



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to MARIA HALL, INC.
LEGAL ENTITY

To operate MARIA HALL
NAME OF FACILITY OR AGENCY

Located at ONE MARIA HALL DR., 3RD FLOOR, DANVILLE, PA 17821
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 36
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
MAXIMUM CAPACITY

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from May 8, 2018 until November 8, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **215211**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: MAY 08 2018

Sister Michael Ann Orlik
President
Maria Hall, Inc.
580 Railroad Street
Danville, PA 17821

RE: Maria Hall
3rd Floor
One Maria Hall Drive
Danville, PA 17821
License #: 215211

Dear Sister Orlik:

As a result of the Department of Human Services' (Department) licensing inspection on August 9, 2017 of the above facility, the violations specified on the enclosed License Inspection Summary were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal care Homes), your current license #215210, dated September 30, 2017 to September 30, 2018 is revoked. A FIRST PROVISIONAL license is being issued. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for three months from the date of issuance. The license dated September 30, 2017 to September 30, 2018 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S.1026 (b)(1) and 55 Pa. Code § 20.71 (a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

All violations specified on the 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.

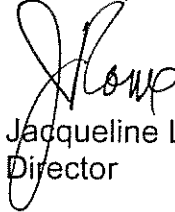
Sister Michael Ann Orlik

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license or, a written request for an appeal must be received within 10 days of the date of this letter by:

Shivani Patel, Enforcement Manager
Human Services Licensing
Department of Human Services
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

Violation Report: 21521 - 08/09/2017 - O'Haire, Anne
 PCH Name: MARIA HALL

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The home was not in compliance with the Carbon Monoxide Alarms Standards Act and did not have a carbon monoxide detector located in the home's main kitchen to monitor the gas fired stove and in the generator room to monitor the gas fired generators.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

A carbon monoxide detector was installed in the home's kitchen while the Department Representatives were still in the building. There was one in the generator room, and it was moved to 15 feet away from the generator while they were still in the building.

New regulations will be shared with appropriate personnel as Administration receives them, and the Administrator will monitor compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Sister M. Philothea, Fabian*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *SISTER M. PHILOTHEA, FABIAN* ADMINISTRATOR Date *08/26/2017*

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

The above plan of correction is approved as of 9/5/17
 (Date)

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

Plan of correction implementation status as of 9/5/17
 (Date)

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

Violation Report: 21521 - 08/09/2017 - O'Haire, Anne
 PCH Name: MARIA HALL

1. REGULATION 55 Pa.Code §2600
 2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed a bottle of Woolite Laundry detergent with a manufacturer's label indicating, "Contact a poison control center if ingested." The laundry detergent was located in the unlocked laundry room closet. Residents of the facility are not capable of safely using and or avoiding poisonous materials.

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 bottle was moved to a locked cabinet to which only staff have access while Department Representatives were in the building.

Ancillary staff who clean the laundry room and closet were instructed to notice if any chemicals (laundry or otherwise) are left in the closet. These staff are to remove them and give them to the Administrator or Director of Resident Care.

The Administrator will check the closet periodically to assure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Sister M. Philothea, Fabian*

Printed Name and Title of Legal Entity Representative ADMINISTRATOR
 (Required on EVERY Page) SISTER M. PHILOTHEA, FABIAN Date 08/26/2017

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 (Date)

Plan of correction implementation status as of 9/5/17
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 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21521 - 08/09/2017 - O'Haire, Anne
 PCH Name: MARIA HALL

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

The telephone located on the desk of room 317 has an outside line. The Emergency telephone numbers are not posted at or near the telephone.

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 phone numbers were posted on the phone while the Department Representatives were in the building.

By September 8 the required telephone numbers will be posted on the back of the door in each Resident room. Additionally, when the contract is being gone over and signed at admission, the Administrator or her delegate will emphasize the importance of the availability of these phone numbers. Having them in a permanent place also makes them available for Residents who have a cell phone.

