



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to BERKS LEISURE LIVING INC
LEGAL ENTITY

To operate BERKS LEISURE LIVING
NAME OF FACILITY OR AGENCY

Located at 1399 FAIRVIEW DRIVE, LEESPORT, PA 19533
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ 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 49
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 March 23, 2018 until March 23, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **205690**

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

MAR 23 2018

Mr. Ray C. Miller
Owner/Administrator
Berks Leisure Living Inc.
1399 Fairview Drive
Leesport, Pennsylvania 19533

RE: Berks Leisure Living
License #: 205690

Dear Mr. Miller:

As a result of the Department of Human Services' (Department) annual licensing inspection on September 7, 2017, November 30, 2017, February 15, 2018 and March 15, 2018 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,

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 20569 - 09/07/2017 - Dumas, Gerald
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

The Medication Administration Record for resident # 1 has listed "Acetaminophen 500mg, take one tablet by mouth every 8 hours as needed for pain" and it was initialed on 8/9/17, 8/10/17, and 8/14/17 as being administered. According to staff person "A", the resident received 350mg on all three dates. Had the staff been following the seven steps of medication administration staff would have noticed that the label and the MAR did not match each other.

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.

It is very important that all Med Techs administer medications safely and correctly. They must always follow the seven steps of administration.

In this situation, Resident #1 had received 2 different Rx's of Tylenol for 2 different situations of need. The staff should have noticed this, but didn't and the lower dose of the medication was given.

This resident receives VA medications. The 500 mg was the first medication for a skin lesion removal. The VA sent a lower dosage from a more recent doctor's RX, but our pharmacy had the original Rx for the 500 mg on the MAR.

Staff did not notice the error because it was a PRN and the resident does not request it often. The 500 mg RX was DC'd. As a plan of correction for all Medications and MAR's, we are having a Pharmacist from our providing Pharmacy perform monthly audits. The audit from September is attached. The Med Techs have been instructed to do weekly checks on the MARs

also. The Medical Manager has been scrutinizing new Rx's as they come in to prevent errors.

The Administrator and Medical Manager will monitor for ongoing compliance.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *PATRICIA MAYNOR Administrator* Date *10/16/2017*

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

The above plan of correction is approved as of 10-17-17
on-site 11-30-17 (Date)

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

Plan of correction implementation status as of 12-4-17
 (Date)

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

Violation Report: 20569 - 09/07/2017 - Dumas, Gerald
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 56 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 9/7/17, Clotrimazole was unlocked and accessible to residents in resident #2's room. Resident # 2 cannot self-administer medications.

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 residents that are unable to self-medicate cannot have any medications in their rooms for any reason. This is to keep them safe from harming themselves. The Clotrimazole is a cream that Second shift staff takes to the resident's room to apply to the skin. It was a mistake that it was left in the room. The Med Techs on second shift were reprimanded that this cannot happen. They were instructed to double check when they are signing off on applications such as this. The Medical Manager will be checking the work of the second shift staff's administrations of medication. The Administrator and Medical Manager will monitor for ongoing compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>PATRICIA MAYNOR Administrator</i>	Date <i>10/16/2017</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10-17-17
 (Date)

Plan of correction implementation status as of 10-17-17
 (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: 20569 - 09/07/2017 - Dumas, Gerald
PCH Name: BERKS LEISURE LIVING

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

The medication administration record (MAR) for resident #1 had listed "Acetaminophen 500mg, take one tablet by mouth every 8 hours as needed for pain." The pharmacy label on the medication kept in the home's cart had listed "Acetaminophen 325mg tablet, take one tablet by mouth every 6 to 8 hours as needed for pain." The MAR and the pharmacy label did not match.

The medication administration record for resident # 3 had listed "Pantoprazole 40mg tablet, 1 tablet by mouth once daily, 30 minutes before breakfast". "7am and 4pm" were then hand written in. The pharmacy label on the medication kept in the home's medication cart had listed "Pantaprozole NA 40mg EC Tab, take one tablet by mouth twice a day on an empty stomach". The MAR and the pharmacy label did not match.

