



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to COMMUNITY SERVICES GROUP INC
LEGAL ENTITY

To operate COMMUNITY SERVICES GROUP PERSONAL CARE HOME
NAME OF FACILITY OR AGENCY

Located at 176 SR 901, COAL TOWNSHIP, PA 17866
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 16
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 December 13, 2017 until December 13, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 226690

Robert E. Robinson
ISSUING OFFICER

Jay Baul
DIRECTOR

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

DEC 13 2017

Ms. Susan C. Blue
President/CEO
Community Services Group, Inc.
P.O. Box 597, 320 Highland Drive
Mountville, Pennsylvania 17554

RE: Community Services Group Personal Care Home
176 State Route 901
Coal Township, Pennsylvania 17866
License #: 226690

Dear Ms. Blue:

As a result of the Department of Human Services' (Department) annual licensing inspection on October 25, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

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.

Ms. Susan C. Blue

2

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,



Jacqueline L. Rowe
Director

Enclosures
License
License Inspection Summary

Violation Report: 22669 - 10/25/2017 - Hummel, Jesse
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed the Licensing Inspection Summary dated 4/25/17 posted in a public place in the facility as required. The facility failed to remove the resident privacy coding document from the Licensing Inspection Summary, revealing confidential health information of the residents listed in the Licensing Inspection Summary.

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.

On the day of this inspection the resident privacy coding document had not been removed from the licensing inspection summary dated 4/25/17 when posted on the facility bulletin board. This privacy code was immediately removed to address this violation immediately. To prevent the occurrence in the future, the administrator has attached a note to the envelope indicating the need to remove the privacy coding before posting (see attached picture). Administrators will monitor posted POC to ensure privacy coding sheets are always removed. yes

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Roxanne Beers</i>	Date <i>11/13/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12-6-17
 (Date)

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

Plan of correction implementation status as of 12-6-17
 (Date)

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

Violation Report: 22669 - 10/25/2017 - Hummel, Jesse
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION
 The facility handles finances for resident #1. The facility currently has a balance of \$110.61 for resident #1. The resident's record of financial transactions indicates the resident has a balance of \$110.57. The record of financial transactions must be kept accurate.

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.

On the day of this inspection, Resident #1 had an additional 4 cents in his house account. The additional 4 cents was removed from Resident #1 house account on 10/26/17 to make the record accurate. To prevent this occurrence in the future, the staff assigned to monitoring the residents records will count twice for accurate account balances. The administrators will monitor to ensure accurate balances for resident house accounts.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Roxane Beas</i>	Date <i>11/13/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12-6-17
 (Date)

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

Plan of correction implementation status as of 12-6-17
 (Date)

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

Violation Report: 22669 - 10/25/2017 - Hummel, Jesse
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION
 The contract dated [redacted] 17 for resident #2 does not include the rate the resident will pay for room and board and also does not include specific rates for additional services such as cable television.

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.
 On the day of this inspection, Resident #2 had a contract that did not include the exact room and board or the fee for cable services if selected by the resident for in their bedroom (common area cable is included in the room and board). At the time of the contract, the income of the resident was not known and is currently still unknown. When the income is determined, the exact amount of room and board will be indicated and the contract will be resigned. In addition, all resident home contracts will be updated to include the fee for cable in the resident's bedroom when this fee is known (the provider typically waives the installation fee and fee for the cable box for resident bedrooms. However, our facility needs to maintain our current contract in good standing for approx 1.5 years before these fees are waived. When the provider waives the fees, the individual resident bedroom fee will be updated to the contract. To prevent the occurrence in the future, this fee will be noted in the contract. The administrator will ensure this notation is included in all of the resident contracts when the fee is known.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/03/2017
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Signature of Legal Entity Representative
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Roxanne Beer* Date *11/13/17*

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

The above plan of correction is approved as of <u>12-6-17</u> (Date) The above plan of correction was approved by <u>[Signature]</u> (Initials)	Plan of correction implementation status as of <u>12-7-17</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 22669 - 10/25/2017 - Hummel, Jesse
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.25(c)(4) - The contract shall specify the party responsible for payment.

2a. DESCRIPTION OF VIOLATION

The contract for resident #2 dated [redacted] 17 does not indicate who the payer is.

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.

On the day of this inspection, Resident #2 had not yet been assigned a rep payee. The contract has been updated to include the company name of rep payee services. To prevent this occurrence in the future, all resident contracts will include the company name, until the specific assigned staff is determined for the rep payee services (see attached correction to the contract of Resident #2.)

The Administrator will oversee to ensure ongoing compliance. CP - 12-6-17

document provided.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kevanne Beers</i>	Date <i>11/13/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12-6-17 (Date).

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

Plan of correction implementation status as of 12-6-17 (Date)

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

Violation Report: 22669 - 10/25/2017 - Hummel, Jesse
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
 Staff person A who was hired on 6/2/16 and completed the staff person's first 40 working hours on 6/10/16, did not receive training in the Older Adult Protective Services Act until 6/29/16.

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.

On the day of this inspection, it was noted in the files of Staff person A that they OAPSA training did not occur within the first 40 hours of employment. To prevent this from occurring again in the future, a training time line has been created and will be implemented to ensure all trainings that are required within the 40 hours are completed (see attached). The administrators will ensure this time line is followed.

Yes

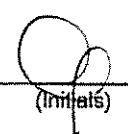
Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Rodanne Beers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Rodanne Beers</i>	Date <i>11/13/17</i>
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The above plan of correction is approved as of 12-6-17
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 12-6-17
 (Date)

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

Violation Report: 22669 - 10/25/2017 - Hummel, Jesse
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed dried blood on the glucometer prescribed to resident #3.