The administrator shall monitor for ongoing compliance. M 9/5/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Sister M. Philothea, Fabian*

Printed Name and Title of Legal Entity Representative *ADMINISTRATOR*
 (Required on EVERY Page) *SISTER M. PHILOTHEA FABIAN* Date *05/26/2017*

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 (Date)

Plan of correction implementation status as of 9/5/17
 (Date)

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- Not Implemented

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

Violation Report: 21521 - 08/09/2017 - O'Haire, Anne
 PCH Name: MARIA HALL

1. REGULATION 55 Pa.Code §2600

2600.123(d) - If the home serves one or more residents with mobility needs above or below grade level of the home, there shall be a fire-safe area, as specified in writing within the past year by a fire safety expert, on the same floor as each resident with mobility needs.

2a. DESCRIPTION OF VIOLATION

The licensed personal care wing is located on the third floor of the facility. The facility does not have an at grade exit from the third floor. The facility does not have a fire safe area that residents are capable of evacuating to. Based upon resident and staff interviews it was determined that 7 residents cannot ambulate down stairs and require physical assistance to do so.

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.

Amended and resubmitted on Feb. 27: attached is the schedule for the next 4 weeks, starting January 25, 2018, showing the additional staff person on 3rd shift. Construction permits are in process, but we have not yet gotten the go-ahead.

Amended on February 7: we are still having difficulty getting the final plans approved. Therefore we are hiring additional staff for third shift (11 p.m.-7 a.m.).

Submitted on January 25: We have been working with a local contractor and the local building authority to determine the proper course of action for permitting required to provide the necessary Fire Safe area. However, we have encountered multiple conflicts between the local municipality and the Department of Labor and Industry paperwork and permitting, which have extended the process much longer than the Plan of Correction submitted in September specified. As of this date, January 25, 2018, we have all the necessary details clear with all parties involved and have submitted the needed permits and plans for approval; we expect to receive approved permits by January 31, 2018. The construction phase will begin immediately upon receipt of the approved permit. Barring further difficulties, we anticipate having all construction and final occupancy approval prior to March 15, 2018.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Sister M. Philothea, Fabian*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *SISTER M. PHILOTHEA FABIAN, ADMINISTRATOR* Date *February 27, 2018*

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

The above plan of correction is approved as of <u>3/1/18</u> (Date)	Plan of correction implementation status as of <u>3/1/18</u> (Date)
The above plan of correction was approved by <u>B.B.</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: 21521 - 08/09/2017 - O'Haire, Anne
PCH Name: MARIA HALL

1. REGULATION 55 Pa.Code §2600

2600.123(d) - If the home serves one or more residents with mobility needs above or below grade level of the home, there shall be a fire-safe area, as specified in writing within the past year by a fire safety expert, on the same floor as each resident with mobility needs.

2a. DESCRIPTION OF VIOLATION

The licensed personal care wing is located on the third floor of the facility. The facility does not have an at grade exit from the third floor. The facility does not have a fire safe area that residents are capable of evacuating to. Based upon resident and staff interviews it was determined that 7 residents cannot ambulate down stairs and require physical assistance to do so.

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.

Maria Hall has developed a plan to add a fire safe area on the third floor. The plan has been submitted to the township and has been approved. A permit has been issued. A contractor has been hired to construct the fire safe area, and he will begin work on Monday, April 23, 2018. It is anticipated that the work will take approximately 3 weeks. The contractor has indicated that if the deck area must be sprayed, the job could take 2 or 3 weeks longer. It is not clear at this point whether the deck area needs to be sprayed. All 3 halls of Maria Hall have a functioning sprinkler system.

The Administrator shall be responsible for implementing the following additional steps until construction of the fire safe areas:

1. Additional staff will be added to all shifts to ensure that residents can be safely evacuated to the outside of the building in the event of fire or other emergency. The number of staff will be determined by the mobility needs of residents and evacuation assistance needed by each resident.

2. Monthly unannounced fire drills will continue to be conducted and residents will be evacuated to the outside of the building.