3. P Proper MAR use is critical to ensure that there is proper medications administration, shows an accurate record of administrations and to have a system of accountability for all medications dispensed. Both of the residents mentioned here receive VA medications. The VA has not been accurate on sending correct changes of medications.

For resident #1, The 500 mg was the first medication for a skin lesion removal. The VA sent a lower dosage from a more recent doctor's RX, but our pharmacy had the original Rx for the 500 mg on the MAR. For resident #2, there were 2 different orders of dosage of the Pantoprazole. The doctor was contacted and the exact doage was confirmed on a fax. See attached.

Ongoing checks of the MAR's vs the Rx's are being performed to ensure accuracy of documentation. Our Pharmacy will be sending a pharmacist to perform monthly audits of the MAR's.

The Administrator and Medical Manager will monitor for ongoing compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/28/2017	03/17/2016	
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Signature of Legal Entity Representative
(Required on EVERY Page) *Patricia Maynor*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *PATRICIA MAYNOR Administrator* Date *10/16/2017*

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

<p>The above plan of correction is approved as of <u>10-17-17</u> (Date)</p> <p><i>uncorrected</i></p> <p>The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)</p>	<p>Plan of correction Implementation status as of 10-17-17 (Date) <u>3-15-18</u></p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input checked="" type="checkbox"/> Not Implemented</p>
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Violation Report: 20589 - 09/07/2017 - Dumas, Garaid
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident # 3 was receiving Pantoprazole 40mg twice a day from 8/18/17 through 9/7/17. The resident's physician changed the order to once daily on 8/18/17.

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.

It is very important that the directions of a doctor are always followed to ensure the health and wellbeing of the resident. All orders from a doctor should be scrutinized to recognize any changes to existing orders.

For resident #2, there were 2 different orders of dosage of the Pantoprazole. The doctor was contacted and the exact dosage was confirmed on a fax. See attached.
 Ongoing checks of the MAR's vs the Rx's are being performed to ensure accuracy of documentation.
 Our Pharmacy will be sending a pharmacist to perform monthly audits of the MAR's.
The Administrator and Medical Manager will monitor for ongoing compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>PATRICIA MAYNOR Administrator</i>	Date <i>10/16/2017</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>10-17-17</u> <i>uncorrected</i> (Date) The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>10-17-17</u> (Date) <u>3-15-18</u> <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input checked="" type="checkbox"/> Not Implemented
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Violation Report: 20569 - 11/30/2017 - Novak, Ryan
 PCH Name: BERKS LEISURE LIVING

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 utilizes 2 boilers. The certificate of boiler or pressure vessel operation from The Department of Labor and Industry expired 10/7/17. ✓

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.
 Boiler was inspected 1/9/2018. Certificate being sent with report.
 The Administrator will ensure timely inspections in the future to avoid expired inspection certificates. CP 1-18-18

certificates included CP

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Ray Calvin Miller Jr.*

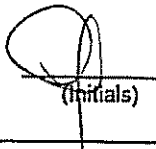
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ray Calvin Miller Jr. Administrator* Date *1-12-18*

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

The above plan of correction is approved as of 1-18-18 (Date)

Plan of correction implementation status as of 1-18-18 (Date)

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

The above plan of correction was approved by  (Initials)

Violation Report: 20569 - 11/30/2017 - Novak, Ryan
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600
 2600.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

2a. DESCRIPTION OF VIOLATION
 On 11/25/17 and 11/26/17 the home served 48 residents. The home is required to have at a minimum 48 hours of direct care staffing hours available. The home only had 42.75 hours of direct care staffing available.

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.

Ad has been placed in paper to hire. Medical Manager tries to supplement free hours to give care on the floor. We've been putting 3 people on ^{record} each shift starting on 12/5/17 - three 12/24/17. One staff member was a no call & no show and quit.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Ray Dalvin Miller Jr*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Ray Calvin Miller Jr Administrator* Date *1-12-18*

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

The above plan of correction is approved as of 1-18-18
 (Date)

Plan of correction implementation status as of 2-15-18
 (Date)

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

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

Violation Report: 20569 - 11/30/2017 - Novak, Ryan
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600
 2600.57(d) - At least 75% of the personal care service hours specified in § 2600.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION
 On 11/25/17 and 11/26/17 the home served 48 residents. The home is required to have at a minimum 36 hours of direct care staffing hours available from 7am-11pm. The home only has 35.25 hours of direct care staffing available.

