



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 10 2018

Mr. Michael J. Stein
Authorized Person
HCRI Sun III Tenant, LP
Attn: Menerva Philson
7902 Westpark Drive
McLean, Virginia 22102

RE: Sunrise Senior Living of Dresher
1650 Susquehanna Road
Dresher, Pennsylvania 19025
License #:128410

Dear Mr. Stein:

As a result of the Department's Bureau of Human Services Licensing annual inspection on June 27, 2018 and June 28, 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: SUNRISE SENIOR LIVING OF DRESHER		License Number: 12841
Address: 1660 SUSQUEHANNA ROAD, DRESHER, PA 19026		County: Montgomery
Administrator: Ashley Harker		Region: SOUTHEAST
Legal Entity Name: HCRI SUN III TENANT LP		
Legal Entity Address: 7902 WESTPARK DRIVE, MCLEAN, VA 22102		
Certificate(s) of Occupancy I-1 04/26/2006 L&I		NOV 16 2018
Staffing Hours		
Resident Support: 0	Total Daily Staff: 141	Working Staff: 106
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspection Dates and Department Representatives On-Site 06/27/2018: Freeman, Sabrina; Thomas, Tahesia; Chung, Youn Hie 06/28/2018: Freeman, Sabrina; Thomas, Tahesia		
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: 80 Number of Residents Served: 82 Secured Dementia Care Unit in Home: Yes Area: Reminiscence Secured Dementia Unit Capacity, if Applicable: 23 Number of Residents Served in Secured Dementia Care Unit, if applicable: 22 Number of Current Hospice Residents: 5 Number of Hospice Residents in past year: 18		Number of Residents who: Receive Supplemental Security Income: 0 Are 80 Years of Age or Older: 78 Have Mental Illness: 8 Have an Intellectual Disability: 3 Have a Mobility Need: 69 Have a Physical Disability: 10

* MAPPED
LISTS 105 *

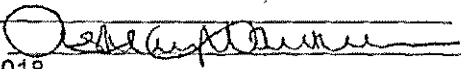
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Ashley Harker 8/24/18

Violation Report: 12841 - 06/27/2018 - Freeman, Sabrina PCH Name: SUNRISE SENIOR LIVING OF DRESHER	
1. REGULATION 65 Pa.Code §2600 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	
2a. DESCRIPTION OF VIOLATION The contract for resident #1 admitted on 10/10/2017 was not signed by the resident.	
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.	
POC on page 2A	
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) Ashley Barker, ED	Date 8/24/18
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>11/14/18</u> (Date)	Plan of correction implementation status as of <u>11/19/18</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

JA

Sunrise Senior Living Plan of Correction

Name of Personal Care Home: Sunrise of Dresher
 Address of PCH: 1850 Susquehanna Rd. Dresher, PA 19025
 License number: 12841
 Inspection date(s): June 27th-28th, 2018
 Name/Title of Legal Entity Representative Signing the Plan of Correction:
Ashley Harker, Executive Director
 Signature of Sunrise Representative: 
 Date of Submission: September 3rd, 2018

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.25(b)- The contract shall be signed by the administrator or a designee, the Resident and the payer, if different from the Resident, and cosigned by the Resident's designated person if any, if the Resident agrees.	6/27/2018	The Community reviewed the contract with the Resident, obtaining their signature.
	6/29/2018	Will conduct an audit for all Resident files to ensure we maintain complfancy, with all contracts signed by the Resident. If any resident agreements are not signed, the Executive Director will meet with the responsible party and the resident to obtain their signature.
	Ongoing	When a prospective Resident is ready to move into our Community, the contract will be reviewed and signed with that individual and Resident's designated person.
	Ongoing	Executive Director will review all of the community's move in records to ensure compliance.
	11/01/2018	The Plan of Correction (POC) is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

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.

Violation Report: 12841 - 06/27/2018 - Freeman, Sabrina
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 65 Pa.Code §2600
 2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
 Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

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.)

POC page 2A

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) *Ashley Harker, ED* Date *8/24/18*

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The above plan of correction was approved by <i>[Signature]</i> (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

3A

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
<p>2600.41(e)- A statement signed by the Resident and, if applicable, the Resident's designated person acknowledging receipt of a copy of the information specified in 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the Resident's record.</p>	6/27/2018	<p>The Community reviewed all information pertaining to 2600.41(d) with the Resident, obtaining their signature.</p>
	6/29/2018	<p>Will conduct an audit for all Resident files to ensure we maintain compliancy, with a statement signed by all Residents acknowledging receipt of a copy of the information specified in 2600.41(d). If any signatures are missing, the Executive Director will meet with the resident to review resident rights and complaint procedures and obtain signature.</p>
	Ongoing	<p>When a prospective Resident is moving into our Community, the statement will be reviewed and signed with that individual and signed by the Resident's designated person.</p>
	Ongoing	<p>Executive Director will review all of the community's move in records to ensure compliance.</p>
	11/08/2018	<p>The POC is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.</p>

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Violation Report: 12841 - 06/27/2018 - Freeman, Sabrina
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 65 Pa.Code §2600
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, prison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
 The telephones in resident rooms #303 and #224 do not have emergency service numbers posted nearby.

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.

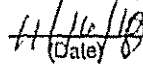

PAC 4A

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) Ashley Harter, ED	Date 8/24/18
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The above plan of correction is approved as of <u>8/16/18</u> (Date) 	Plan of correction implementation status as of <u>8/19/18</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

4A

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.91- Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	6/28/2018	Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint line posted on or by the Resident's telephone.
	6/29/2018	Will conduct an audit for all Resident apartments and all community phones to ensure compliance, checking that all outside lines have a posting of telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint line.
	Ongoing	During weekly apartment cleaning, housekeepers will check that all outside lines have a posting of telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint line. If telephones are not present, they will notify their supervisor and the Executive Director.
	Ongoing	Executive Director will complete a monthly walk through to ensure compliance is maintained. Results will be discussed monthly at our Quality Management Meeting.
	11/08/2018	The POC is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

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Violation Report: 12841 - 06/27/2018 - Freeman, Sabrina
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 The bed in resident room #319 does not have a source of light that can be turned on/off from bedside.

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.

POC SA

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Johnny Harker, ED</i>	Date <i>8/24/18</i>
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The above plan of correction is approved as of <u>4/16/18</u> (Date) The above plan of correction was approved by <u>[Signature]</u> (Initials)	Plan of correction implementation status as of <u>4/19/18</u> (Date) <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
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5A

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.101(j)(7)- Each Resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.	6/28/2018.	An operable lamp or other source of lighting that can be turned on at bedside has been placed in the Resident's apartment.
	6/29/2018	Will conduct an audit for all Resident apartments to ensure we maintain compliancy, checking that all residents have an operable lamp near their bedside. If lamp is not present, a lamp will be placed immediately.
	Ongoing	During weekly apartment cleaning, housekeeper will check that all Resident apartments to ensure we maintain compliancy, checking that all apartments have an operable lamp or other source of lighting that can be turned on at bedside. . If light source is not present, they will notify their supervisor and the Executive Director
	Ongoing	Executive Director will complete a monthly walk through to ensure compliance is maintained. Results will be discussed monthly at our Quality Management Meeting.
	11/08/2018	The POC is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

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Violation Report: 12041 - 06/27/2018 - Freeman, Sabrina
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

1. REGULATION 55 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 On 08/28/2018, Triamcinolone Acetonide Lotion 0.025% was found unlocked in the bedside drawer of resident room #306.

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.

POC 6A

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)			Date
Ashley Harter, ED			8/24/18

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GA

Regulation 55 Pa.Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.183(b)- Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the Resident's room.	6/28/2018	A check of the Resident's apartment was done for any medications left unlocked, with an education provided to the Resident regarding proper storage of medications.
	6/29/2018	Will conduct an audit for all Resident apartments to ensure we maintain compliancy, checking that all apartments have an operable lock on their bedside table and that no medications are left unlocked.
	Ongoing	During daily rounds, care managers will check all Resident apartments to ensure we maintain compliancy, checking that all apartments have an operable lock on their bedside table and that no medications are left unlocked.
	11/08/2018	The POC is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

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Violation Report: 12841 - 08/27/2018 - Freeman, Sabrina
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER


1. REGULATION 55 Pa.Code §2600
 2800.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 Triamcinolone Acetonide Lotion 0.025%, was prescribed for resident #2 with a discontinue date of 08/27/2018. The medication was found in resident room #308 on 08/28/18.
 Vitamin D3 50000 Units was prescribed for resident #3 with a discontinue date of 07/20/2017. The medication was found on the med-cart on 08/28/18.

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.