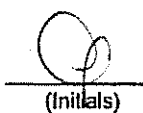
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.
 On the day of this inspection, it was observed that Resident #3 had a glucometer that had dried blood on the meter. The glucometer was cleaned immediately. On 10/26/17 an email was sent to all staff reminding staff that the glucometers should be cleaned after each use and a copy of the email was added to the medication carts on 10/26/17 (see attached-additional note was added on 10/30/17 for inhalers). To prevent the occurrence in the future the copy has a note indicating the note should remain in the cart in the drawer where glucometers are stored. The administrators will monitor to ensure glucometers are cleaned as instructed.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Roxanne Beers</i>	Date <i>11/13/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>10-6-17</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>10-6-17</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 22669 - 10/25/2017 - Hummel, Jesse
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.121(b) - Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority.

2a. DESCRIPTION OF VIOLATION
 Department Representatives observed the door leading from the activity area to the rear exterior of the building. The door is equipped with a key locking dead bolt, which is not permitted.

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.

On the day of this inspection, it was noted that a door leading from the activity area to the rear exterior of the building was equipped with a key-locking deadbolt. On 10/26/17 the facility owner was contacted and on 11/6/17, the maintenance staff of the facility owner removed the mechanism from the deadbolt, which does not allow the deadbolt to be locked. To prevent this from occurring again in the future, the facility owner will refrain from installing any key locking deadbolts on doors used for egress. The administrators will monitor to ensure dead bolts are not installed.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Roxanne Beers* Date *11/13/17*

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 (Date)

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 (Initials)

Plan of correction implementation status as of 12-6-17
 (Date)

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

Violation Report: 22669 - 10/25/2017 - Hummel, Jesse
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.131(a) - There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.

2a. DESCRIPTION OF VIOLATION

Department Representatives determined that the facility does not have a fire extinguisher located in the basement of 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.

On the day of this inspection it was noted there was no fire extinguisher in the basement of the facility. On 10/26/17 a fire extinguisher was ordered and on 10/31/17 the extinguisher was installed (see attached invoice). To prevent this occurrence in the future, the administrators will monitor to ensure all levels have an operable fire extinguisher.

yes

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *U. Hummel*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *U. Hummel* Date *11/13/17*

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The above plan of correction is approved as of 12-6-17
 (Date)

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

Plan of correction implementation status as of 12-6-17
 (Date)

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

Violation Report: 22669 - 10/25/2017 - Hummel, Jesse
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The facility utilized the main front doors to evacuate to the outside of the facility during the fire drills held from May through August 2017. Alternating exit routes used during fire drills is 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.

On the day of this inspection, it was noted that during fire drills, the exit routes used by residents did not alternate often. To prevent this occurrence in the future, staff have been instructed to remind the residents to use the door closest to their current location in the event the fire alarm sounds. The administrator completing fire drills will monitor the drills with a specific focus of educating the residents in using alternate exits and will utilize the location of the hypothetical fire if needed to assist with this education.

The Administrator will oversee to ensure ongoing compliance. (P)

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Roxanne Bees* Date: *11/13/17*

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

The above plan of correction is approved as of 12-6-17
 (Date)

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

Plan of correction implementation status as of 12-6-17
 (Date)

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

Violation Report: 22669 - 10/25/2017 - Hummel, Jesse PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME	
1. REGULATION 55 Pa.Code §2600 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	
2a. DESCRIPTION OF VIOLATION Resident #4 is prescribed Acetaminophen 325mg - 1 tablet every 6 hours as needed for pain. The medication label incorrectly indicates the following administration instructions: Acetaminophen 325mg - 2 tablets every 6 hours as needed for pain.	
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.	
On the day of this inspection, Resident #4 was prescribed Acetaminophen 325 mg-one tablet every 6 hours as needed for pain. The medication label incorrectly indicated the following administration instructions: Acetaminophen 325 mg-2 tablets every 6 hours as needed for pain. The program nurse immediately utilized a change of direction sticker to alert staff to the correct dose of medication (see attached documentation). To prevent this occurrence again in the future, when the pharmacy sends a label in error, the change of direction sticker will be attached immediately and the pharmacy notified to correct the label. The administrators will monitor to ensure correct labels come from the pharmacy.	
yes.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Phyllis Beer</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Phyllis Beer</i>	Date <i>11/13/17</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>12-6-17</u> (Date)	Plan of correction implementation status as of <u>12-6-17</u> (Date)
The above plan of correction was approved by <u><i>P</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: 22669 - 10/25/2017 - Hummel, Jesse
 PCH Name: COMMUNITY SERVICES GROUP PERSONAL CARE HOME

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

Resident #4 is prescribed Melatonin 5mg - 1 capsule daily as needed. This medication is not on hand at the facility in the event the resident requested/required 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.

On the day of the inspection, it was noted that Resident #4 was prescribed Melatonin 5mg-1cap daily but the medication was not available. The program nurse had been in contact with the pharmacy regarding the medication order and the nurse was informed by pharmacy that they had contacted the doctor multiple times for the prescription and were unable to receive the prescription. The program nurse has contacted the prescribing doctor as well as the psychiatrist to see if the medication should be ordered or discontinued due to Resident not having issues since the medication was ordered (see attached documentation). To prevent this occurrence again in the future, the prescribing doctor will be notified of the regulations of the EPCH and encouraged to send prescriptions to pharmacy immediately. Also, if this medication is not delivered by 11/15/17 or discontinued, the administrator will notify the resident and case management and remind both that an alternative PCP may be selected.

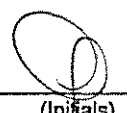
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Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Roxanne Beas*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Roxanne Beas</i>	Date <i>11/13/17</i>
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