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.

Plan to hire. Medical Manager supplements her ^{time} care on the floor.

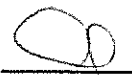
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Roy Calvin Miller Jr.*

Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) *Roy Calvin Miller Jr. Administrator* *1-12-18*

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

The above plan of correction is approved as of 1-15-18
 (Date)
1-18-18

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 2-15-18
 (Date)

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

Violation Report: 20569 - 11/30/2017 - Novak, Ryan
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 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

Direct care staff person A hired 9/1/17 did not complete the 1st day fire safety orientation until 9/6/17.

Direct care staff person B hired 10/31/17 did not complete the 1st day fire safety orientation until 11/9/17.



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.

On the staff persons hire date they are to completed fire safety orientation which will be office management responsibility.

The Administrator will review new employee records to ensure ongoing compliance.

1-18-18

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Ray Calvin Miller Jr.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Ray Calvin Miller Jr. administrator* Date *1-12-18*

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

The above plan of correction is approved as of 1-18-18
 (Date)

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

Plan of correction implementation status as of 1-18-18
 (Date)

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

3-15-18

Violation Report: 20569 - 11/30/2017 - Novak, Ryan
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person C hired 8/17/17 and direct care staff person D hired 10/26/17 did not complete the Department approved online direct care competency course. ✓
OK

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 date of hire test will be taking before being placed on the floor. The Administrator will review new employee records to ensure ongoing compliance.

1-18-18

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page) *Ray Calvin Miller Jr.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ray Calvin Miller Jr. Administrator* Date *1-12-18*

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

The above plan of correction is approved as of 1-18-18 (Date)

Plan of correction implementation status as of 1-18-18 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 20569 - 11/30/2017 - Novak, Ryan
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa. Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 The water temperature in the bathroom of room #M3 measured 136.6 degrees Fahrenheit.

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 maintenance addressed the temperature measured 136.6 degrees by adjusting the thermostat on the hot water heater which will be tested weekly.

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) *Ray Calvin Miller Jr.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Ray Calvin Miller Jr. Administrator* Date *1-12-18*

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

The above plan of correction is approved as of 2-5-18
 (Date)

Plan of correction implementation status as of 2-5-18
 (Date)

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

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

Violation Report: 20569 - 11/30/2017 - Novak, Ryan
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
 On 11/30/17 the refrigerator on the right in the home's main kitchen area had a bag without a label and date that contained a 1/2 of a sliced onion and the white GE refrigerator in the home's pantry area had an opened bag of mozzarella cheese without a label and date.

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.

Staff are instructed to mark and date all food when stored in ~~the~~ refrigerator which will be supervised by cooks on duty per shift.

The Administrator will ensure that all employees that work in the home and access the home's refrigerator(s) and pantry (ies) are trained in this regulation documentation, would be retained by the home.

The Administrator would oversee to ensure ongoing compliance. *CP*

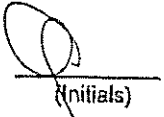
Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/28/2017	03/23/2017
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X Signature of Legal Entity Representative
 (Required on EVERY Page) *Ray Calvin Miller Jr*

X Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Ray Calvin Miller Jr Administrator* Date *1-12-18*

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

The above plan of correction is approved as of 2-5-18
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 2-5-18
 (Date)

3-15-18

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 20569 - 11/30/2017 - Novak, Ryan
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 The left external dryer duct that exits the Calvin laundry room had a handful of lint in the dryer duct, posing a possible fire hazard.

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.