Bob B. 4/23/18

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *Sister M. Philothea, Fabian*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>SISTER M. PHILOTHEA, FABIAN, ADMINISTRATOR</i>	Date <i>April 20, 2018</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>4/23/18</u> (Date)	Plan of correction implementation status as of <u>4/23/18</u> (Date)
The above plan of correction was approved by <u>B.B.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21521 - 08/09/2017 - O'Haire, Anne
 PCH Name: MARIA HALL

1. REGULATION 55 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

Based upon staff and resident interviews it was determined that residents of the facility are not evacuating during fire drills. The personal care wing consists of one hallway located on the third floor. During a fire drill, residents are evacuated out of their bedrooms and move to the end of the hallway that is not affected by the simulated fire. The third floor does not contain fire doors or a fire safe area. Residents are not evacuated down the stairs to the designated meeting place as required.

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.

Amended and resubmitted on Feb. 27: attached is the schedule for the next 4 weeks, starting January 25, 2018, showing the additional staff person on 3rd shift. Construction permits are in process, but we have not yet gotten the go-ahead.

Amended in February 7: We are still having difficulty getting the final plans approved. Therefore we are hiring additional staff for third shift (11 p.m.-7 a.m.).

Submitted on January 25: We have been working with a local contractor and the local building authority to determine the proper course of action for permitting required to provide the necessary Fire Safe area. However, we have encountered multiple conflicts between the local municipality and the Department of Labor and Industry paperwork and permitting, which have extended the process much longer than the Plan of Correction submitted in September specified. As of this date, January 25, 2018, we have all the necessary details clear with all parties involved and have submitted the needed permits and plans for approval; we expect to receive approved permits by January 31, 2018. The construction phase will begin immediately upon receipt of the approved permit. Barring further difficulties, we anticipate having all construction and final occupancy approval prior to March 15, 2018.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Sister M. Philothea, Fabian*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *SISTER M. PHILOTHEA, FABIAN; ADMINISTRATOR* Date *February 27, 2018*

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

The above plan of correction is approved as of _____
 (Date)

Plan of correction implementation status as of 3/1/18
 (Date)

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

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

Violation Report: 21521 - 08/09/2017 - OHaire, Anne
PCH Name: MARIA HALL

1. REGULATION 55 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
Based upon staff and resident interviews it was determined that residents of the facility are not evacuating during fire drills. The personal care wing consists of one hallway located on the third floor. During a fire drill, residents are evacuated out of their bedrooms and move to the end of the hallway that is not affected by the simulated fire. The third floor does not contain fire doors or a fire safe area. Residents are not evacuated down the stairs to the designated meeting place as required.

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.

Maria Hall has developed a plan to add a fire safe area to the third floor. The plan has been submitted to the township and has been approved. A permit has been issued. A contractor has been hired to construct the fire safe area, and he will begin work on Monday, April 23, 2018. It is anticipated that the work will take approximately 3 weeks. The contractor has indicated that if the deck area must be sprayed, the job could take 2 or 3 weeks longer. It is not clear at this point whether the deck area needs to be sprayed. All 3 halls of Maria Hall have a functioning sprinkler system.

The Administrator shall be responsible for implementing the following additional steps until construction of the fire safe area(s):

1. Additional staff will be added to all shifts to ensure that residents can be safely evacuated to the outside of the building in the event of fire or other emergency. The number of staff will be determined by the mobility needs of residents and evacuation assistance needed by each resident.
2. Monthly fire drills will be conducted and residents will be evacuated to the outside of the building. Bob B. 4/23/18

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
(Required on EVERY Page) *Sister M. Philothea, Fablan*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>SISTER M. PHILOTHEA FABLAN, ADMINISTRATOR</i>	Date <i>April 20, 2018</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>4/23/18</u> (Date)	Plan of correction implementation status as of <u>4/23/18</u> (Date)
The above plan of correction was approved by <u>B.B.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21521 - 08/09/2017 - O'Haire, Anne
 PCH Name: MARIA HALL

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident # 1 was admitted to the facility [redacted] 16. The resident's initial medical evaluation was completed on [redacted] 16, which was more than 60 days prior to the residents admission to the facility.

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's admission was under discussion for some time, and she had the medical evaluation. She was slowly transitioning mentally from Independent Living to Personal Care (she was [redacted] when her only sibling and family member, a [redacted] suffered a [redacted] Fragile as the almost-Resident was, she was unable to make the move within the 60 days (med eval was 6/18/16, [redacted] her unable to make any move.

Only after she had had time to [redacted] could she resume the transition to Personal Care.

Because we already had the med eval, and given the circumstances of admission, we did not notice the expired time.

For future admissions, the DRC will be even more aware of timelines, especially when there are extenuating circumstances. Administrator will also oversee this.

The administrator shall monitor and assure ongoing compliance -

Repeat Violation: No Date(s) of Previous Violation(s): [redacted]

Signature of Legal Entity Representative (Required on EVERY Page) *Sister M Philothea, Fabian* 9/5/17

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **ADMINISTRATOR** Date **08/26/2017**
SISTER M. PHILOTHEA, FABIAN

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The above plan of correction is approved as of 9/5/17 (Date)

Plan of correction implementation status as of 9/5/17 (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: 21521 - 08/09/2017 - OHaire, Anne
PCH Name: MARIA HALL

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation completed on 6/8/16 for resident #1 does not include the resident's Height, Health status or Cognitive Functioning.

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.

When Resident was readmitted to Personal Care after a fall, fracture, surgery, and rehab at a nursing facility, the med eval was completed in entirety. This is the most recent med eval and is attached.

DRC will closely monitor all forms to assure that all sections are completed.

The administrator shall monitor and assure ongoing compliance

M
9/5/17

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Sister M. Philothea, Fabian*

Printed Name and Title of Legal Entity Representative Date
(Required on EVERY Page) *SISTER M. PHILOTHEA, FABIAN* *08/24/2017*

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The above plan of correction is approved as of *9/5/17*
(Date)

Plan of correction implementation status as of *9/5/17*
(Date)

- Fully Implemented
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- Not Implemented

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

Violation Report: 21521 - 08/09/2017 - CHaire, Anne
 PCH Name: MARIA HALL

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

The glucometer prescribed to and used to test the blood glucose levels of resident # 2 and resident # 3 are not calibrated to the current time.

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.

Glucometers were calibrated to correct time while Department Representatives were still onsite.

Staff using glucometers have been instructed to make sure the time on them is accurate. DRC will monitor compliance.

The administrator shall monitor and assure ongoing compliance.

*M
9/5/17*

Repeat Violation: Yes

Date(s) of Previous Violation(s)

07/13/2016

Signature of Legal Entity Representative
 (Required on EVERY Page)

Sister M. Philothea, Fabian

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

ADMINISTRATOR
 SISTER M. PHILOTHEA, FABIAN

Date

9/26/2017

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9/5/17
 (Date)

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9/5/17
 (Date)

The above plan of correction was approved by

M
 (Initials)

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- Not Implemented

Violation Report: 21521 - 08/09/2017 - O'Haire, Anne
 PCH Name: MARIA HALL

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Resident # 4's Omeprazole 20 mg capsule take 1capsule by mouth daily, did not have a diagnosis or purpose listed with the medication.

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.

Missing diagnosis/purpose was corrected while Department Representatives were onsite. All nurses and med techs will assist DRC in monitoring for missing diagnosis on med sheets during medication administration.

The administrator shall monitor and assure ongoing compliance. M 9/5/17

Repeat Violation Yes	Date(s) of Previous Violation(s):	07/13/2016
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Sister M. Philothea, Fabian*

Printed Name and Title of Legal Entity Representative ADMINISTRATOR
 (Required on EVERY Page) *SISTER M. PHILOTHEA, FABIAN* Date *08/24/2017*

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