



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 16 2018

Ms. Brenda Daubner
Administrator
Logan AID OPCO, LLC
180 Craigdell Road
Lower Burrell, Pennsylvania 15068

RE: Logan Place
Certificate #: 444940

Dear Ms. Daubner:

As a result of the Department of Human Services' Licensing annual licensing inspection on January 10, 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,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: LOGAN PLACE		License Number: 44494
Address: 180 CRAIGDELL ROAD, LOWER BURRELL, PA 15068		County: Westmoreland
Administrator: Michelle Hoffman		Region: WEST
Legal Entity Name: LOGAN AID OPCO LLC		
Legal Entity Address: 180 CRAIGDELL ROAD, LOWER BURRELL, PA 15068		RECEIVED
Certificate(s) of Occupancy C-2 LP 12/31/1997 L & I		MAR 28 2018 INSPECTION SECTION MUNICIPALITY OF BURRELL
Staffing Hours		
Resident Support: 0	Total Daily Staff: 50	Working Staff: 44
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/10/2018: McConnell, Deb; Barone, Barbara		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 47 Number of Residents Served: 38 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: 4 Number of Hospice Residents in past year: 18	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 38 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 20 Have a Physical Disability: 1	

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MAR 23 2018

WEST VIRGINIA STATE POLICE
PUNISHMENT DIVISION

Violation Report: 44494 - 01/10/2018 - McConnell, Deb
PCH Name: LOGAN PLACE

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

The resident privacy coding document, including resident names, was posted with the 1/5/17 annual inspection summary on the bulletin board in the lobby area next to the activities 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 2A

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

Signature of Legal Entity Representative (Required on EVERY Page) *Michelle Hoffman PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Hoffman PCHA* Date *3-15-18*

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

The above plan of correction is approved as of 3/30/18 (Date)

Plan of correction implementation status as of 3/30/18 (Date)

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

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

MAR 23 2018

WEST VIRGINIA HELL OFFICE
Human Services Licensing

Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

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.

- Immediately, during the inspection, the Executive Director (ED) removed the resident privacy coding document from the posted annual inspection summary.
- Immediately, the ED completed an audit of posted annual inspection summaries to ensure privacy of residents.
- ED or designee will ensure that future postings follow confidentiality requirements outlined in regulation 2600.17.
- Within 30 days of acceptance of this plan of correction, staff persons will be re-educated on the confidentiality of resident records and the procedures for maintaining resident records in a secure location, including the home’s specific policy and procedures to comply with regulation 2600.17 by the ED or designee. Documentation of education shall be kept.

[Handwritten signature]
3/23/18

Michelle Hoffman RCHA Michelle Hoffman RCHA 3-15-18

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MAR 23 2018

Violation Report: 44494 - 01/10/2018 - McConnell, Deb
PCH Name: LOGAN PLACE

1. REGULATION 55 Pa.Code §2600
2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION
The home has only 2 staff persons working on the 10:00 p.m.- 6:00 a.m. shift. In the event of an emergency evacuation, the number of staff is inadequate to meet the needs of the residents. The home serves 38 residents, including 20 residents with mobility needs, including residents #1 and #2, who require 2-person assistance in transferring, and residents #3, #4 and #5 who require supervision due to cognitive needs.

There is not enough staff during the 10 a.m. to 6:00 a.m shift to safely evacuate all of the residents in the event of an emergency evacuation.

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

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(Required on EVERY Page) *Michelle Hoffman PCHA*

Printed Name and Title of Legal Entity Representative
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MAR 23 2018

MISSOURI HEALTH SERVICE
Public Health Division

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2600.60(a) – Staffing shall be provided to meet the needs of the residents as specified in the resident’s assessment and support plan.

- The Executive Director (ED) added an additional staff to the 10:00 p.m. – 6:00 a.m. shift to allow for safe evacuation of all resident’s in the event of an emergency evacuation.
- In-servicing was scheduled for staff persons with the community’s Fire Safety Expert and completed on 01/17/2018 at 2:00 p.m. with documentation maintained. (See attached)
- The ED or designee will monitor staffing hours in relation to the residents’ needs as specified in the residents’ assessment and support plan daily to ensure the community’s compliance with regulation 2600.60(a)

M-3/20/18

Michelle Hoffman PCHA Michelle Hoffman PCHA 3-15-18

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MAR 23 2018

Violation Report: 44494 - 01/10/2018 - McConnell, Deb
 PCH Name: LOGAN PLACE

WORKING ON THE CORRECTION

1. REGULATION 55 Pa.Coda §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 A, hired on 7/17/17, did not successfully complete and the Department-approved direct care training course and pass of the competency test. Staff person A provided unsupervised direct care services on multiple times and dates, including 1/6/18.

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.

See Page 4A

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Hoffman PCHA* Date *3-15-18*

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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 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 of 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.