Handwritten: ~~Lint~~ floor staff are to empty lint traps after each use to help prevent build up of lint in dryer ducts. Maintenance man is to check outside duct work weekly.
 The Administrator will oversee to ensure ongoing compliance. CP.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Ray Calvin Miller Jr.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Ray Calvin Miller Administrator* Date *1-12-18*

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

The above plan of correction is approved as of 2-5-18
 (Date)

- Plan of correction implementation status as of 2-5-18
 (Date)
- Fully Implemented
 - Partially Implemented - Adequate Progress
 - Partially Implemented - Inadequate Progress
 - Not Implemented

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

Violation Report: 20569 - 11/30/2017 - Novak, Ryan
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600
 2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

The home currently serves 48 residents. The home has 141 gallons of emergency water on hand, the home is required to have at least 144 gallons on hand. ✓

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 Kitchen supervisor will monitor the supply on a regular basis. There are 150 gallons at the current time.

The Administrator will oversee to ensure ongoing compliance. *CP*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Ray Calvin Miller Jr

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

Ray Calvin Miller Jr administrator

Date *1-12-18*

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

The above plan of correction is approved as of *2-5-18*
 (Date)

Plan of correction implementation status as of *2-5-18*
 (Date)

The above plan of correction was approved by

CP
 (Initials)

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

~~SAME~~ NEW

Violation Report: 20569 - 11/30/2017 - Novak, Ryan
PCH Name: BERKS LEISURE LIVING

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 #2 & #3's glucometer is not calibrated to the correct date and time.


Resident #2 has an order for blood glucose readings 4x daily, the home documents the readings on a treatment sheet. On 11/29/17 at 8pm the sheet noted a reading of 243 however the glucometer noted 213. On 11/26/17 at 8pm the sheet noted a reading of 201 however the glucometer noted 203.

Resident #3 has an order for blood glucose readings 4x daily, the home documents the readings on a treatment sheet. On 11/29/17 at 8pm the sheet noted a reading of 198 however the glucometer noted 240. On 11/29/17 at 5pm the sheet noted a reading of 200 however the glucometer noted 205.

Resident #4 has an order for blood glucose readings 4x daily, the home documents the readings on a treatment sheet. On 11/28/17 at 8pm the sheet noted a reading of 279 however the glucometer noted 274. On 11/23/17 at 8pm the sheet noted a reading of 288 however the glucometer noted 286.

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.

#2 & #3 have new glucometer's which are calibrated to date and time.
With the documentation of blood sugars all staff are instructed to write the reading when taken. Recommended at end of shift to double check their documentation.

The Administrator will ensure there is a process in place to not only enter complete recording information as required but also to review by the Administrator or designee to ensure ongoing compliance. 

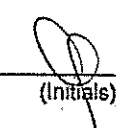
Repeat Violation: No Date(s) of Previous Violation(s):

X Signature of Legal Entity Representative
(Required on EVERY Page) Ray Calvin Miller Jr.

X Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Ray Calvin Miller, Jr Administrator Date 1-12-18

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

The above plan of correction is approved as of 12-5-18
(Date)

The above plan of correction was approved by 
(Initials)

Plan of correction implementation status as of 12-5-18
(Date)

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

Violation Report: 20569 - 11/30/2017 - Novak, Ryan
 PCH Name: BERKS LEISURE LIVING

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

The medication administration record for resident #1 does not include initials of the staff person who administered GNP nasal 0.5% spray at 5pm on 11/23/17. ✓

Resident #1 is prescribed Alprazolam 1mg, take one tablet by mouth three times a day, and may take one extra as needed (PRN). A PRN dose was administered by staff person E on 11/8/17 at 9pm. This staff person initialed in the incorrect box and initialed in the 11/9/17 box. On 11/9/17 staff person F administered a PRN dose at 9pm and initialed below staff person E's initials. Staff person F brought the error to staff person E's attention and staff person E initialed the correct box on 11/8/17 however did not cross off the incorrect documentation on 11/9/17.

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.

Staff meeting held on 1/9/2018, where protocol of medication administration was reviewed. Administrator will oversee medication administration to ensure ongoing compliance.

