



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 8, 2018

Mr. William R. Polachek
President / CEO
Grand Residence of Upper St. Clair, Inc.
45 McMurray Road
Upper St. Clair, Pennsylvania 15241

RE: The Grand Residence at Upper St. Clair
Certificate #: 432320

Dear Mr. Polacheck:

As a result of the Department's Bureau of Human Services Licensing inspection on February 9, 2018 and February 12, 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.

Sincerely,

A handwritten signature in black ink, appearing to read 'Larry Mazza'.

Larry Mazza
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: THE GRAND RESIDENCE AT UPPER ST CLAIR		License Number: 43232
Address: 45 MCMURRAY ROAD, UPPER ST CLAIR, PA 15241		County: Allegheny
Administrator: Mellisa Polachek-Filipovic		Region: WEST
Legal Entity Name: GRAND RESIDENCE OF UPPER ST CLAIR INC		
Legal Entity Address: 45 MCMURRAY ROAD, UPPER ST. CLAIR, PA 15241		
Certificate(s) of Occupancy C-2 LP 01/23/2001 Labor and Industry		RECEIVED JUL 27 2018 WEST REGION FIELD OFFICE Human Services Licensing Working Staff: 71
Staffing Hours Resident Support: 0		Total Daily Staff: 94
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 02/09/2018: Roser, Ashley; Bartlett, Patricia 02/12/2018: Roser, Ashley		
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: 85 Number of Residents Served: 73 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: 16		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 73 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 21 Have a Physical Disability: 1

Violation Report: 43232 - 02/09/2018 - Roser, Ashley
POH Name: THE GRAND RESIDENCE AT UPPER ST CLAIR

WEST REGION FIELD OFFICE
Human Services Licensing

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

Act 56 of 2007 requires that, "no person, organization, or program shall use the term 'assisted living' in any name or written material" unless the person, organization or program is an assisted living residence licensed in accordance with 55 Pa. Code Chapter 2800 (relating to assisted living residences). The home's resident-home contracts, including resident #1's contract, dated 5/4/17, includes an assessment addendum called, "The Grand Residence Additional Service Levels Evaluation" This addendum includes 3 service levels, entitled: grand assisted living, grand assisted living plus and grand assisted living plus-plus.

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 Grand Residence Additional Service Levels Evaluation" form was reviewed and the term "assisted living" used to describe different levels of assistance with activities of daily living and instrumental activities of daily living was removed on February 12, 2018. See attached, Exhibit 2a.

On Thursday, July 19, 2018 management, front desk and activities staff were educated that Act 56 of 2007 requires that, "no person, organization, or program shall use the term 'assisted living' in any name or written material" unless the person, organization or program is an assisted living residence licensed in accordance with 55 Pa. Code Chapter 2800. Staff were educated on reviewing any documents that they created or duplicated to ensure the term "assisted living" was not used as The Grand Residence is licensed as a personal care home under the 55 PA. Code 2600 regulations. See attached, Exhibits 2b, for a more detailed explanation of the training.

All staff creating or duplicating forms used by the Grand Residence will review each form to ensure it complies with section 18. Staff creating new documents will have a supervisor review the document to ensure compliance with section 18. Upon reviewing the document, staff will immediately notify their supervisor if the term "assisted living" is found so that it can be corrected and compliance with section 18 can be ensured.

All documents have been reviewed by the Executive Director and a designee to ensure compliance.

Ongoing on a monthly basis, the Director of Community Development or his designee will audit 3 documents to ensure continued compliance. Attached is a log to track the monthly audits, Exhibit 2c.

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.


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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Melissa P. Filipovic Executive Director

Date 7/27/18

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

The above plan of correction is approved as of <u>8/6/18</u> (Date)	Plan of correction implementation status as of <u>8/6/18</u> (Date)
The above plan of correction was approved by <u></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>L</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43232 - 02/09/2018 - Roser, Ashley
PGH Name: THE GRAND RESIDENCE AT UPPER ST CLAIR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

Resident #1's assessment and support plan (RASP), dated 5/18/17, indicates the resident requires full physical assistance with bladder management and the need for 2-hour checks for urinary incontinence. On 1/26/18 at 3:54 a.m., resident #1 fell backwards in his/her bedroom, hit a dresser and landed on the floor. However, no staff person checked on the resident until 7:24 a.m.

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

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

Resident #1 was found on the floor of his apartment at approximately 7:24am by a direct care staff person who notified the staff RN on duty. The staff RN assessed Resident #1 and found that he/she was unable to communicate what happened or how he/she came to be on the floor. Upon assessment, a pink area on his/her left shoulder was noted with no other evidence of injury. Resident #1's brief was also changed.

Resident #1 was discharged on 2/12/18 and is no longer a resident.

The personal care assistant and staff nurse that were responsible for checking on Resident #1 during the hours of 4:00am and 7:00am on 1/25/18 are no longer employed by the home. Due to this, the home has no further information regarding this time frame and has no knowledge of Resident #1 hitting anything during his/her fall.

Staff have been retrained and educated on the importance of providing each resident with the assistance with activities of daily living as indicated in the resident's assessment and support plan. As of July 27, 2018, a total of 63 staff members have received this education and the 11 that still need this education will receive it by 8/10/18. Attached is Exhibit 3a which is the completed trainings.


All staff will be educated upon hire and semi-annually regarding the importance of the RASP (resident assessment & support plan) and team sheets and meeting our residents' needs. Attached is Exhibit 3b which is an example of the trainings to be done upon hire and semi-annually.

The Assistant Administrator or designee will monitor compliance by checking team sheets weekly. The Assistant Administrator or designee will interview 4 residents monthly to determine that their needs are being met according to their RASP and that their RASP is accurate to meet their needs. Attached is Exhibit 3c, the Monitor Logs that will be used to audit and ensure compliance.

The Administrator will check 4 RASPs monthly to ensure compliance. Attached is Exhibit 3d which is a Monitor Log that will be used to audit and ensure compliance.

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


Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Melissa P Filipovic Executive Director Date 7/27/18

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

The above plan of correction is approved as of 8/6/18 (Date)

Plan of correction implementation status as of 8/6/18 (Date)

The above plan of correction was approved by  (Initials)

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

JUL 27 2018

Violation Report: 43232 - 02/09/2018 - Roser, Ashley
PCH Name: THE GRAND RESIDENCE AT UPPER ST CLAIR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION

According to "Exhibit #1-Charges for additional services" of resident #1's resident-home contract, dated 5/4/17, the highest monthly fee for room and board is the "Grand tower and balcony" bedroom, which is \$4560.00 per month. However, according to the resident's monthly invoices from 5/4/17 through 12/1/17, the resident was charged \$160 per day for room and board, which ranged from \$4,800.00-\$4,960.00 per month.

Exhibit #2 of resident #1's resident-home contract indicates services for activities of daily living (ADL's) is offered at no additional charge. Effective 12/5/17, resident #1 was charged an additional \$60 per day upon completion of an assessment addendum which includes the resident needing assistance in the following areas, which are ADL's and included in the basic services provided by the home:

- *assistance with dressing
- *assistance with grooming, including hair, teeth brushing, shaving, etc
- *assistance with bladder and/or bowel incontinence

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

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

Resident #1's resident-home contract indicated on page 4 under II. A. that the Basic Services Rate was \$160 per day. Resident #1 was charged \$160 per day during his/her residency at the home. Exhibit 1 of the resident-home contract does not list the Basic Services rate. It does list the Charges for Additional Services and a "one-time fee" for \$2,500 which Resident #1's POA paid and initialed next to this fee acknowledging it. This fee was paid prior to admission.

Exhibit #2 of Resident #1's resident-home contract indicates services for activities of daily living is included in the Basic Service Level up to one hour per day per resident. Services provided beyond this will be billed as outlined on Exhibit One, which listed the two levels of additional care at \$25 per day and \$50 per day. Effective 12/5/17, Resident #1 was charged an additional \$25 per day upon completion of a family meeting and an additional levels form completion.

Resident #1 paid \$25 per day for the additional care needs required from 12/5/17 through 1/27/18. Resident #1 did not pay any Basic Services or other fees due from 2/1/18 through 2/12/18.

The resident-home contract was reviewed and updated. Attached is a copy marked Exhibit 4a.

Upon review and agreement of the updated resident-home contract by the Department, all staff involved in the use of the resident-home contract will be educated on the updates and the resident-home contract will be used with all new residents upon admission and all current residents.

will receive a copy of the updated resident-home contract. 8/16/18
Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Melissa P. Filipovic Executive Director* Date *7/27/18*

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

The above plan of correction is approved as of <u>8/16/18</u> (Date)	Plan of correction implementation status as of <u>8/16/18</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43232 - 02/09/2018 - Roser, Ashley
PCH Name: THE GRAND RESIDENCE AT UPPER ST CLAIR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 2/9/18, from at least 10:54 a.m. until 1:20 p.m., resident #1 laid in his/her recliner with his/her brief unchecked. Staff member A reported to an agent of the Department that he/she, and another staff member, checked on the resident "a little before 1 p.m." and the resident was not wet and did not need assistance. However, the resident's nanny cam shows both staff members entering the resident's room at 12:08 p.m. One of the staff members was on his/her cell phone while the other staff member tapped the resident on his/her elbow. Neither staff member checked the resident's brief or provided any care to the resident. At 1:20 p.m., an agent of the Department entered the resident's bedroom and noted a strong, pungent odor of urine. The resident was still sitting in his/her recliner. The agent of the Department observed the resident's pants soaked in urine from the waist to the thighs. Immediately, staff person B, the home's administrator, was notified of the situation; however, care was not provided to the resident until 2:25 p.m.

Resident #1's RASP, dated 5/18/17, indicates the resident requires full physical assistance with bladder management and the need for 2-hour checks for urinary incontinence.

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 ATTACHMENT 5(a)

See Page 5A of 8

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)

Melissa P. Filipovic Executive Director

Date 7/27/18

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The above plan of correction is approved as of

8/6/18
(Date)

Plan of correction implementation status as of

8/6/18
(Date)

The above plan of correction was approved by

(Initials)

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

The Administrator was notified by the Department Representative and immediately went to Resident #1's Suite. Staff were already with Resident #1 and were attempting to arouse him/her to gain consent and permission to change his/her. Resident #1 had a history of aggressive and combative behavior, particularly when staff was assisting or attempting to assist him/her. It was our policy due to the family's request that they expressed in writing that our staff gain consent and minimize disturbing him/her during times that he was not awake so that Resident #1 could retain as much of his/her own "personal determination" as possible. Also, Resident #1 was not regularly changed while in the recliner as it presented safety concerns for Resident #1 and staff.

During the time period that the Administrator was notified and Resident #1 was actually changed, multiple staff persons tried to arouse Resident #1, including two staff RNs, to gain consent to safely change him/her. The staff RN also took Resident #1's vitals due to the inability to arouse Resident #1. Resident #1's vitals were within normal range. After multiple attempts to arouse Resident #1 failed, Resident #1 was changed by two personal care assistants and a staff RN while still in his/her recliner. The Administrator witnessed this and was concerned for Resident #1's safety. Resident #1's primary care physician was notified of this and advised that staff should not change Resident #1 in his/her recliner again as it posed a serious safety risk to him/her.

Resident #1 often refused care and had a history of exhibiting aggressive and/or combative behaviors, which Staff notified the POA and Primary Care Physician of during each incident. Resident #1's primary care physicians had witnessed some of his/her challenging behaviors first hand during their evaluations. On January 29, 2018, Resident #1 was given a thirty-day notice as his/her primary care physician indicated that a "secured dementia facility" was recommended to meet his/her specialized care needs. See Exhibit 5b.

Resident #1 was discharged on 2/12/18.

Staff were retrained by [REDACTED] from the Area Agency on Aging on what abuse, neglect, etc. is and how to report it. Exhibit 5c is training documents used for this training. Exhibit 5d is completed employee training certificates.

All new hires will be educated during orientation on residents being treated without neglect, intimidation, physical or verbal abuse, mistreatment or being subject to corporal punishment or discipline in any way, as well as their responsibility about preventing and reporting any concerns regarding any of these. Current staff will be educated annually on Abuse, Neglect, etc. and reporting requirements as well as making sure residents are treated without neglect, intimidation, physical or verbal abuse, mistreatment or being subject to corporal punishment or discipline in any way. Exhibit 5j and 5k are such trainings that have recently been completed.

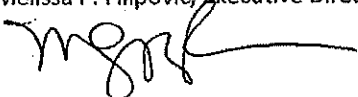
Staff further were trained by the Administrator on how residents may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. Attached is Exhibit 5e, which is an outline of the retraining provided. Attached is Exhibit 5f which is sign in sheets for the trainings completed so far. All direct care staff have received this training as of 7/27/18 and the three employees will receive this training as of 8/10/18.

Staff person #1 was counseled on the importance of meeting each resident's needs according to their assessment and support plan, as well as making sure that you know why you're checking on a resident and be sure to check on the area of their body where the need is. See the counseling session notes that is attached as Exhibit 5g.

The Administrator or designee will monitor compliance by checking training, and by interviewing 4 residents monthly to determine that their needs are being met. Attached are Monitor Logs marked as Exhibit 5h and 5i.

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.

Melissa P. Filipovic, Executive Director 7/27/2018 License #432320



JUL 27 2018

Violation Report: 43232 - 02/09/2018 - Roser, Ashley
 PCH Name: THE GRAND RESIDENCE AT UPPER ST CLAIR
 WEST REGION FIELD OFFICE
 Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION
 On 2/9/18, a strong odor of urine was present in resident #1 and #2's bedroom, near the living room couch.

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

Resident #1 and resident #2 were discharged on 2/12/18 and the whole apartment was cleaned.

All staff have been educated that during their shift they should monitor areas for odors and unsanitary conditions daily. If they find an odor or unsanitary condition, they should investigate and alert the appropriate staff to address the issue. If a resident needs changed, personal care assistants should be notified. Staff will clean and/or eliminate the problem. If laundry, carpet or furniture need cleaned, staff should alert housekeeping and maintenance so that it can be addressed. See attached Exhibit 6a which is documentation and more detail of this training.

All staff will continue to monitor daily throughout their normal work duties. All concerns should be reported to their supervisor or the Wellness Staff Director.

The Wellness Staff Director or designee will also do weekly checks throughout the building to ensure sanitary conditions are maintained. Attached is a Monitor Log which is Exhibit 6b.

The Administrator or designee will do monthly checks throughout the building to ensure sanitary conditions are maintained. Attached is a Monitor Log which is Exhibit 6c.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Melissa P. Filipovic Executive Director* Date *7/27/18*

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

The above plan of correction is approved as of 8/6/18
 (Date)

Plan of correction implementation status as of 8/6/18
 (Date)

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

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

RECEIVED

JUL 27 2018

Violation Report: 43232 - 02/09/2018 - Roser, Ashley
PCH Name: THE GRAND RESIDENCE AT UPPER ST CLAIR

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

Resident #2's medical evaluation, dated 3/7/17, does not include the resident's temperature. This section of the form is blank.

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

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

Resident #2 was discharged on 2/12/18.

The staff nurses and community development staff were educated on the importance of the DME being entirely completed to ensure compliance with Section 141(a)(1). The staff nurse and Community Development Director or designee will monitor DME's upon admission for inaccurate or omitted information. See attached completed trainings as Exhibit 7a.


Annually or upon a significant change, the staff nurse will review any new DME for a resident and follow the guidelines below if any information is omitted or inaccurate.

If a DME has an area not completed or that is inaccurate, the staff RN or LPN will contact the person who performed the evaluation, AND if they receive permission from the person to correct the DME, the correction will be documented with date, time, and person spoken to on the DME next to the correction.

To monitor and ensure compliance, the Community Development Director or designee will audit 4 DME's a month. Monitor logs are attached as Exhibit 7b.

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


Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Melissa P. Filipovic Executive Director Date 7/27/18

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The above plan of correction is approved as of 8/6/18 (Date)

Plan of correction implementation status as of 8/6/18 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 43232 - 02/09/2018 - Roser, Ashley
 PCH Name: THE GRAND RESIDENCE AT UPPER ST CLAIR

JUL 27 2018

1. REGULATION 55 Pa.Code §2500

WEST REGION FIELD OFFICE
 Human Services Licensing

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.

2a. DESCRIPTION OF VIOLATION

Resident #2's most recent assessment, dated 5/18/17, indicates the resident is independent with transferring in/out of bed/chair and ambulating; however, the resident had numerous falls in the home, including on 2/7/18, 1/27/18, 1/22/18, 1/1/18, 6/28/17, 5/25/17 and 5/23/17.

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.

Resident #2 was discharged on 2/12/18. However, an updated RASP was completed on 2/12/18. See attached Exhibit 8a.

Resident #2's primary care physician was notified of each incident and all orders in response to each incident were followed. Resident #2's POA was notified of each incident. All of the incidents when Resident #2 was found on the floor were not witnessed so it is uncertain if all were the result of a fall.


Resident #2 ambulated independently without the aid of a walker, cane or other assistive device. Resident #2 even ambulated up and down the stairs without assistance. In case of emergency, assistance was provided to either physically or verbally guide Resident #2 to the evacuation areas due to Resident #2's diagnosed dementia/mental impairment.

A new assessment will be completed by the Assistant Administrator or designee annually, if the condition of the resident significantly changes prior to the annual assessment or at the request of the Department upon cause to believe that an update is required.

The administrator or designee will audit 4 residents' assessments monthly, to ensure compliance and that all information is accurate. The administrator or designee will interview 4 residents monthly which will assist with determining that their needs are being met. See attached Exhibit 8b and 8c which are Monitor Logs.

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Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/03/2017	
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Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Melissa P. Filipovic Executive Director

Date 7/27/18

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

The above plan of correction is approved as of <u>8/6/18</u> (Date)	Plan of correction implementation status as of <u>8/6/18</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