See Page 4B of 10

AK 3/20/18

- Immediately, staff person A successfully completed the Department-approved direct care training course and passed the competency test. Staff person A's successful completion direct care staff training course and competency certificate was faxed to Deborah McConnell, Licensing Representative at the Pennsylvania Department of Public Welfare, Adult Residential Licensing, Western Region at 412-565-5633 as directed. (See attached)
- Immediately, an audit was completed on staff person files to ensure compliance with 2600.65(d). All staff person files are in compliance.
- Staff persons will not be permitted to perform unsupervised ADL services until trainings outlined in regulation 2600.65(d) are successfully completed.
- Executive Director (ED) or designee will ensure that new hire staff person training is compliant with regulation 2600.65(d)

Michelle Hoffman PAH
Michelle Hoffman PAH 3-15-18

RECEIVED

Violation Report: 44494 - 01/10/2018 - McConnell, Deb
PCH Name: LOGAN PLACE

MAR 23 2018

1. REGULATION 55 Pa.Code §2500
2800.B5(a) - Sanitary conditions shall be maintained.

WATERBURY HEALTH DEPARTMENT

2a. DESCRIPTION OF VIOLATION

On 1/10/18, at approximately 11:00 a.m., dried feces was smeared on the top of the toilet seat lid, toilet seat and floor next to the toilet in the bathroom of room #102.

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 5A

Repeat Violation; No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Michelle Hoffman PCH

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

Michelle Hoffman PCH

Date 3-15-18

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(Date)

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3/30/18
(Date)

The above plan of correction was approved by

MH
(Initials)

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MAR 23 2018

WEST VIRGINIA STATE OFFICE
HOSPITALS DIVISION

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2600.85(a): Sanitary conditions shall be maintained.

- Immediately, resident's bathroom, to include the toilet seat lid, toilet seat and floor next to the toilet were cleaned and sanitized.
- Staff in-servicing scheduled and completed on Tuesday, January 16, 2018 on Infection Control and Universal Precautions. (See attached)
- Within 30 days of acceptance of this plan of correction, the Executive Director (ED) or designee will complete a verification of housekeeping services on each room and indicate that verification by signing the Weekly Housekeeping Apartment Check form. (See attached) The ED or designee will maintain documentation.

[Handwritten signature]
3/20/18

Michelle Hoffman PCHA Michelle Hoffman PCHA 3-15-18

MAR 23 2018

WEST VIRGINIA UNIVERSITY
PUBLIC AFFAIRS OFFICE

Violation Report: 44494 - 01/10/2018 - McConnell, Deb
PCH Name: LOGAN PLACE

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 1/10/18, at approximately 10:30 a.m. and at 12:20 p.m., there was no soap available in the bathroom closest to the main lobby. The electronic soap dispensable was inoperable.

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 6A

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

Signature of Legal Entity Representative (Required on EVERY Page) *Michelle Hoffman PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Hoffman PCHA* Date *3-15-18*

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2600.95 – Furniture and equipment must be in good repair, clean and free of hazards.

- Immediately, the Executive Director (ED) replaced the batteries in the soap dispenser returning it to working order.
- Immediately, an audit was completed of soap dispensers in the community to ensure that they were functioning. Soap dispensers were functioning.
- Weekly Housekeeping Apartment Check document initiated for housekeeping staff to complete daily which includes ensuring that automatic soap dispensers have soap solution and are functioning properly. Completed forms will be turned into the ED or designee who will verify tasks are completed, sign and maintain documentation. (See attached)

Handwritten signature and date: M 3/30/18

Handwritten signatures and date: Michelle Hoffman POHA Michelle Hoffman POHA 3-15-18

APPROVED

MAR 23 2018

Violation Report: 44494 - 01/10/2018 - McConnell, Deb
PCH Name: LOGAN PLACE

1. REGULATION 55 Pa.Code §2600

2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

2a. DESCRIPTION OF VIOLATION

On 1/10/18, two cats, Honey and Tootsie, were present at the home. The home does not have a current certificate of rabies vaccination for the cats.

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 7A

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

Signature of Legal Entity Representative (Required on EVERY Page) *Michelle Hoffman PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michelle Hoffman PCHA* | Date *3-15-18*

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

Plan of correction implementation status as of 3/30/18 (Date)

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

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2600.109(b) – Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

- Immediately, an appointment for the two cats was made in order to bring their vaccinations current in accordance with regulation 2600.109(b). The appointment was scheduled for Tuesday, January 23, 2018 at 11:00 a.m. The resident had canceled the cats' previous appointment on Tuesday, January 9, 2018 at 11:00 a.m. due to illness.
- Immediately, an audit was completed of pet vaccination records. Pet records were in compliance with regulation 2600.109(b) (See attached)
- The Executive Director (ED) or designee will monitor pet vaccination records monthly to ensure compliance with regulation 2600.109(b).