Repeat Violation:	Date(s) of Previous Violation(s):		
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X Signature of Legal Entity Representative (Required on EVERY Page) *Ray Calvin Miller Jr.*

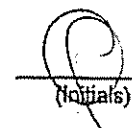
X Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ray Calvin Miller Jr. Administrator* Date *1-12-18*

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

The above plan of correction is approved as of 2-5-18 (Date)

Plan of correction implementation status as of 2-5-18 (Date)

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

The above plan of correction was approved by  (Initials)

Violation Report: 20569 - 11/30/2017 - Novak, Ryan
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600

2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION

On 11/22/17 at 12pm, resident #1 refused to take a scheduled dose of Fluticasone Spray. The home did not report the refusal to the resident's doctor 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.

Notify the doctor within 24 hours of any refusals of medication. Print out of fax log for confirmation. A service on 1/9/2018 covered protocol on medication administration.

The home will have a process in place to ensure that notifications of refusals are reported promptly. The Administrator will oversee to ensure ongoing compliance. *CP*

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/23/2017

Signature of Legal Entity Representative
 (Required on EVERY Page) *Ray Calvin Miller Jr.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Ray Calvin Miller Jr., Administrator* Date *1-12-18*

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

The above plan of correction is approved as of 2-5-18
 (Date)

Plan of correction implementation status as of 2-5-18
 (Date)

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

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

Violation Report: 20569 - 11/30/2017 - Novak, Ryan
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION ✓
 Resident #3 has an order for blood glucose readings 4x daily per a sliding scale of insulin. On 11/29/17 the blood glucose reading was 205. The home administered 2 units of insulin and it should have been 1 unit per the sliding scale.

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.

In service on 1/9/2018 instructing on medication administration, documentation when a med error occurs.
This regulation pertains to all aspects of physician orders, not just sliding scale insulin.
The Administrator will ensure that all orders by physicians are reviewed at minimum, once per month in order to ensure ongoing compliance - CJ.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	<u>06/28/2017</u>	<u>03/23/2017</u>
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Signature of Legal Entity Representative (Required on EVERY Page) *Ray Calvin Miller Jr.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Ray Calvin Miller Jr Administrator* Date *1-12-18*

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

The above plan of correction is approved as of 2-5-18 (Date)

Plan of correction implementation status as of 2-5-18 (Date)

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

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

Violation Report: 20569 - 02/15/2018 - Novak, Ryan
PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2800

2800.65(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

Direct care staff person A hired 2/12/18 did not receive the first day general fire safety orientation until 2/15/18.

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.

It is important that all new hire staff have an orientation in general fire safety and emergency preparedness on or prior to their first work day. Direct care staff person did not have orientation on 1st day in place there fore causing the violation. Training was done on 2/15/18 ongoing all staff hired will receive fire safety orientation on first day of work (on prior). Administrator will check new hire training sheets to assure all training is done on time.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kay Calvin Miller Jr

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

Kay Calvin Miller Jr

Date 3/13/18

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

The above plan of correction is approved as of

3-13-18
(Date)

Plan of correction implementation status as of

3-13-18
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 20660 - 02/15/2018 - Novak, Ryan
PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
The water temperature in Room #M3 measured 126.1 degrees Fahrenheit.
The water temperature in Room #C3 measured 122.9 degrees Fahrenheit.

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.

Regulation is important to ensure safety of the residents. Water temp was above 120° in Rm M3 + C3. Water temp was turned down to 120° that day. Ongoing a logbook was implemented to record water temp in residents rooms on a daily basis. Rm #M3 - Temp is now 109° Rm #C2 - Temp is now 117°. Maintenance and Administration will check water temp in residents rooms weekly. Administration will also check logbook weekly. Copy of Logbook sheet attached. - YES

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Ray Calvin Miller Jr.*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Ray Calvin Miller Jr.* Date *3/13/18*

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

The above plan of correction is approved as of 3-15-18
(Date)

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

Plan of correction implementation status as of 3-15-18
(Date)

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

Violation Report: 20569 - 02/15/2018 - Novak, Ryan
PCH Name: BERKS LEISURE LIVING

1. REGULATION 56 Pa.Code §2600
2600.103(l) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
The refrigerator in the kitchen contained 2 open packages of hot dogs dated 2-5-18. The shelf life of hot dogs, already opened, is one week.

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.

