



AUG 16 2018

Ms. Diana Hubsch
Chief Operating Officer
Paula Teacher and Associates, Inc.
6149 Saltsburg Road, Suite 4
Verona, Pennsylvania 15147

RE: Paula Teacher and Associates, Inc.
206 Sagerville Road
Harrison City, Pennsylvania 15636
Certificate #: 448160

Dear Ms. Hubsch:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 27, 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 "Jacqueline L. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: PAULA TEACHER & ASSOCIATES		License Number: 44318
Address: 208 SAGERVILLE ROAD, HARRISON CITY, PA 15636		County: Westmoreland
Administrator: Deborah Andrachek		Region: WEST
Legal Entity Name: PAULA TEACHER AND ASSOCIATES INC		RECEIVED
Legal Entity Address: 6149 SALTSBURG ROAD SUITE 4, VERONA, PA 15147		
Certificate(s) of Occupancy R-4 09/21/2016 Township of Penn		JUN 06 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 10	Waking Staff: 8
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 04/27/2018; Eveses, Joseph; Mulick, Cindy		
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: 10	Number of Residents who:	
Number of Residents Served: 8	Receive Supplemental Security Income: 8	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 6	
Area:	Have Mental Illness: 8	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 2	
Number of Current Hospice Residents: 0	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 1		

JUN 06 2018

Violation Report: 44816 - 04/27/2018 - Evages, Joseph
PCH Name: PAULA TEACHER & ASSOCIATES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code 52800
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

At approximately 10:35 AM, the hot water temperature measured 141.8 degrees Fahrenheit in the bathroom sink of bedroom #6.

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.

2a. STAFF WAS INFORMED ON APRIL 27, 2018 OF PRECAUTIONARY MEASURES. HOT WATER TANK WAS TURNED DOWN IMMEDIATELY AND WATER TEMPERATURE WAS TAKEN DAILY, and documented. ms 7/25/18. ADMINISTRATOR ALSO CONTACTED MAINTENANCE TO CHECK WATER HEATERS.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Debbie Andrachek

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

DEBBIE ANDRACHEK, ADMINISTRATOR

Date: JUNE 4, 2018

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

The above plan of correction is approved as of

7/25/18
(Date)

Plan of correction implementation status as of

7/25/18
(Date)

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

The above plan of correction was approved by

ms
(Initials)

Violation Report: 44816 - 04/27/2018 - Eveses, Joseph
PCH Name: PAULA TEACHER & ASSOCIATES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.132(c) - A written fire drill record must 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 persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the drill conducted on 12/18/17 at 3:06 PM did not include the amount of time it took for evacuation.

The fire drill record for the drill conducted on 6/13/17 did not include the following:

- * Time of the drill
- * Number of residents in the home at the time of the drill
- * Number of residents evacuated
- * Amount of time it took for evacuation
- * Exit route used
- * Number of staff participating
- * Whether the fire alarm or smoke detector was operative

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.

FIRE DRILL ON 6/13/17 WAS NOT RECORDED IN PROPER DOCUMENTATION. ALL FIRE DRILLS WILL BE DOCUMENTED ON DATE DOCUMENT TO ASSURE THAT THE TIME, # OF RESIDENTS IN HOME PRESENT, # OF RESIDENTS EVACUATED, AMOUNT OF TIME TO COMPLETE THE DRILL, EXIT ROUTE, # OF STAFF PARTICIPATING, & WHETHER OR NOT ALARM WAS OPERATIVE.

The fire drill record for drills held in May and June 2018 was all inclusive. MS 7/25/18

Immediately - All staff persons completing the fire drill record will be educated regarding the required information by regulation 2600.132c. documentation of training shall be kept. MS 7/25/18

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Debbie Andraeger</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>DEBBIE ANDRAEGER ADMINISTRATOR</i>	<i>JUNE 4, 2018</i>

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

The above plan of correction is approved as of <u>7/25/18</u> (Date)	Plan of correction implementation status as of <u>7/25/18</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress MS <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

JUN 06 2018

Violation Report: 44816 - 04/27/2018 - Eveggs, Joseph
PCH Name: PAULA TEACHER & ASSOCIATES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

On 10/20/17 at 6:28 AM, the home conducted a fire drill. There were 9 resident in the home; however, only 8 residents evacuated.

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.

GOING FORWARD ALL RESIDENTS WILL PARTICIPATE IN FIRE DRILLS. THIS RESIDENT IS RECEIVING HOSPICE CARE. ADMINISTRATOR WILL REVIEW RCG TO DETERMINE HOW COMPROMISED RESIDENTS WILL BE EVACUATED AND EXAMPLES WILL BE DOCUMENTED.

