



MAILING DATE: December 10, 2018

Ms. Loriann Putzier
President & Chief Officer of Operations
Tithonus Lancaster LP
C/O Integracare Corporation
6600 Brooktree Court, Suite 1000
Wexford, Pennsylvania 15090

RE: Magnolias of Lancaster
1870 Rohrestown Road
Lancaster, Pennsylvania 17601
Certificate #: 322590

Dear Ms. Putzier:

As a result of the Department's Bureau of Human Services Licensing inspection on July 3, 5, 6 and 12, 2018 and October 22, 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,

Gloria Emick

Gloria Emick
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 32259 - 07/03/2018 - Hoover, Douglas

PCH Name: MAGNOLIAS OF LANCASTER

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

The Resident Assessment Support Plan (RASP) for Resident #1, dated 3/2/18, identifies the need for incontinence care and two-hour checks. The home's assignment sheet, dated 6/29/18, indicated that two-hour incontinence checks were not done at 11:00 am and 1:00 pm for Resident #1.

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 Plan of correction for this violation includes 6 pages as labeled below
 Page A and B, detailed description of corrections (**SEE PAGES 2A and 2B OF 5**)- GE
 Page C,D,E,F, record of training, inservice agenda, additional documents covered with in-service

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) Jessica Eller Date 8/7/18

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

The above plan of correction is approved as of <u>8/20/18</u> (Date)	Plan of correction implementation status as of <u>10/22/18</u> (Date)
The above plan of correction was approved by <u>GE</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

PAGE A

Community Name: Magnolias of Lancaster

License Number: 32259

Dates of Visit: 7/3/18, 7/5/18, 7/6/18, 7/12/18


Date of Submission: 8/7/2018

1. Violation Review: 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.
2. Violation Interpretative Statement: The resident RASP indicates a need for two-hour incontinence care. The assignment sheet dated for 6/29/18 was not documented for Resident #1 at 11:00am and 1:00pm
3. Review the benefit of the Regulation, per RCG: The resident support plan is established to identify the Resident’s care needs of activities of daily living. The Resident Assessment and Support Plan is accessible to all team members to ensure that direct care staff provides assistance with ADLs/IADLs indicated for each resident.
4. Description of the Repair of the Immediate Problem:
The Director of Resident Care will review and initial the Daily Assignment Sheets for completion, dates and signatures. Executive Director has completed in-servicing on 7/6/18 and 7/10/18 with reference to documentation and the completion of assignment/task sheets with staff.

Director of Resident Care will continue to monitor those individual staff members who require re-education concerning documentation and task completion. Counseling, and discipline will follow established policies and procedures, if necessary.

Daily Assignment Sheets and Communication Log are and will continue to be monitored daily. DRCS will review Communication Log at daily stand-up meeting and complete with a date and signature. DRCS will interview individual team members upon discovery of any missing or unclear documentation. Staff member will validate reason for missing or unclear documentation and complete.

Resident Assessment and Support Plan and Daily Assignment documentation education has been added to General Orientation for all new team members. An in-service has been conducted on 7/10/18, any staff who has not received this education will be in-serviced on 8/13/18 during our mandatory staff meeting. Resident Assessment and Support Plans are now located in the wellness office for staff to access.

Authorized Signature  _____

Date: 8/7/18

PAGE B

5. Determine / document the Root Cause of the Violation:

Executive Director and Director of Resident Care have identified a deficit in staff education and a lack of accessibility to specific resident information regarding individual care per the Resident Assessment and Support Plan.

6. Detail Action Steps / System Developed to prevent future occurrence:

a. Changing practice?

Resident Assessment and Support Plans are printed and placed in resident medical chart, as well as, in binders in the wellness office and accessible to team members. The purpose of these binders is to provide direct staff members accessibility to resident's need and preference for ADLs/IADLs. Director of Resident Care will manage the binders and any updates required to ensure continuity of information.

Director of Resident Care will review Daily Assignment Sheets and Communication Logs to confirm appropriate documentation has occurred.

b. Teaching or Training?

Resident Assessment and Support Plan and Daily Assignment Sheet review will be added to general orientation for all new team members. An in-service will be conducted for current team members on 8/13/18.

On-going Monitoring?

Daily Assignment Sheets and Communication Log will continue to be monitored daily per policy and procedure. DRCS will review Communication Log at daily standup meeting and complete with a signature and date. DRCS will interview individual team members on day of discovery for any missing or unclear documentation. Staff member will validate reason for missing documentation or task and complete.

7. Designated position responsible and specify target date for correction.

The Executive Director has educated staff on documentation and completion of assignment/task sheets-completed on 7/6/18 and 7/10/18.

The Director of Resident Care will:

- Monitor Assignment Sheets for completion of tasks daily, effective immediately.
- Resident Assessment and Support Plan education has been included in the general orientation syllabus for new team members and an in-service scheduled for current team members 8/13/18.
- Update Resident Assessment and Support Plans and place them in the accessible binders every 90 days, annually, or for significant change / incident follow-up, effective immediately.

Authorized Signature  _____

Date: 8/7/18

Violation Report: 32259 - 07/03/2018 - Hoover, Douglas

PCH Name: MAGNOLIAS OF LANCASTER

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 6/29/18, Resident #1 was outside in the courtyard alone and unsupervised where temperatures reached a minimum of 90 degrees Fahrenheit. The home did not know when the resident went outside or how long the resident remained in the unshaded courtyard. Resident #1 was brought inside at approximately 2:45 pm and observed by direct care staff as perspiring heavily with sunburn on the arms. Later in the day, blistering was observed on top of Resident #1's head, arms and thighs with skin lesions requiring medical intervention and treatment. Resident #1 has a diagnosis of dementia and was assessed as needing extensive supervision and unaware of unsafe areas in the 3/23/18 RASP.

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 plan of correction for this violation includes 16 pages
 Pages G, H, I, detailed description of corrections **(SEE PAGES 3A, 3B and 3C of 5)** -GE
 Pages J,K,L,M,N, record of training conducted on 7/10/18, its agenda and additional documents included in the inservice.
 Pages O,P,Q,R,S,T,U,V, record of training conducted on 8/1/18 and documents included in the inservice

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/08/2017		
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Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

Jessica R Her

Date 8/7/18

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The above plan of correction is approved as of 8/20/18
 (Date)

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

Plan of correction implementation status as of 10/22/18
 (Date)

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

PAGE G

Community Name: Magnolias of Lancaster

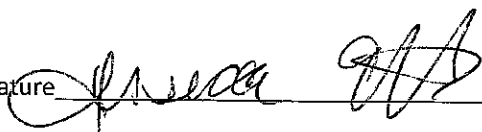
License Number: 32259

Date of Visit: 7/3/18, 7/5/18, 7/6/18, 7/12/18

Date of Submission: 8/7/2018

1. Violation Review: 2600.42(b)- A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.
2. Violation Interpretative Statement: On 6/29/18 Resident #1 was outside in the courtyard alone and unsupervised where temperatures reached a minimum of 90 degrees Fahrenheit. The home did not know when the resident went outside or how long the resident remained in the unshaded courtyard. Resident #1 was brought inside at approximately 2:45pm and observed by direct care staff as perspiring heavily with sunburn on the arms. Later that day, blistering was observed on top of Residents head, arms, and thighs with skin lesions requiring medical intervention and treatment. Resident #1 has a diagnosis of dementia and was assessed as needing extensive supervision and unaware of unsafe areas in the 3/23/18 RASP.
3. Review the benefit of the Regulation, per RCG: Protection of a resident who has cognitive deficits and needing extensive supervision as stated on Resident Assessment and Support Plan shall be supervised and monitored by staff for overall safety and wellbeing of the resident.
4. Description of the Repair of the Immediate Problem: Staff has been re-educated and in-serviced on 7/6/18 and 7/10/18 the topic of Community Door Policy: All doors will be secured and residents will not be permitted to gain access to outdoor spaces unless physically accompanied by a team member. Family members who desire access to outside areas with residents will be monitored, timed and offered hydration. Efforts will be documented on family members who are not compliant with time limitations will be reported to the Executive Director for action. All residents will be accompanied outside by a team member who will assume responsibility for the meeting the policy parameters. The key/lock system for the Exterior Courtyard door has been changed and assigned to the Medication Assistant so that only limited staff have access. The objective is to achieve accountability by having a specific position in charge of the access. Outdoor activities are encouraged and will be planned to coincide with cooler periods of the morning and early evening to avoid excessive heat during warm months.
 - We will continue to encourage residents to independently ambulate and convey Resident routines through the RASP/ Daily Assignment sheets. Community staff will encourage resident routines for a different time of day when outside temperatures are not extreme.

Authorized Signature



Date:

8/7/18

PAGE H

- Hydration measures will be pursued with persistence. Beyond fluids that are provided with medication administration and daily meals, the Community team members will be encouraged to offer hydration in between meals and at all activities, and a tracking system has been established for this purpose. This will be supported throughout the year, with a special emphasis during warm months.
- A daily meal log has been instituted in the community to verify that all residents have attended scheduled meals and to verify location of residents at mealtimes. Staff educated on 7/10/18 on documentation and meal tracking logs. This log will be reviewed daily by the Director of Resident Care Services to develop new habit of tracking.
- The Director of Resident Care will monitor Assignment Sheets for completion/signatures to validate Resident Care Assistants have fulfilled the two-hour incontinence checks.

5. Determine / document the Root Cause of the Violation: Inconsistent accountability for care assignments, inconsistent knowledge of Courtyard Door security policy and not using methods for tracking Resident location and activity in the community contributed to this violation.

6. Detail Action Steps / System Developed to prevent future occurrence:

a. Changing practice?

- Meal tracking log established, implemented, staff in-serviced and Director of Resident Care monitoring daily.
- Staff was re-educated on the Communication Log and two-hour check requirements on 7/6/18.
- New policy implemented for Resident outdoor access and supervision, and Courtyard Door Security policy and protocol communicated and implemented.
- Actively working toward a standard hydration program.

b. Teaching or Training?

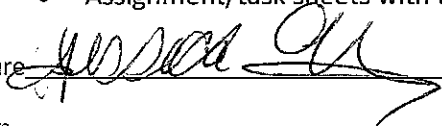
- Training was provided on documentation, assignment sheets and task completion, supervision of residents, outdoor policy, Courtyard Door Security, and meal tracking logs-completed 7/6/18 and 7/10/18 – This training has been added to our general orientation for all new team members.
- Resident neglect in-servicing completed on 8/1/18 and is already part of general orientation.
- Any team members who have not participated in the in-service will be educated on August 13, 2013

c. On-going Monitoring?

Director of Resident Care and Executive Director will continue to monitor the following:

- Staff members who require additional education and training
- Assignment/task sheets with two-hour checks reviewed daily

Authorized Signature



Date:

8/7/18

PAGE I

- Daily meal attendance logs
- Access to exterior doors in compliance with community policy
- Outdoor activities with Life Stories Director
- Hydration program with tracking

7. Designated position responsible and specify target date for correction.

The Director of Resident Care and the Executive Director implemented the following as of 7/10/18; meal tracking log, documentation monitoring, outdoor accessibility policy.

- All doors will be secured and residents will not be permitted to gain access to outdoor spaces unless physically accompanied by a team member. Family members who desire access to outside areas with residents will be monitored, timed and offered hydration. Family members who are not compliant with time limitations will be reported to the Executive Director for action. Otherwise, all residents will be accompanied outside by a team member who will assume responsibility for the meeting the policy parameters. Exterior courtyard doors have been upgraded with key/lock system to which only limited staff have access. The objective is to control the process of monitoring residents outdoors.
- Director of Resident Care and Food Service Director will work together on implementing the hydration program with tracking to be launched by 8/15/18. The Director of Resident Care will notify staff of this new program and create a tracking method for daily monitoring.
- Director of Resident Care and Executive Director will be responsible for daily monitoring as part of plan of correction. Director of Resident Care will be responsible for educating new team members at general orientation regarding RASP/Life Stories' binder its use and purpose, and documentation. An in-service on resident neglect was completed on 8/1/18.

Authorized Signature



Date:

8/1/18

Violation Report: 32259 - 07/03/2018 - Hoover, Douglas
PCH Name: MAGNOLIAS OF LANCASTER

1. REGULATION 55 Pa.Code §2600
 2600.202 - The following procedures are prohibited:
 (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
 (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
 (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
 (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
 (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
 (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION
 On 10/19/17, Resident #2 was given **Lorazepam, 0.5 mg. (PRN)** prior to a shower. The October 2018 Medication Administration Record (MAR) along with the June 2018 MAR indicates that **Lorazepam, 0.5 mg. (PRN)** is to be used for anxiety/agitation.
 A physician order, dated 4/13/18 for Resident #3, prescribed **Lorazepam, 0.5 mg. (PRN)** to be given sublingually prior to care if combative.

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 plan of correction for this violation includes 2 pages
 Page W,X, detailed description of corrections (**SEE ATTACHED PAGE 4A and 4B of 5**) - GE
 please review page J as to plan of correction inservice conducted.

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) Jessica Pether	Date 8/7/18
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>8/20/18</u> (Date)	Plan of correction implementation status as of <u>10/22/18</u> (Date)
The above plan of correction was approved by <u>GE</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

PAGE W

Community Name: Magnolias of Lancaster

License Number: 32259

Date of Visit: 7/3/18, 7/5/18, 7/6/18, 7/12/18

Date of Submission: 8/7/18

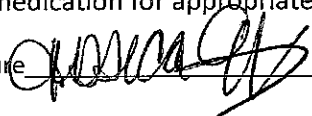
1. Violation Review: 2600.202 The following procedures are prohibited:
 - (1) seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited
 - (2) Adverse conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
 - (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
 - (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
 - (5) Mechanical restraint, defined as a device that restricts the movement or function of a resident or a portion of the resident's body, is prohibited.
 - (6) Manual restraint, defined as hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited

2. Violation Interpretative Statement: On 10/19/17 Resident # 2 was given Lorazepam 0.5mg (PRN) prior to a shower. PRN to be used for anxiety/agitation. On 4/13/18 Resident #3, prescribed lorazepam 0.5mg (PRN) to be given sublingually prior to care if combative.

3. Review the benefit of the Regulation, per RCG: Benefit for regulation is resident freedom of chemical, mechanical, manual, and seclusive restraints. Alternative interventions to be more appropriate for the overall safety and wellbeing of a resident.

4. Description of the Repair of the Immediate Problem: All staff will receive in-service training prior to 8/18/18 regarding resident resistance to care and the appropriate use of anxiolytics as they are prescribed. The training will emphasize the importance of resident's individual needs and how to best respond during an episode of stress or anxiety as indicated on the resident's RASP, using safe management techniques and enhanced communication strategies.
 - A binder has been created with Resident Assessment and Support Plans and Residents' Life Stories. This binder will be kept in the Wellness Office and is always accessible to staff. Staff has been in-serviced on RASP and Life Stories binder, its use and purpose on 7/10/18.
 - Community Pharmacy has been contacted and dates set for Consult Pharmacist to review all PRN medication for appropriateness of Physicians' Orders, Frequency and Diagnosis. Pharmacy is

Authorized Signature _____



Date: _____

8/7/18

PAGE X

- conducting a electronic review currently, a physical community chart review, consultation and education is scheduled for August 14, 2018 .
 - DRCS will review Physicians’ Orders daily and ensure that diagnosis for PRN anxiolytic medications are appropriate. DRCS will also review care documentation to ensure that tools and processes in place are followed.
5. Determine / document the Root Cause of the Violation: Community leadership has identified that orders were not monitored by prior Director of Resident Care. Current Director of Resident Care has been trained and educated on regulations and compliance with medication administrations and Physicians’ Orders.
6. Detail Action Steps / System Developed to prevent future occurrence:
- a. Changing practice?
Community has developed a process for reviewing and processing orders and monitoring medication administration and appropriate use of prn medication.
 - b. Teaching or Training?
The Director of Resident Care will provide an in-service training prior to 8/18/18 regarding resident resistance to care and the appropriate use of anxiolytics as they are prescribed. The training will emphasize the importance of resident’s individual needs and how to best respond during an episode of stress or anxiety as indicated on the RASP and Daily Assignment Sheets. Staff will be educated on the purpose and use of the Resident Assessment and Support Plan and Residents’ Life Stories binder to employ appropriate alternative interventions.
 - c. On-going Monitoring?
The Director of Resident Care will review all incoming Physicians’ Orders for compliance, prescribed diagnosis and appropriate use of medication. Required changes will be initiated at the time of review. Director of Resident Care will also review Communication Log and Daily Assignment Sheets for staff implementation of effective interventions, when required.
7. Designated position responsible and specify target date for correction.
- The Director of Resident Care will in-service team members prior to 8/18/18.
 - The Director of Resident Care and Executive Director will have a scheduled consult from community pharmacy on August 14,2018. Pharmacy is currently conducting an electronic review resident medications and orders
 - DRCS will also review care documentation to ensure that tools and processes in place are followed.

Authorized Signature  _____

Date: 8/7/18

Violation Report: 32259 - 07/03/2018 - Hoover, Douglas

PCH Name: MAGNOLIAS OF LANCASTER

1. REGULATION 55 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

The home completed a RASP for Resident #1 on 6/21/18, that did not include signatures and dates, including a finalized date.

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 plan of correction includes 2 pages

Page Y,Z, detailed description of corrections **(SEE ATTACHED PAGE 5A and 5B of 5)** - GE

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)

Jessica Pifer O

Date

8/7/18

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

The above plan of correction is approved as of 8/20/18
(Date)

Plan of correction implementation status as of 10/22/18
(Date)

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

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

PAGE Y

Community Name: Magnolias of Lancaster

License Number: 32259

Date of Visit: 7/3/18, 7/5/18, 7/6/18, 7/12/18

Date of Submission: 8/7/2018

1. Violation Review: 2600.227(g)- individuals who participate in the development of the support plan shall sign and date the support plan.
2. Violation Interpretative Statement: The home completed a Resident Assessment and support Plan for Resident #1 on 6/21/18, that did not include signatures and dates.
3. Review the benefit of the Regulation, per RCG: Signing and dating of the RASP constitutes the agreement of individualized care needs and plan to meet the needs for each resident’s ADLs/IADLs.
4. Description of the Repair of the Immediate Problem: A quality assurance monitoring program has been implemented under the direction of the Executive Director and Director of Resident Care. The Executive Director and Director of Resident Care will perform the following systematic changes:
 - Executive Director and Director of Resident Care to audit RASPs for POA/responsible party signatures.
 - A current review of RASP documentation with resident’s POA/Next of Kin.
 - Review/audit Resident Support Plans upon move in and every 90 days, annually and with any significant change in condition and identify resident population with diagnosis that would prevent resident from comprehension and signature on the RASP document.
 - Executive Director and Director of Resident Care will ensure that documentation of check box for inability to sign is completed when appropriate to the situation.
5. Determine / document the Root Cause of the Violation: Staff was unaware that resident must sign or make their mark on RASP with population with cognitive deficits. DHS provided technical assistance and education to staff while onsite.
6. Detail Action Steps / System Developed to prevent future occurrence:
 - a. Changing practice?

Executive Director and Director of Resident Care will audit Resident Support Plans upon move in and every 90 days, annually and with any significant change in condition. In the situation of resident population with diagnosis that prevents resident from the ability to appropriately comprehend and sign RASP document, staff will attempt to elicit a “mark” from resident or write unable to participate with the POA’s initials and date.

Authorized Signature 

Date: 8/7/18

PAGE Z

b. Teaching or Training?

Train Director of Resident Care Services and Director of Sales and Marketing on the requirement for resident signature/mark on the Resident Assessment and Support Plan. Training by August 18, 2018.

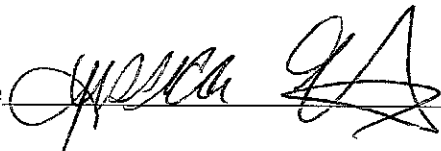
c. On-going Monitoring?

Executive Director to audit and monitor for compliance now and on-going. Monitoring process noted in "Changing practice."

7. Designated position responsible and specify target date for correction.

Executive Director and Director of Resident Care are responsible for ongoing RASP reviews and ensuring that all signatures and dates are complete effective immediately. Audit to be completed by 8/20/2018, with corrections completed by 8/30/18.

Authorized Signature



Date:

8/7/18