Regulation is important to ensure safety of the residents. Hot dogs dated 2-5-18 - Package was already opened - date expired. Hot dogs were removed from refrigerator. Ongoing kitchen staff will check dates and remove items that are not in compliance as necessary. Kitchen supervision will do weekly audits with dietary supervision ongoing. - Not provided. Q

The Administrator will oversee at least once per month to ensure continued compliance. The home will retain audit records. Q. 3-15-18

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/28/2017 03/23/2017

Signature of Legal Entity Representative
(Required on EVERY Page) *Ray Calvin Miller Jr.*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Ray Calvin Miller Jr.* Date 3/13/18

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

The above plan of correction is approved as of 3-15-18
(Date)

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

Plan of correction implementation status as of 3-15-18
(Date)

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


Violation Report: 20568 - 02/15/2018 - Novak, Ryan
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600
 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 The outside dryer vents for Calvin Hall and Marla Hall, both had handfuls of lint in each duct.

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.

Regulation is important to prevent fire. Lint vents outside had lint in each duct. Lint was immediately removed from ducts. A log was created to keep track of weekly lint removal from outside vents. Daily checks on inside of vents are being done. Ongoing Administration will also do weekly checks on outside vents and daily on inside. Copy of Log sheet attached.


YES.



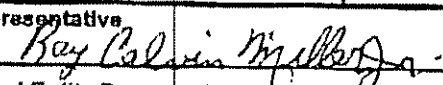
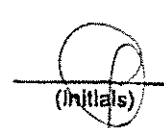
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Ray Calvin Miller Jr.*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Ray Calvin Miller Jr.* Date *3/13/18*

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

The above plan of correction is approved as of <u>3-15-18</u> (Date)	Plan of correction implementation status as of <u>3-15-18</u> (Date) <ul style="list-style-type: none"> <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
The above plan of correction was approved by  (Initials)	

Violation Report: 20589 - 02/15/2018 - Novak Ryan PCH Name: BERKS LEISURE LIVING	
1. REGULATION 55 Pa.Code §2600 2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.	
2a. DESCRIPTION OF VIOLATION When entering into the building to the left in the lawn were approximately 24 cigarette butts. The front lawn is not the designated smoking area for 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.	
Regulation is important to safe guard outside of home to prevent fire hazards. Cigarette butts were removed by maintenance and a receptacle was ordered and will be placed at bottom of steps for visitors, families, staff. Ongoing maintenance will check grounds for cigarette butts and empty receptacle daily. Administrator will also do weekly checks of grounds and receptacles.	
Receipt enclosed. 	
The home will retain the weekly audits.	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) 	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Ray Calvin Miller Jr.	
Date 3/13/18	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>3-15-18</u> (Date)	Plan of correction implementation status as of <u>3-15-18</u> (Date)
The above plan of correction was approved by  (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: 20569 - 02/18/2018 - Novak, Ryan PCH Name: BERKS LEISURE LIVING	
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1. REGULATION 85 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.	
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2a. DESCRIPTION OF VIOLATION Resident #1 has an order for blood glucose readings 4 times daily. on 2/14/18 at 4pm the treatment sheet noted a reading of 206, the glucometer noted a reading of 207. On 2/13/18 at 4pm the treatment sheet noted a reading of 273, the glucometer noted a reading of 276.	
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3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	<p>The Regulation is important to ensure proper documentation and distribution of insulin to diabetic residents. Improper documentation of glucose readings was cause of violation. Ongoing medical manager will check all glucometer readings along with treatment sheets on a bi-weekly basis. Med Techs will also check glucometer readings and treatment sheets at end of their shift.</p> <p>The Wellness manager will do weekly audits, documenting outcomes, problems noted and steps taken. The Administrator will review the weekly audits on a monthly basis to ensure ongoing compliance. The home will retain the audits. Q. 3-15-18</p>
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Repeat Violation: Yes	Date(s) of Previous Violation(s):	(6/28/2017)
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Signature of Legal Entity Representative (Required on EVERY Page) <i>Ray Calvin Miller Jr.</i>	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Ray Calvin Miller Jr.</i>	Date <i>3/13/18</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>3-15-18</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented