



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUN 28 2018

Ms. Danielle Bryce  
Administrator  
Vincentian Home, Inc.  
111 Perrymont Road  
Pittsburgh, Pennsylvania 15237

RE: Vincentian Home  
Certificate #: 431530

Dear Ms. Bryce:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 20, 2018 and April 4, 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,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: VINCENTIAN HOME		License Number: 43153
Address: 111 PERRYMONT ROAD, PITTSBURGH, PA 15237		County: Allegheny
Administrator: DANIELLE BRYCE		Region: WEST
Legal Entity Name: VINCENTIAN HOME INC		
Legal Entity Address: 111 PERRYMONT ROAD, PITTSBURGH, PA 15237		
Certificate(s) of Occupancy C-2 LP 04/11/1997 Labor & Industry		MAY 25 2018
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 77	Waking Staff: 58
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal, Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 03/20/2018: Flinner-Alman, Lisa; Barone, Barbara 04/04/2018: Flinner-Alman, Lisa; Bedford, Katie		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 60 Number of Residents Served: 55 Secured Dementia Care Unit in Home: Yes Area: MEMORY LANE Secured Dementia Unit Capacity, if Applicable: 10 Number of Residents Served in Secured Dementia Care Unit, if applicable: 10 Number of Current Hospice Residents: 4 Number of Hospice Residents in past year: 6	<b>Number of Residents who:</b> Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 45 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 22 Have a Physical Disability: 1	

MAY 25 2018

Violation Report: 43153 - 03/20/2018 - Flinner-Alman, Lisa  
 PCH Name: VINCENTIAN HOME

**1. REGULATION 55 Pa.Code §2600**

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

**2a. DESCRIPTION OF VIOLATION**

On 3/20/18, a copy of the most current the licensing inspection summary, dated 3/23/17, was not posted in the home. The only licensing inspection summary posted was dated 10/13/16.

**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.*

Page 2:

The most current completed licensing inspection summary, dated 3/23/17, is now posted in the home. A copy of the licensing inspection dated 3/20/18 and 4/4/18 will be posted upon receipt of approved Plan of Correction. The Administrative Assistant will be responsible for ensuring that the most recent copy of the home's licensing inspection summary remains posted in the home at all times, and is updated annually. Education of the violation and plan of correction was provided to the Administrative Assistant.


\*Photo of current posting attached.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Danielle Bryce RCHA* Date *5/24/18*

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

The above plan of correction is approved as of 5/25/18  
 (Date)  
  
 The above plan of correction was approved by \_\_\_\_\_  
 (Initials)

Plan of correction implementation status as of 5/25/18  
 (Date)

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

MAY 25 2018

Violation Report: 43153 - 03/20/2018 - Flinner-Alman, Lisa  
 PCH Name: VINCENTIAN HOME

**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 A, hired 2/24/14, did not receive training in safe management techniques during the 2017 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.*

Page 3:


Safe Management Techniques mandatory training is scheduled for all DCS in June 2018. The Administrator or LPN Manager of Resident Services (or designated staff person) will audit all annual trainings to ensure staff attendance. The review of all required staff trainings will begin immediately and will be ongoing throughout the year to ensure that all DCS receive the required annual training in accordance with 2600.65(f). Documentation of audits of DCS attendance will be kept.

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) Danielle Bryce RCHA Date 5/24/18

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The above plan of correction is approved as of <u>5/25/18</u> (Date)	Plan of correction implementation status as of <u>5/25/18</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

MAY 25 2018

Violation Report: 43153 - 03/20/2018 - Flinner-Alman, Lisa  
 PCH Name: VINCENTIAN HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

**2a. DESCRIPTION OF VIOLATION**

The home's record of direct care staff training for diabetes, medications, insulin and insulin administration conducted on 3/5/18 did not include the specific content or the length of the course.

**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.*

Page 4:

The Administrator or LPN Manager of Resident Services (or designated staff person) will audit all records of training to ensure that they are filled out completely to include the staff person trained, date, source, content, length of each course and copies of any certificates received. All records will be kept. The review of training records will begin immediately and will be ongoing to ensure all training records are completed in accordance with 2600.65(i).

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Danielle Bryce*

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

*Danielle Bryce PCMA*

Date *5/24/18*

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The above plan of correction is approved as of 5/25/18  
 (Date)

Plan of correction implementation status as of 5/25/18  
 (Date)

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

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

MAY 25 2018

Violation Report: 43153 - 03/20/2018 - Flinner-Alman, Lisa

PCH Name: VINCENTIAN HOME

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

On 3/20/18, there were four tubes of micro zinc oxide, with a manufacturer's label indicating "If swallowed, get medical help or contact a poison control center right away." unlocked and accessible to residents in the cabinet under the bathroom sink in room 104 in the secured dementia care unit (SDCU).

On 3/20/18, there was a tube of moisture barrier cream, with a manufacturer's label indicating "If swallowed, get medical help or contact a poison control center right away." unlocked and accessible to residents on the back of the toilet commode in room 106 in the SDCU.

Residents of the home, including resident #1, have not been assessed capable of recognizing and using poisons safely.

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.

Page 5:

Products were removed immediately during the inspection and relocated.

A memo educating staff was distributed to staff working in Secured Dementia Care Unit (SCDU) on 3/22/18 after the problem was identified by the surveyor (see attached). All staff will be educated on the proper storage of potentially hazardous materials at a mandatory staff meeting scheduled for 5/25/18. The DCS working in the SDCU will be instructed to monitor the home daily to ensure poisonous materials are locked and are not accessible to the residents immediately. A designated staff person, daily and on each shift will monitor the home to ensure poisons are kept locked.

*5/25/18*

Repeat Violation: Yes

Date(s) of Previous Violation(s):

03/23/2017 et al

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Danielle Bryce*

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

*Danielle Bryce RCHA*

Date

*5/24/18*

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

The above plan of correction is approved as of

*5/25/18*  
(Date)

Plan of correction implementation status as of

*5/25/18*  
(Date)

The above plan of correction was approved by

*[Signature]*  
(Initials)

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

MAY 25 2018

Violation Report: 43153 - 03/20/2018 - Flinner-Alman, Lisa  
PCH Name: VINCENTIAN HOME

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

On 3/20/18 at 11:04 a.m., there was a 1/2 full uncovered trash can in the 1st floor visitor's bathroom.

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.

Page 6

The trash can in the first floor visitor's bathroom was immediately replaced by a trash can with a closing lid after being identified by the surveyor. See attached photo. Housekeeping will monitor the bathroom to ensure that the trash can with a lid remain in the bathroom at all times.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

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

*Danielle Bryce ACHA*

Date *5/24/18*

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(Date)

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

Plan of correction implementation status as of 5/25/18  
(Date)

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

Violation Report: 43153 - 03/20/2018 - Flinner-Alman, Lisa  
 PCH Name: VINCENTIAN HOME MAY 25 2018

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

2a. DESCRIPTION OF VIOLATION  
 All of the exits were used for the past 13 fire drills conducted from 3/23/17 to 3/16/18.

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.

Page 8

The administrator (or designee that has knowledge of the unannounced drill) will alternate blocking an exit route during fire drills, so that residents will alternate exit routes used during fire drills. This has been implemented immediately. The facility conducted an unannounced fire drill on April 24 at 1:40 PM and blocked the second floor west hallway exit so that resident had to use an alternative exit. The administrator (or designee) will continue to alternate exit routes during monthly fire drills moving forward. Documentation of all fire drills including exit routes used will be kept.

The McCandless Fire Marshall is schedule to come to the facility on 5/24/18 to present a mandatory in-service for all staff on Fire Safety. The session will be recorded and presented to any staff members that are unable to attend at a later date. The training session will include the following: 1) The importance of a timely evacuation in the event of a fire and 2) the possibility of having an exit blocked or otherwise unavailable during an evacuation.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Danielle Bryce*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Danielle Bryce PCHA*      Date *5/24/18*

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

The above plan of correction is approved as of 5/25/18  
 (Date)

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

Plan of correction implementation status as of 5/25/18  
 (Date)

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

MAY 25 2018

Violation Report: 43153 - 03/20/2018 - Flinner-Alman, Lisa  
PCH Name: VINCENTIAN HOME

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

Ten of the past 13 fire drills were conducted between the 21st and 30th of each month:

- 3/23/17 at 6:36 a.m.
- 4/25/17 at 2:00 p.m.
- 5/24/18 at 3:13 p.m.
- 6/27/17 at 6:15 a.m.
- 7/28/17 at 1:37 p.m.
- 8/30/17 at 2:16 p.m.
- 9/29/17 at 6:03 a.m.
- 10/24/17 at 10:38 a.m.
- 1/29/18 at 1:29 p.m.
- 2/21/18 at 3:04 p.m.

The past three drills held during sleeping hours were conducted at approximately the same time of day:

- 3/23/17 at 6:36 a.m.
- 6/27/17 at 6:15 a.m.
- 9/29/18 at 6:03 a.m.

According to staff person B, the administrator, the least amount of staff working between 11:00 p.m. and 7:00 a.m. is two. However, no fire drills during the last 12 months were conducted with the minimum number of staff.

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

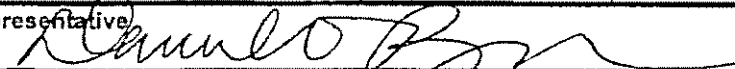
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Page 9

Monthly fire drills will be conducted at different times during the month. A fire drill was conducted on 4/11/18 at 4:15AM when the least amount of working staff (two DCS) were present in the home, after this concern was identified by the surveyor. Six staff members responded to the unannounced fire drill from the Skilled Nursing Facility (that is attached to Vincentian Personal Care Home) to assist with evacuation of the residents.

The Administrator spoke with Jon Kimberland from DHS to confirm that the SNF staff members are permitted to respond to the Personal Care facility fire drills. Mr. Kimberland referred to the RCG Discussion for 2600.132(g) that states: "When planning drills, homes should consider what human

Repeat Violation: No      Date(s) of Previous Violation(s):      See PAGE 9A →

Signature of Legal Entity Representative (Required on EVERY Page) 


Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Danielle Bryce ALHA      Date 5/29/18

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The above plan of correction is approved as of 5/25/18 (Date)

Plan of correction implementation status as of 5/25/18 (Date)

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

The above plan of correction was approved by  (Initials)

MAY 25 2018

Violation Report: 43153 - 03/20/2018 - Flinner-Alman, Lisa  
 PCH Name: VINCENTIAN HOME

**1. REGULATION 55 Pa.Code §2600**

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

**2a. DESCRIPTION OF VIOLATION**

Ten of the past 13 fire drills were conducted between the 21st and 30th of each month:

- 3/23/17 at 6:36 a.m.
- 4/25/17 at 2:00 p.m.
- 5/24/18 at 3:13 p.m.
- 6/27/17 at 6:15 a.m.
- 7/28/17 at 1:37 p.m.
- 8/30/17 at 2:16 p.m.
- 9/29/17 at 6:03 a.m.
- 10/24/17 at 10:38 a.m.
- 1/29/18 at 1:29 p.m.
- 2/21/18 at 3:04 p.m.

The past three drills held during sleeping hours were conducted at approximately the same time of day:

- 3/23/17 at 6:36 a.m.
- 6/27/17 at 6:15 a.m.
- 9/29/18 at 6:03 a.m.

According to staff person B, the administrator, the least amount of staff working between 11:00 p.m. and 7:00 a.m. is two. However, no fire drills during the last 12 months were conducted with the minimum number of staff.

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

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Page 9 (Continued)

resources would be available in the event of a real fire at any given time, and the requirements of the home's evacuation plan. For example, if direct staff from a nursing facility collocated in the same building or in adjoining building assist in drills, then the same staff must be available to assist in evacuating residents during an actual fire emergency, even if those staff must also assist residents from the skilled nursing." The personal care facility shares a fire alarm system with the skilled nursing facility. When a pull station or smoke detector is activated in personal care (or anywhere throughout the campus) the location of the pull station/smoke detector is announced over a loud speaker throughout the facility. Staff responds to that location in order to assist residents to safety. Records of all fire drills will include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff members participating, any problems encounters and whether the fire alarm or smoke detector was operative.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Danielle Bryce PCHA* Date *5/24/18*

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The above plan of correction is approved as of *5/25/18*  
 (Date)

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

Plan of correction implementation status as of \_\_\_\_\_  
 (Date)

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

MAY 25 2018

Violation Report: 43153 - 03/20/2018 - Flinner-Alman, Lisa  
PCH Name: VINCENTIAN HOME

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person A, has not completed the Department-approved medications administration annual practicum since 8/3/16. However, staff person A administered multiple medications to multiple residents to including:  
- Resident #2 on 3/9/18 at bedtime and on 3/23/18 in the morning  
- Resident #3 on 3/16/18 at 6:00 p.m.

Staff person C, has not completed the Department-approved medications administration annual practicum since 8/1/16. However, staff person C administered multiple medications to multiple residents to including:  
- Resident #4 on 3/1, 3/2, 3/4, 3/5, 3/8, 3/9, 3/12, 3/13, 3/15, 3/18, 3/19, 3/22, 3/23/18 in the morning  
- Resident #5 on 3/1, 3/2, 3/4, 3/5, 3/8, 3/9, 3/12, 3/13, 3/15, 3/18, 3/19, 3/22, 3/23/18 at 8:00 a.m., 10:00 a.m., 2:00 p.m.

Staff person E, has not completed the Department-approved medications administration annual practicum since 1/6/17. However, staff person E administered multiple medications to multiple residents to including:  
- Resident #3 on 3/25/18 at 8:00 p.m.  
- Resident #6 on 3/25/18 at 8:00 p.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.

Page 10

The Administrator and Med Tech Trainer at the facility worked to correct this violation immediately when identified by the surveyor. Staff person A completed DHS Medication Administration Program on 3/28/18. Staff person C completed the DHS Medication Administration Program on 3/31/18. Staff person E completed the DHS Medication Administrator Program on 3/27/18. All Medication Administration training records have been reviewed and updated by the Med Tech Trainer at the facility. The records will be reviewed quarterly and maintained by the Med Tech Trainer to ensure ongoing compliance with 2600.190(a).

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Danielle Bryce*

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

Danielle Bryce RCHA

Date

5/24/18

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The above plan of correction is approved as of

5/25/18  
(Date)

Plan of correction implementation status as of

5/25/18  
(Date)

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

The above plan of correction was approved by

*[Signature]*  
(Initials)

MAY 25 2018

Violation Report: 43153 - 03/20/2018 - Flinner-Alman, Lisa  
PCH Name: VINCENTIAN HOME

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

Resident #7, admitted 2/20/18, does not have a preadmission screening.

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.

Page 11

The Administrator or LPN Manager of Resident Services (or designee) will complete the DHS preadmission screening form on all new residents admitting to the facility to determine if the home can meet the needs of the resident. The preadmission screen will be completed on the day of admission or within 30 days prior to admission.

The administrator will develop and implement a tracking system for new residents to ensure all documents, including a preadmission screening, are completed timely.

*[Handwritten signature]*  
5/25/18

Repeat Violation: Yes

Date(s) of Previous Violation(s):

03/23/2017 et al

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten signature]*

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

Danielle Bryce PCITA

Date

5/25/18

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

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5/25/18  
(Date)

Plan of correction implementation status as of

5/25/18  
(Date)

The above plan of correction was approved by

*[Handwritten initials]*  
(Initials)

- Fully Implemented
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