TARGET DATE: JUNE 15, 2018

All residents were evacuated for the fire drills held on 5/30/18 and 6/29/18 and the evacuation times met the safe evacuation time specified by a fire safety expert. Immediately - If the home gets not to evacuate a resident who is in the actively dying process, all aspects of regulation 2600.226 shall be implemented. MS 7/25/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Debbie Andracke*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DEBBIE ANDRACKER ADMINISTRATOR* Date *JUNE 4, 2018*

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

The above plan of correction is approved as of 7/25/18 (Date)

Plan of correction implementation status as of 7/25/18 (Date)

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

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

Violation Report: 44818 - 04/27/2018 - Evesas, Joseph
PCH Name: PAULA TEACHER & ASSOCIATES

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

An initial medical evaluation was not completed for resident #2, admitted on 3/14/18.

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.

RESIDENT WAS ADMITTED ON 4/18/18 FOLLOWING TWO SUCCESSFUL TRIAL VISITS. THIS DATE IS INCORRECT DUE TO DHS CRITERIA FOR ADMISSION; THEREFORE INITIAL MEDICAL EVALUATION WAS OUT OF COMPLIANCE.

SEE ALSO PAGE 10.

POC: NO FURTHER TRIAL VISITS.

TARGET DATE: IMMEDIATELY

A timely medical evaluation was completed for a resident recently admitted to the home. MS 7/25/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Debbie Andracke*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DEBBIE ANDRACHEK, ADMINISTRATOR* Date *JUNE 4, 2018*

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

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- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 44818 - 04/27/2018 - Evages, Joseph
PCH Name: PAULA TEACHER & ASSOCIATES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION

Resident #2's glucometer was not calibrated to the current time.

Resident #2 received blood glucose checks as follows; however, these reading were not recorded in the resident's April 2018 medication administration record (MAR):

Date and Time	Blood Glucose
4/19/18 at 9:28 PM	81
4/19/18 at 9:46 PM	122
4/21/18 at 12:35 PM	237

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.

a. RESIDENT'S GLUCOMETER HAS BEEN CALIBRATED TO DATE/TIME ON APRIL 27, 2018. ALL GLUCOMETERS WILL BE CHECKED MONTHLY TO ENSURE THAT THEY ARE CALIBRATED. THIS HAS BEEN ADDED TO THE FIRST AID CHECKLIST (SEE ATTACHED). RESPONSIBLE PARTY: EPOCH NURSE.

b. ANY ADDITIONAL GLUCOSE CHECKS WILL BE RECORDED IN RESIDENT'S CHART NOTES. ADDITIONALLY, A URN GLUCOSE CHECK WILL BE ADDED TO THE MAR PER PHYSICIAN ORDERS. Immediately - the administrator will develop and implement a tracking system for blood glucose levels and insulin administration for any resident who is insulin dependent. This system will include accurate documentation of blood glucose levels taken prior to administration of insulin, insulin administration according to physician's orders and

Repeat Violation: Yes	Date(s) of Previous Violation(s):	07/27/2017
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Signature of Legal Entity Representative (Required on EVERY Page) *Debbie Andracke*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DEBBIE ANDRACKER, ADMINISTRATOR* Date *JUNE 4, 2018*

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Plan of correction implementation status as of 7/25/18 (Date)

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

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

* following a sliding scale and recording the correct dose of insulin administered. MS 7/25/18

Violation Report: 44816 - 04/27/2018 - Evoges, Joseph
PCH Name: PAULA TEACHER & ASSOCIATES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed Calcium Carbonate, 250mg - take one tablet daily. However the resident's April 2018 MAR indicates Calcium Citrate, 250mg.

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.

THIS WAS IMMEDIATELY FIXED WITH FOREST HILLS PHARMACY AND STAFF WAS RE-EDUCATED ON THE "5 RIGHTS" OF MEDICATION ADMINISTRATION.

Immediately - the administrator will review all resident MARs, prescription orders and medications to ensure all prescribed medications are accurately indicated on the MAR. ms 7/25/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Debbie Andracke, ADMINISTRATOR*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DEBBIE ANDRACHEK* Date: *JUNE 4, 2018*

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

Plan of correction implementation status as of 7/25/18 (Date)

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

JUN 06 2018

Violation Report: 44810 - 04/27/2018 - Evoges, Joseph
 PCH Name: PAULA TEACHER & ASSOCIATES

WEST REGION FIELD OFFICE
 Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed blood glucose fasting before meals with the following sliding scale coverage of Novolog Insulin.

