



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUN 21 2018

Ms. Monica Shoup  
Administrator  
Greystone Country Estates, Inc.  
424 Delaware Road  
Fredonia, Pennsylvania 16124

RE: Greystone Country Estates  
License #: 470980

Dear Ms. Shoup:

As a result of the Department's Bureau of Human Services Licensing annual inspection on December 15, 2017 and May 8, 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](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: 47098 - 12/15/2017 - Bedford, Katie  
PCH Name: GREYSTONE COUNTRY ESTATES

APR 23 2018

WEST REGIONAL FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION  
There is no lock on the shared bathroom between bedroom 101 and 102 to ensure resident privacy.  
There is no lock on the shared bathroom between bedroom <sup>103 104</sup> 303 and 304 to ensure resident privacy.  
There is no lock on the shower stalls or the main door to the shower room to ensure resident privacy.  
The video cameras in common areas of the home, including the activity room, and hallways record and store images for 30 days.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See page 2<sup>a</sup> of 9

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

Signature of Legal Entity Representative (Required on EVERY Page) *Monica Shoup*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Monica Shoup*      Date *4/17/18*

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

The above plan of correction is approved as of 5/21/18  
(Date)

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

Plan of correction implementation status as of 5/21/18  
(Date)

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

RECEIVED

APR 23 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Page 2<sup>a</sup> of 9

April 17, 2018

Regulation 55 Pa Code 2600

2600.42(s)

Shortly after DHS inspectors made us aware of needing locks on shared bathrooms locks were installed on shared bathroom doors in rooms 101 and 102, locks were also installed on shared bathroom doors in rooms 103 and 104.

Locks have been installed on shower room stall doors to ensure residents privacy. An occupied sign has been placed on main door to the shower room. Staff members will be made aware of locks on shower stall doors and sign on main shower door to ensure resident privacy.

The recording option of the video monitoring system has been disabled. The system now is only able to monitor and not record.

Thank you,

Monica Shoup

Monica Shoup, Administrator

cc - please see attachment

Immediately and monthly thereafter: A designated staff person will check resident bathrooms to ensure locking mechanisms remain functional and privacy is provided for residents while using the bathrooms. *J.W. 5/21/18*

Violation Report: 47098 - 12/15/2017 - Bedford, Katie  
PCH Name: GREYSTONE COUNTRY ESTATES

APR 23 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION  
Direct care staff person A, hired on 06/07/2016, did not have a criminal background check completed until 12/15/2017.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See page 3<sup>rd</sup> of 9

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

Signature of Legal Entity Representative (Required on EVERY Page) *Monica Druyp*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Monica Druyp* Date *4/17/18*

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

The above plan of correction is approved as of 5/21/18 (Date)

Plan of correction implementation status as of 5/21/18 (Date)

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

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

RECEIVED

APR 23 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Page 3<sup>a</sup> of 9

April 16, 2018

Regulation 55 Pa Code 2600

2600. 51

Employee A's initial background check was in accordance with the Child Protective Services Law. Employee A's background check in accordance with (OAPSA) was done on 12/15/2017 during the inspection.

General Manager and Administrator will assure that the correct background check (OAPSA) will be completed on all new employees.

For six months background checks (OAPSA) of new employees will be faxed to DHS for verification of the correct background check.

Thank you,

*Monica Shoup*

Monica Shoup, Administrator

Immediately: The administrator or designee will review all staff records to ensure each staff person has a Pennsylvania State Police background check completed and present in the staff person's record.

*12/21/17*

Violation Report: 47098 - 12/15/2017 - Bedford, Katie

PCH Name: GREYSTONE COUNTRY ESTATES

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, hired on 11/24/2015, did not receive training in medication self-administration during the 2016 training year.

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

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

See page 4<sup>9</sup> of 9

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Monica Sharp*

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

Monica Sharp

Date

4/18/18

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

The above plan of correction is approved as of

5/21/17  
(Date)

Plan of correction implementation status as of

5/21/17  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *P.U.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

P.U.  
(Initials)

RECEIVED

APR 23 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Page 4<sup>a</sup> of 9

April 16, 2018

Regulation 55 Pa Code 2600

2600.65(f)

Direct care staff person B received training on 12/21/2017 for training in medication self administration. Signed documentation of the training is attached.

Thank you,

*Monica Shoup*

Monica Shoup, Administrator

cc - please see attachment

Immediately: The administrator or designee will review staff person training as part of the quality management review process to ensure each direct care staff person receives training in all topics required by 2600.65f, including medication self-administration. *g.l. 5/21/17*

Violation Report: 47098 - 12/15/2017 - Bedford, Katie  
 PCH Name: GREYSTONE COUNTRY ESTATES

APR 23 2018

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

WEST REGION FIELD OFFICE  
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

According to staff person interview, the home uses an Accucheck house glucometer to check a resident's blood glucose level if they feel the resident's own glucometer is giving an incorrect reading. This Accucheck glucometer is not labeled with a resident's name and contains the following blood glucose readings:

Date and Time	Blood Glucose Reading
12/6/17 at 5:24PM	408
12/5/17 at 11:14 PM	88
11/19/17 at 8:48 AM	124
11/2/17 at 8:39 PM	112
10/25/17 at 6:57 PM	196
10/13/17 at 12:25 PM	134
10/10/17 at 6:18 PM	406
10/10/17 at 4:27 PM	305
10/7/17 at 10/10 AM	161
10/3/17 at 8:56 PM	234
9/30/17 at 4:13 PM	139
9/29/17 at 10:04 AM	131

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

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

See page 5<sup>o</sup> of 9

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Monica Dhoup*

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

*Monica Dhoup*

Date *4/17/18*

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

The above plan of correction is approved as of

*5/21/17*  
 (Date)

Plan of correction implementation status as of

*5/21/17*  
 (Date)

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

The above plan of correction was approved by

*ML*  
 (Initials)

RECEIVED

APR 23 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Page 5<sup>a</sup> of 9

April 16, 2018

Regulation 55 Pa Code 2600

2600. 85 (a)

Each resident that uses a glucometer was provided with an extra glucometer of their own. Each glucometer is in an individual sealed bag with the residents name written on each bag. DCS is aware of where the glucometers are stored.

Thank you,

*Monica Shoup*

Monica Shoup, Administrator

cc – please see attachment

Staff were trained on the home's glucometer policy on 4/17/18. *pu, 5/21/18*

The house glucometer was discarded. *pu, 5/21/18*

On 5/9/18, staff were retrained in sanitary blood sugar testing including the accurate documentation of blood glucose levels and only using glucometers and blood glucose testing supplies on the resident for whom they were prescribed.

*pu, 5/21/18*

Violation Report: 47098 - 12/15/2017 - Bedford, Katie  
PCH Name: GREYSTONE COUNTRY ESTATES

WEST REGION FIELD OFFICE  
Human Services Licensing

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

There are no emergency service telephone numbers posted on or by the telephone in the main shower room.

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

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

See page 6 of 9

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Monica Shoup

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

Monica Shoup

Date

4/17/18

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

The above plan of correction is approved as of

5/21/18  
(Date)

Plan of correction implementation status as of

5/21/18  
(Date)

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

The above plan of correction was approved by

*ML*  
(Initials)

RECEIVED

APR 23 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Page 6<sup>a</sup> of 9

April 16, 2018

Regulation 55 Pa Code 2600

2600. 91

The emergency service telephone in the main shower room was removed shortly after the inspection. It was not and will not be replaced.

Thank you,

*Monica Shoup*

Monica Shoup, Administrator

*MS  
5/21/18*

Violation Report: 47098 - 12/15/2017 - Bedford, Katie  
PCH Name: GREYSTONE COUNTRY ESTATES

APR 25 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.101(j)(1) - Each resident shall have the following in the bedroom: A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident.

2a. DESCRIPTION OF VIOLATION  
The headboard of resident #5's bed moves approximately 3 inches back and forth. The resident sleeps in his/her recliner due to the bed not being sturdy.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See page 7<sup>a</sup> of 9

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Monica Shoop*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Monica Shoop*      Date *4/17/18*

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

The above plan of correction is approved as of 5/21/18  
(Date)

Plan of correction implementation status as of 5/21/18  
(Date)

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

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

RECEIVED

APR 23 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Page 7<sup>a</sup> of 9

April 16, 2018

Regulation 55 Pa Code 2600

2600. 101(j)(1)

The headboard of resident #5 bed was fixed as soon as it was brought to our attention. All beds will be checked monthly during Administrators monthly room audits. Monthly room audits will be faxed to DHS for six months for verification. Copy of checklist is attached.

Thank you,

*Monica Shoup*

Monica Shoup, Administrator

*umc*

cc - please see attachment

Violation Report: 47098 - 12/15/2017 - Bedford, Katie

PCH Name: GREYSTONE COUNTRY ESTATES

WEST REGION FIELD OFFICE  
Home Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

At approximately 10:00am, the freezer located in the pantry area of the main kitchen was 19 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.

See page 8 of 9

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Monica Shoup

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

Monica Shoup

Date

4/17/18

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

The above plan of correction is approved as of

5/21/17  
(Date)

Plan of correction implementation status as of

5/21/17  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *pu*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*pu*  
(Initials)

Page 8<sup>a</sup> of 9

RECEIVED

APR 23 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

April 17, 2018

Regulation 55 Pa Code 2600

2600. 103(f)

*new rule 5/21/18*

A thermometer was placed in the freezer the day of the inspection. Temperatures are checked and recorded daily. *- by a designated staff person. nu. 5/21/18*

Thank you,

*Monica Shoup*

Monica Shoup, Administrator

Violation Report: 47098 - 12/15/2017 - Bedford, Katie  
PCH Name: GREYSTONE COUNTRY ESTATES

WEST REGION FIELD OFFICE  
Nursing Services Licensing

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

Multiple residents glucometer readings did not match the home's documentation of blood glucose levels to include the following:  
Resident #1- 12/8/17 at 9:08pm and 1:53pm; and 12/7/17 at 9:29pm  
Resident #2- 12/11/17 at 4:30pm; 12/9/17 at 11:30pm; 12/7/17 at 7:30am and 4:30pm  
Resident #3- 12/7/17 at 7:47am  
Resident #4- 12/12/17 at 12:03pm; 12/11/17 at 6:13am, 12/9/17 at 1:23pm; 12/8/17 at 3:52am; 12/7/17 at 7:03pm, 8:44am, and 3:57am; and 12/5/17 at 9:02am  
Resident # 6- 12/11/17 at 11:42am

The following residents blood glucose levels were indicated on their October and September medication administration record (MAR); however, the readings did not appear in the resident's glucometer.