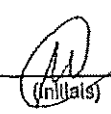
POC TA

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) <u>Ashley Harker, ED</u>	Date <u>8/24/18</u>
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7A

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.183(d)- Only current, OTC, sample and CAM for individuals living in the home may be kept in the home.	6/28/2018	Discontinued medication was removed from the Resident apartment and the med cart.
	6/28/2018	Will conduct an audit for all Resident apartments to ensure we maintain compliancy, checking that all discontinued medications have been removed. Will conduct an audit for all Resident medications on the med cart to ensure we maintain compliancy, checking that all discontinued medications have been removed.
	Ongoing	Will conduct monthly self-administration assessment on all residents that self-medicate. In addition, all residents that self-administer medications will be educated on reporting to the nurse if there have been any medication orders changed
	Ongoing	During daily rounds, care managers will check all Resident medications in the Resident apartments to ensure we maintain compliancy, checking that all discontinued medications have been removed. During weekly med cart audits, Wellness Nurse will check all Resident medications in the med cart to ensure we maintain compliancy, checking that all discontinued medications have been removed.
	11/08/2018	The POC is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

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Violation Report: 12841 - 06/27/2018 - Freeman, Sabrina
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

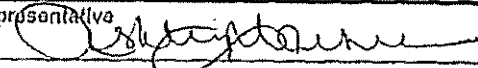
1. REGULATION 65 Pa.Code §2000
 2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:
- (1) Resident's name.
 - (2) Drug allergies.
 - (3) Name of medication.
 - (4) Strength.
 - (5) Dosage form.
 - (6) Dose.
 - (7) Route of 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
 The medication administration record for resident #3 for Tessalon Perles Capsules 100 mg does not match the pill packet in the med-cart. Pill packet reads 1 capsule by mouth 3 times daily as needed but the resident's MAR reads 2 capsules by mouth every 8 hours as needed.

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.


POC 9A

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) Ashley Harker, ED	Date 8/24/18
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9A

Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
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.	6/28/2018	The order was verified for the medication, with MAR was updated so that the pharmacy label matched the MAR.
	6/28/2018	Will conduct an audit for all medication administration records to ensure we maintain compliancy, checking that all medication administration records match their pill packet.
	Ongoing	During weekly/monthly med cart audits, Wellness Nurse or MCM will check all Resident medications in the med cart to ensure we maintain compliancy, checking that all medications have been labeled with all information specified in 2600.184(a).
	11/08/2018	The POC is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

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Violation Report: 12041 - 06/27/2018 - Freeman, Sabrina
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER

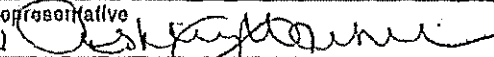
1. REGULATION 66 Pa.Code §2600
 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION
 Resident #1 did not sign the resident's right to refuse medication if the resident believes that there may be a medication error. There was no indication of the resident's refusal to sign.

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.


POC 10A

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) Ashley Harker, ED	Date 8/24/18
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Regulation 55 Pa. Code § 2600.	Target Date by Which Correction will be completed	Plan of Correction
2600.191- The home shall educate the Resident on the right to question or refuse a medication if the Resident believes there may be a medication error. Documentation of this Resident education shall be kept.	6/28/2018	The Community provided education on the right to question or refuse a medication if the Resident believes there may be a medication error.
	6/28/2018	Will conduct an audit for all Resident files to ensure we maintain compliancy, with signed documentation of the Resident's right to question or refuse a medication if the Resident believes there may be a medication error.
	Ongoing	When a prospective Resident is ready to move in to our Community, education will be provided on the right to question or refuse a medication if the Resident believes there may be a medication error. Documentation of this education will be kept in the Resident's file.
	11/08/2018	The POC is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

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.

Violation Report: 12841 - 08/27/2018 - Freeman, Sabrina
 PCH Name: SUNRISE SENIOR LIVING OF DRESHER


1. REGULATION 65 Pa.Code §2600
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION
 Residents #1, 4, 5, 6, 7, 8, and 9 did not sign his/her support plan.

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.


POC 11A

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) Ashley Harlow, ED	Date 8/24/18
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4/14/18</u> (Date)	Plan of correction implementation status as of <u>4/19/18</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.

11A

Regulation 55 Pa. Code § 2600	Target Date by Which Correction will be completed	Plan of Correction
2600.227(g)- Individuals who participate in the development of the support plan shall sign and date the support plan.	6/28/2018	The Resident's support plan was reviewed with the Residents and signatures received by all those individuals who participated in the development.
	Ongoing	Will conduct an audit for all Resident files to ensure we maintain compliancy, with support plans signed by the Resident and all individuals who participated in the development of the support plan. Meetings will be held with all residents and individuals who participated in the development of the support plan to review and obtain signatures.
	Ongoing	When a Resident has a support plan developed or updated, the support plan will be reviewed and signed by the Resident and all individuals who participated in the development of the support plan.
	11/08/2018	The POC is discussed and evaluated (for up to 3 months) by the Executive Director and Coordinators at the Quality Management (QAPI) meeting to ensure it is still effective. If not effective it will be amended and a new POC will be implemented and monitored to ensure the violation does not occur again.

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