Blood Glucose	Units of Insulin
150-200	1
201-250	2
251-300	4
301-350	6
>350	8

On 4/27/18 at 11:30 AM, resident #2's blood glucose reading was 121. No insulin should have been administered; however, 2 units of Novolog insulin were administered.

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

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

STAFF WAS RE-EDUCATED ON DIABETIC PROTOCOL AS WELL AS RECORDING SLIDING SCALE INTO THE MAR. TO BE AGAIN DISCUSSED AT STAFF MEETING ON 6/13/18.

Immediately - the administrator will develop and implement a tracking system for blood glucose levels and insulin administration for any resident who is insulin-dependent. This system will include accurate documentation of blood glucose levels taken prior to administration of insulin, insulin administration according to physician's orders and following a sliding scale and recording the correct dose of insulin administered. MS 7/25/18

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/27/2017

Signature of Legal Entity Representative (Required on EVERY Page) *Debbie Anorachek*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DEBBIE ANORACHEK ADMINISTRATOR* Date *JUNE 4, 2018*

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Plan of correction implementation status as of 7/25/18 (Date)

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

Violation Report: 44816 - 04/27/2018 - Evages, Joseph
PCH Name: PAULA TEACHER & ASSOCIATES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 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

The preadmission screening form, dated 3/21/18, for resident #2 does not include a determination that the needs of the resident can be met by the services provided by the home.

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

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

All Preadmission Screening Forms Will Be Reviewed By Nursing To Ensure Compliance, Following Completion By The Administrator, this will be completed prior to the resident's admission to the home. ms 7/25/18
TARGET DATE: IMMEDIATELY

a determination was made that the needs of resident #2 can be met by the services provided by the home. ms 7/25/18

Immediately - the administrator will develop and implement a tracking system for newly admitted residents to ensure a preadmission screening form is completed for each resident admitted to the home, within 30 days prior to admission and that the form is completed in its entirety to include a determination that the needs of the resident can be met by the services provided by the home. ms 7/25/18

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/27/2017

Signature of Legal Entity Representative (Required on EVERY Page) *Debbie Andrachek*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DEBBIE ANDRACHEK, ADMINISTRATOR* Date *JUNE 4, 2018*

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Plan of correction implementation status as of 7/25/18 (Date)

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

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

Violation Report: 44818 - 04/27/2018 - Eveges, Joseph
 PCH Name: PAULA TEACHER & ASSOCIATES

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 56 Pa.Code §2800

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

An initial assessment was not completed for resident #2, admitted on 3/14/18.

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.

RESIDENT WAS ON A TRIAL VISIT PRIOR TO ADMISSION DURING THIS DATE. PROGRAM COORDINATOR INITIATED WRITTEN ASSESSMENT FOLLOWING RESIDENT'S DISCHARGE FROM HOSPITAL, WHICH DID NOT COINCIDE WITH DHS ADMISSION DATE. DUE TO THIS, THERE WILL BE NO FURTHER TRIAL VISITS.

TARGET DATE: IMMEDIATELY

An assessment has been completed for resident → MS 7/25/18

Immediately - the administrator will develop and implement a tracking system for newly admitted residents to ensure an assessment is completed within 15 days of admission. MS 7/25/18

Immediately - A designated staff person will review all resident records to ensure a current and accurate assessment is completed and present in each resident's record. MS 7/25/18

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/27/2017
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Signature of Legal Entity Representative (Required on EVERY Page) *Debbie Andracke*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DEBBIE ANDRACHEK, ADMINISTRATOR* Date *JUNE 4, 2018*

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44816 - 04/27/2018 - Eveses, Joseph
PCH Name: PAULA TEACHER & ASSOCIATES

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.228(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION

The annual assessment, dated 3/21/18, for resident #1 indicates the resident does not have mobility needs. However, the resident's support plan, dated 4/6/18, indicates the resident "cannot go from sit to stand without being assisted" and "will require some supervision and verbal prompting in order to safely evacuate in an emergency situation". Also, the support plan indicates the resident "may also require physical assistance to evacuate quickly".

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.

ANNUAL ASSESSMENT UPDATED 6/6/18 BY PHYSICIAN.

FOLLOWING ASSESSMENTS THE RASP WILL BE CORRECTED/UPDATED AS NEEDED, AND VICE VERSA. Resident #1's assessment has been revised. ms 7/25/18

within 30 days of receipt of the plan of correction - The administrator or designated staff person will review all resident assessment and support plans to ensure each resident has an accurate assessment of their mobility needs. ms 7/25/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Debbie Andrachek*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *DEBBIE ANDRACHEK ADMINISTRATOR* Date *JUNE 4, 2018*

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