Resident #3- 12/11/17 at 4:30pm and 7:30am; and 12/7/17 at 7:30am  
Resident #4- 12/9/17 at 4:30pm; 12/8/17 at 7:30am; 12/7/17 at 11:30am and 7:30am

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

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

See page 9<sup>9</sup> of 9

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Monica Shoup*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Monica Shoup*      Date *4/17/18*

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

The above plan of correction is approved as of 5/21/18  
(Date)

Plan of correction implementation status as of 5/21/18  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *pl.*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

RECEIVED

APR 23 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Page 9<sup>a</sup> of 9

April 17, 2018

Regulation 55 Pa Code 2600

2600. 185(a)

DCS will be trained to write a note in QuikMar when recording a blood glucose level that was not taken with the residents own main glucometer. Each resident that uses a glucometer has an extra glucometer of their own. Each glucometer is in an individual sealed bag with the residents name written on each one.

Thank you,

*Monica Shoup*

Monica Shoup, Administrator

cc – please see attached

Immediately and weekly thereafter: A designated staff person qualified to administer medications will check glucometer readings and documented blood glucose readings to ensure accuracy in documentation and that glucometers and blood glucose testing supplies are only used on the resident for whom they were prescribed.

*MS  
4/21/18*

On 5/9/18, staff were retrained in sanitary blood sugar testing including the accurate documentation of blood glucose levels and only using glucometers and blood glucose testing supplies on the resident for whom they were prescribed.

*MS  
5/21/18*

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

PCH Name: GREYSTONE COUNTRY ESTATES		License Number: 47098
Address: 424 DELAWARE ROAD, FREDONIA, PA 16124		County: Mercer
Administrator: Monica Shoup		Region: WEST
Legal Entity Name: GREYSTONE COUNTRY ESTATES INC		<b>RECEIVED</b>
Legal Entity Address: 424 DELAWARE ROAD, FREDONIA, PA 16124		
Certificate(s) of Occupancy C-2 LP 10/19/1997 Labor & Industry		MAY 18 2018 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: N/A	Total Daily Staff: 37	Waking Staff: 28
Type of Inspection: Interim - POC	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Interim		
On-Site Inspections Dates and Department Representatives On-Site 05/08/2018: Park, Belh		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 45 Number of Residents Served: 36 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 7		Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 36 Have Mental Illness: 0 Have an Intellectual Disability: 4 Have a Mobility Need: 1 Have a Physical Disability: 0

MAY 18 2018

Violation Report: 47098 - 05/08/2018 - Park, Beth

PCH Name: GREYSTONE COUNTRY ESTATES

WEST REGION FIELD OFFICE  
Human Services Licensing

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 following residents had blood glucose readings documented on their May 2018 medication administration record; however, these readings did not appear in the resident's glucometer.

- \* Resident #1 216 on 5/2/2018 at 5:02 PM
- \* Resident #2 228 on 5/2/2018 at 8:16 PM
- \* Resident #2 251 on 5/1/2018 at 7:17 PM
- \* Resident #3 110 on 5/2/2018 at 5:02 PM
- \* Resident #3 141 on 5/1/2018 at 4:54 PM
- \* Resident #4 182 on 5/5/2018 at 9:03 PM
- \* Resident #4 184 on 5/2/2018 at 9:53 PM
- \* Resident #4 137 on 5/1/2018 at 8:35 PM

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

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

See page 2<sup>a</sup> of 2

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Manice Shoup Administrator* Date *05/18/18*

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

The above plan of correction is approved as of 5/21/18  
(Date)

Plan of correction implementation status as of 5/21/18  
(Date)

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

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

Page 2<sup>a</sup> of 2

May 18, 2018

Regulation 55 Code 2600

2600.185(a)

The Direct Care Staff member who was responsible for incorrect documentation of the resident's glucometer readings and medication administration records is no longer permitted to take any residents blood sugar or administer any medications.

Each Monday the Administrator or General Manager will check over the previous weeks blood sugars and medication administration records to verify that the recordings are accurate. We will then fax the aforementioned documentation to DHS. We will continue to fax the information to DHS until we have had four consecutive weeks of accurate documentation. Internal checks then will be ongoing.

Sincerely,

*Monica Shoup*

Monica Shoup, Administrator

On 5/9/18, staff were retrained in sanitary blood sugar testing including the accurate documentation of blood glucose levels and only using glucometers and blood glucose testing supplies on the resident for whom they were prescribed.

*AK*  
5/21/18