regulation.

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7/21/17

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Violation Report: 32259 - 06/22/2017 - Gillespie, Denise

PCH Name: MAGNOLIAS OF LANCASTER

1. REGULATION 55 Pa.Code §2600

2600.125(b) - Combustible materials shall be inaccessible to residents.

2a. DESCRIPTION OF VIOLATION

On 6/22/17, an aerosol can containing Matrix Total Results hairspray was unlocked and accessible in the salon.

On 6/22/17, approximately 10 bottles of nail polish were unlocked and accessible to residents in the salon.

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 attached
Pages 4A + 4B of 9. -BE*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Susan McClain

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

SUSAN McClain E.D.

Date *7/21/17*

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(Initials)

Plan of correction implementation status as of 7-31-17
(Date)

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

Page 4 of 9

PLAN OF CORRECTION Magnolias of Lancaster

Community Name: Magnolias of Lancaster

License Number: 3225902

Date of Visit: June 22, 2017

Date of Submission: July 25, 2017

1. Violation Review: On 6/22/17, an aerosol can containing Matrix Total results hairspray and approximately 10 bottles of nail polish were unlocked and accessible to residents in the salon.

2. Violation Interpretative Statement: 2600.125{b} Combustible materials shall be inaccessible to residents.

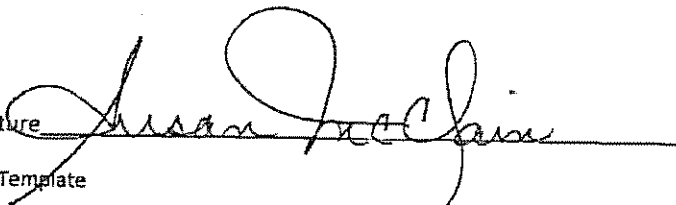
3. Review the benefit of the Regulation, per RCG: Combustible materials can be ignited by heat sources, sparks, or static electricity, causing injury to residents or damage to the home.

4. Description of the Repair of the Immediate Problem: On 6/22/17, both the Matrix hairspray and approximately 10 bottles of nail polish were removed while surveyors were present.

5. Determine / document the Root Cause of the Violation: An employee failed to lock combustible materials in a secure cabinet within the salon.

6. Detail Action Steps / System Developed to prevent future occurrence:
 - a. Changing practice? Moving forward, all combustible materials will be placed in a cabinet and locked in the salon prior to exiting. A one-way locking device was installed on the salon door to ensure compliance.

Authorized Signature



Date:

7/21/17

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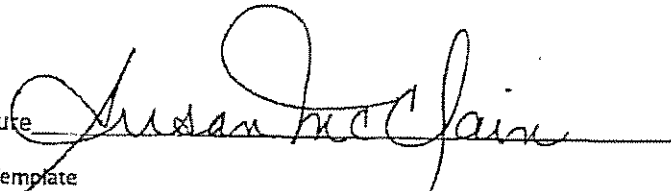
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- b. Teaching or Training? On 7/25/17, during our Monthly Staff Meeting, ED will review regulation on combustible materials. ED spoke with beautician on regulation on 7/20/17.
 - c. On-going Monitoring? ED and staff will do routine checks to ensure all combustible materials remain in a secure cabinet after usage.
7. Designated position responsible and specify target date for correction. 6/22/17—removed combustible materials. ED and staff to ensure compliance.

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Date: 7/21/17

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Violation Report: 32259 - 06/22/2017 - Gillespie, Denise
 PCH Name: MAGNOLIAS OF LANCASTER

1. REGULATION 55 Pa. Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the drill conducted on 11/30/16 listed 26 residents in the home with only 7 residents being evacuated. The fire drill record indicated that only 8 of 21 residents evacuated on 1/23/17.

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.

*All attached
 Pages 5A + 5B of 9. - BE*

Repeat Violation: No	Date(s) of Previous Violation(s):
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Susan McClain</i>
--	----------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>SUSAN McClain E.D.</i>	Date	<i>7/21/17</i>
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 (Date)

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

Plan of correction implementation status as of 7-31-17
 (Date)

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

PLAN OF CORRECTION Magnolias of Lancaster

Community Name: Magnolias of Lancaster

License Number: 3225902

Date of Visit: June 22, 2017

Date of Submission: July 25, 2017

1. Violation Review: The fire drill record for the drill conducted on 11/30/17 listed 26 residents in the home with only 7 residents being evacuated. The fire drill indicated that only 8 of 21 residents were evacuated on 1/23/17.
2. Violation Interpretative Statement: 2600.132{c} A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit, route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered, and whether the fire alarm or smoke detector was operable.
3. Review the benefit of the Regulation, per RCG: Recording the fire drill information helps homes ensure compliance with all the regulations relating to fire drills and to identify and correct problems with evacuation.
4. Description of the Repair of the Immediate Problem: New Maintenance Supervisor reviewed Reg. 2600.132{b} and is aware how to correctly document on the fire drill log. And will correctly document moving forward, in his absence, ED will correctly document.
5. Determine / document the Root Cause of the Violation: Prior Maintenance Supervisor misinterpreted the regulation.
6. Detail Action Steps / System Developed to prevent future occurrence:
 - a. Changing practice? Moving forward, new MS will log all fire drills per regulations and ED will do the same in his absence.

Authorized Signature

[Handwritten Signature]

Date:

7/21/17

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[Handwritten Initials]

- b. Teaching or Training? New MS has reviewed regulation and current fire drill logs. Senior MS from sister community reviewed paperwork, logs, and documentation with new MS.
 - c. On-going Monitoring? MS and ED will review each month the fire drill log to ensure correct documentation of all evacuated residents
7. Designated position responsible and specify target date for correction. MS and ED will be responsible starting upon completion of next fire drill.

Authorized Signature *Arsuan McClain*

Date: 7/21/17

BE

Violation Report: 32259 - 06/22/2017 - Gillespie, Denise

PCH Name: MAGNOLIAS OF LANCASTER

1. REGULATION 55 Pa.Code §2600

2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Sulfacet Sod Sol 10% OP prescribed for Resident #4 was discontinued on 12/27/16. The medication was present on the cart on 6/22/17.

Metamucil WAF prescribed for Resident #5 expired on 5/31/17. The medication was also present 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.

*All attached
Pages 6A + 6B of 9. -24*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Susan McClain</i>
--	----------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>SUSAN McClain E.O.</i>	Date	<i>7/21/17</i>
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The above plan of correction is approved as of 7-31-17
(Date)

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

Plan of correction implementation status as of 7-31-17
(Date)

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

Page 6A of 9

PLAN OF CORRECTION Magnolias of Lancaster

Community Name: Magnolias of Lancaster

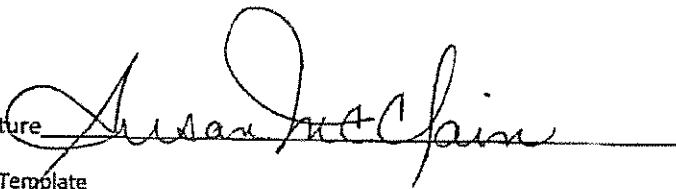
License Number: 3225902

Date of Visit: June 22, 2017

Date of Submission: July 25, 2017

1. Violation Review: Sulfacet Sod Sol 10% prescribed for Resident #4 was discontinued on 12/27/16. The medication was present on the cart on 6/22/17. Metamucil was prescribed for Resident #5 expired on 5/31/17. The medication was also present in the home.
2. Violation Interpretative Statement: 2600.183(d) Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.
3. Review the benefit of the Regulation, per RCG: Ensures the home does not keep medications that are for residents no longer living in the home or that have been discontinued.
4. Description of the Repair of the Immediate Problem: On 6/22/17, while surveyors were present prior to exit, both medications were removed from the med cart and an order was obtained to discontinue Resident #5's Metamucil.
5. Determine / document the Root Cause of the Violation: Medication Associates and DRSC failed to pull expired/discontinued meds from medication cart.
6. Detail Action Steps / System Developed to prevent future occurrence:
 - a. Changing practice? MA's will weekly check med cart for all medication expiration dates and remove from med cart. Medication will then be reordered or discontinued per physician's order. Any identified discontinued medication will be pulled immediately from the med cart after receiving a physicians order and destroyed according to policy.

Authorized Signature



Date:

7/21/17

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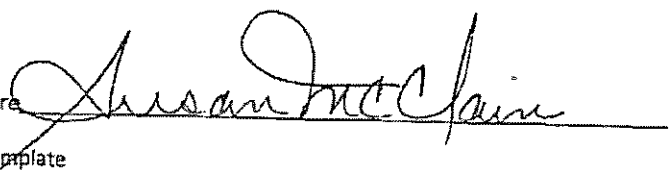
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- b. Teaching or Training? DRSC will review regulation with all Medication Associates and review policy/protocol at monthly meeting on expired/discontinued meds.
 - c. On-going Monitoring? Medication Associates will check med cart on a weekly basis and DRSC will make random checks ensuring compliance.
7. Designated position responsible and specify target date for correction. Medication Associates and DRSC effectively from 6/22/17 and ongoing.

Authorized Signature



Date: 7/21/17

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Violation Report: 32259 - 08/22/2017 - Gillespie, Denise
PCH Name: MAGNOLIAS OF LANCASTER

1. REGULATION 55 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
On 6/22/17, Resident #3's Ativan was removed from a blister card and split in half. One half was administered as ordered by the physician and the other half was placed back in the blister card and taped in place.

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 attached
Pages 7A + 7B of 9. - SE*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Susan McChain*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *SUSAN McChain ED* Date *7/21/17*

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The above plan of correction is approved as of 7-31-17
(Date)

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

Plan of correction implementation status as of 7-31-17
(Date)

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

Page 7A of 9
PLAN OF CORRECTION Magnolias of Lancaster

Community Name: Magnolias of Lancaster

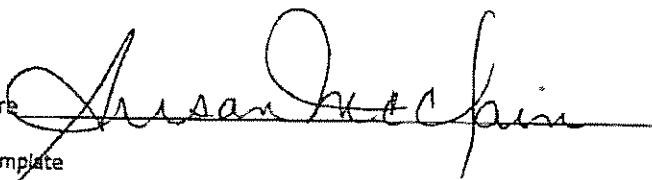
License Number: 3225902

Date of Visit: June 22, 2017

Date of Submission: July 25, 2017

1. Violation Review: On 6/22/17, Resident #3's Ativan was removed from a blister card and split in half. One half was administered as ordered by the physician and the other half was placed back in the blister card and taped in place.
2. Violation Interpretative Statement: 2600.185{a} The home shall develop and implement procedures for the safe storage, access, security, and distribution and use of medications and medical equipment by trained staff persons.
3. Review the benefit of the Regulation, per RCG: Reduces the risk that medications and medical equipment will be misplaced, lost, or misused.
4. Description of the Repair of the Immediate Problem: On 6/22/17, while surveyors were present medication had been removed and destroyed per policy/protocol and an order to discontinue medication was obtained.
5. Determine / document the Root Cause of the Violation: Medicine Associates and DRSC failed to obtain new orders or label for change of directions.
6. Detail Action Steps / System Developed to prevent future occurrence:
 - a. Changing practice? MA's will check the QMAR and med cart for any changes in medication dosage and obtain correct label from pharmacy. Medication will be ordered per physician's order.

Authorized Signature



Date: 7/21/17

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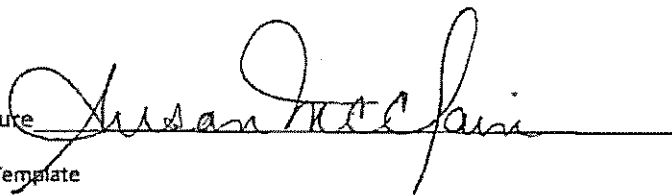


b. Teaching or Training? DRSC will review regulation with all Medication Associates and review policy/protocol at monthly meeting on correct labeling of medications.

c. On-going Monitoring? Medication Associates will check medication daily as dispensed to ensure accuracy between QMAR and medication and DRSC will make random checks ensuring compliance.

7. Designated position responsible and specify target date for correction. Medication Associates and DRSC effective 6/22/17 and ongoing.

Authorized Signature



Date:

7/21/17

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Violation Report: 32259 - 06/22/2017 - Gillespie, Denise
PCH Name: MAGNOLIAS OF LANCASTER

1. REGULATION 55 Pa.Code §2600

2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION

The directions for operating the home's locking mechanism are not conspicuously posted near any of the doors in the SDCU.

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 attached
Pages 9A + 9B of 9-22*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Susan McClain*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *SUSAN McClain EW* Date *7/21/17*

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

The above plan of correction is approved as of 7-31-17
(Date)

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

Plan of correction implementation status as of 7-31-17
(Date)

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

Community Name: Magnolias of Lancaster

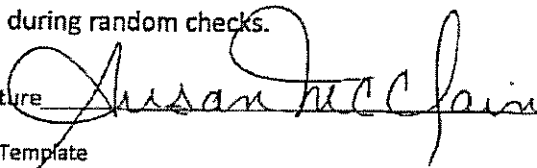
License Number: 3225902

Date of Visit: June 22, 2017

Date of Submission: July 25, 2017

1. Violation Review: The directions for operating the home's locking mechanism are not conspicuously posted near any of the doors in the SDCU which could prevent immediate egress in an emergency.
2. Violation Interpretative Statement: 2600.33{c} If key locking devices, electrical card systems, or other devices that prevent immediate egress used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.
3. Review the benefit of the Regulation, per RCG: Posting the directions for the operation of key locking devices, electrical card systems, or other devices that prevent immediate egress helps to ensure that persons in the SDCU who do not have an indentified need to be in a secure unit can exit the secured unit on their own and at will.
4. Description of the Repair of the Immediate Problem: On 6/22/17, while the surveyors were still present in the community and prior to exit interview, all locking devices throughout the community had the directions posted to ensure compliance with regulation.
5. Determine / document the Root Cause of the Violation: In error, when the new key code number had been changed, not all devices had the directions posted.
6. Detail Action Steps / System Developed to prevent future occurrence:
 - a. Changing practice? Maintenance Supervisor will do an audit of all locking devices to ensure that the directions are posted near the device. Staff will report same to MS during random checks.

Authorized Signature



Date:

7/21/17

Plan of Correction Template

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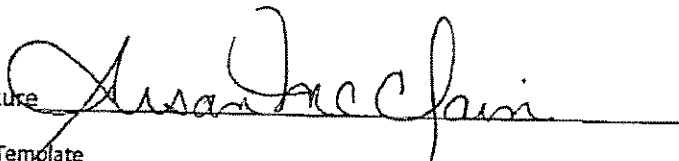


b. Teaching or Training? ED will review with staff at Monthly Staff Meeting when a locking device is found without directions, it can be immediately reported and corrections made.

c. On-going Monitoring? Random checks will be conducted by MS or ED to ensure compliance at all times.

7. Designated position responsible and specify target date for correction. MS and ED corrected on 6/22/17.

Authorized Signature



Date:

7/21/17

Plan of Correction Template

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