M. Hoff

Michelle Hoffman YCHA Michelle Hoffman YCHA 3-15-18

MAR 23 2018

Violation Report: 44494 - 01/10/2018 - McConnell, Deb
PCH Name: LOGAN PLACE

DEPARTMENT OF HEALTH
PHILADELPHIA

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 #7 is ordered, Humalog, 100 units/ml insulin pen on a sliding scale, four times daily. However, the sliding scale, as follows, is not indicated on the pharmacy label: 151-200= 2 units; 201-250= 4 units; 251-300= 6 units; 301-350= 8 units; 351-400 = 10 units and call physician.

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 8A

Repeat Violation: No

Date(s) of Previous Violation(s)

Signature of Legal Entity Representative
(Required on EVERY Page)

Michelle Hoffman PCHA

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

Michelle Hoffman PCHA

Date 3-15-18

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(Initials)

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Page 8A of 10

RECEIVED
MAR 23 2018

RESIDENTIAL FIELD OFFICE
1000 ...

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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 prescription dosage and the instructions for administration.
 5. The name and title of the prescriber.
- Immediately, the Care Services Manager (CSM) notified pharmacy to indicate sliding scale on the pharmacy label.
 - Immediately, and audit was completed by the CSM on residents with sliding scale orders to ensure that the label indicated the sliding scale prescribed.
 - CSM or designee will complete MAR/Med Cart audit weekly to ensure compliance with regulation 2600.184(a). (See attached)

JH 3/30/18

Michelle Hoffman RCHA
Michelle Hoffman RCHA 3-15-18

RECEIVED

MAR 23 2018

Violation Report: 44494 - 01/10/2018 - McConnell, Deb
PCH Name: LOGAN PLACE

DEPARTMENT OF COMMUNITY DEVELOPMENT
NEW CASTLE COUNTY

1. REGULATION 55 Pa.Code §2600

2800.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The most recent assessment for resident #2 was completed on 10/17/16.

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.

See Page 9A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Michelle Hoffman PCHA

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

Michelle Hoffman PCHA

Date 3-15-18

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2600.225(c) – The resident shall have additional assessments as follows:

1. Annually.
 2. If the condition of the resident significantly changes prior to the annual assessment.
 3. At the request of the Department upon cause to believe that an update is required.
- Immediately, a new assessment was completed on resident #2.
 - Immediately, the Care Services Manager (CSM) completed an audit of resident service records to ensure compliance with regulation 2600.225(c). Assessment dates were updated on the assessment tickler. Resident service records were compliant.
 - CSM or designee will monitor tickler weekly to ensure assessments are completed in a timely manner and according to regulation 2600.225(c).
 - The Executive Director (ED) or designee will complete a monthly audit of the resident assessment in the service record and assessment tickler, and review the assessment schedule weekly to ensure compliance with regulation 2600.225(c).

JH 3/30/18

Mickelle Hoffman PEHA Mickelle Hoffman PEHA 3-15-18

Violation Report: 44494 - 01/10/2018 - McConnell, Deb
PCH Name: LOGAN PLACE

WISCONSIN DEPARTMENT OF
REGISTRATION

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The support plan for resident #7, dated 5/26/17, does not address the resident's use of an enabler bar for transfers.

The support plan for resident #8, dated 10/1/17, does not address hospice services the resident receives, or the resident's use of a wanderguard alarm.

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 10A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Michelle Hoffman PCH

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

Michelle Hoffman PCH

Date

3-15-18

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

The above plan of correction is approved as of

3/30/18
(Date)

Plan of correction implementation status as of

3/30/18
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

MAR 23 2018

ADULT SERVICES DIVISION OFFICE
1001 E. UNIVERSITY AVENUE
DENVER, CO 80202

Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

2600.227(d) – Each home shall document in the resident’s support plan the medical, dental, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident’s physician, physician’s assistant or certified registered nurse practitioner, determined the necessity of these services.

- Immediately, resident #7 and #8 support plan was updated to reflect the use of an enabler and hospice services respectively.
- Immediately, residents receiving outside services support plans were reviewed by the Executive Director (ED) and Care Services Manager (CSM) to ensure compliance with regulation 2600.227(d). Resident support plans were in compliance.
- Immediately, an audit was completed of resident rooms to identify any other residents with enablers and to ensure that enabler use was documented on the support plan. No other residents in the community have or require the use of an enabler.
- The ED and CSM or designee will ensure that the support plan is updated for residents with placement of an enabler and/or outside services in compliance with regulation 2600.227(d)
- The ED or designee will complete a monthly audit of the resident assessment and support plan in the service record to ensure documentation of enablers and outside services is in compliance with regulation 2600.227(d)

Michelle Hoffman
3/24/18

Michelle Hoffman RCHA. Michelle Hoffman RCHA 3-15-18