



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 05 2018

Mr. Nathaniel D. Pace  
Administrator  
Morris-Pace Assisted Living, Inc.  
416 Reading Avenue  
West Reading, Pennsylvania 19611

RE: Morris-Pace Personal Care  
License #: 215900

Dear Mr. Pace:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 19, 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 "Jacqueline L. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 21590 - 07/19/2018 - Foulkes, Kimberli  
 PCH Name: MORRIS PACE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

**2a. DESCRIPTION OF VIOLATION**

Direct care staff person A does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

**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.*

*Please see p 1A of 14.*

*docs provided.*

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

The above plan of correction is approved as of 8-28-18  
 (Date)

Plan of correction Implementation status as of 8/28/18  
 (Date)

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

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

Violation Report: 21590 - 07/19/2018 - Foulkes, Kimberli  
 PCH Name: MORRIS PACE PERSONAL CARE

**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**

The annual training provided to direct care staff person B, date of hire 4/18/10, and direct care staff person C, date of hire 5/1/13, did not include training in items 1 through 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.*

*Please see p 14 & 14*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Nathan Pace*

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

*Nathan Pace Admin*

Date

*8/16/18*

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The above plan of correction is approved as of 8/28/18  
 (Date)

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

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 (Date)

- Fully Implemented
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Violation Report: 21590 - 07/19/2018 - Foulkes, Kimberli  
 PCH Name: MORRIS PACE PERSONAL CARE

**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 7/19/18 at 9:20am located in section F's kitchenette was a 5-gallon bucket used as a garbage can. The bucket was overflowing with garbage and did not contain a lid.

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

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Please see p 1A of 14

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Date

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 (Date)

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(Initials)

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Violation Report: 21590 - 07/19/2018 - Foulkes, Kimberli  
 PCH Name: MORRIS PACE PERSONAL CARE

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  
 Resident room #F1 shared by two residents, the bed located on the left side of the room had an inoperable lamp.

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.

*Please see p 14 of 14*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nathaniel S Pace Admin</i>	Date <i>8/16/18</i>
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Violation Report: 21590 - 07/19/2018 - Foulkes, Kimberli  
 PCH Name: MORRIS PACE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

**2a. DESCRIPTION OF VIOLATION**

The emergency exit located in resident room A7 was obstructed by a resident's mattress.  
 The emergency exit located in resident room F1 was obstructed by a large laundry basket filled with clothes.

**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.*

Please see p 13 of 14

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  
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*Nathaniel Pace Admin*

Date

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Plan of correction implementation status as of

8/28/18  
 (Date)

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*[Handwritten Initials]*  
 (Initials)

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

Violation Report: 21590 - 07/19/2018 - Foulkes, Kimberli  
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION  
 Resident #1 admitted to the home on 6/15/18, the initial medical evaluation was completed on 3/29/2018 more than 60 days prior to admission.

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.

Adm will keep a calendar or schedule for annual medicals also to assist in ensure timeliness. Co

Please see p 1 B g 14

Doc. provided.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/03/2017
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Nathaniel Pace Admin	8/16/18

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21590 - 07/19/2018 - Foulkes, Kimberli  
 PCH Name: MORRIS PACE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.141(a)(2) - 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. The evaluation must include the following: (2) Medical diagnosis including physical or mental disabilities of the resident, if any.

**2a. DESCRIPTION OF VIOLATION**

Resident #1's medical evaluation dated 3/29/18 did not contain allergies  
 Resident #2's medical evaluation dated 6/29/17 did not contain the resident's pulse rate.  
 Resident #3's medical evaluation dated 6/7/18 did not indicate the ability to self-medicate or not, health status and cognitive functioning.

**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.*

*please see p 1 B g 14*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nathaniel Pace Admin</i>	Date <i>8/16/18</i>
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 (Initials)

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 (Date)

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

Violation Report: 21590 - 07/10/2018 - Foulkes, Kimberli  
 PCH Name: MORRIS PACE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

**2a. DESCRIPTION OF VIOLATION**

Vitamin B4 gummies and ear wax remover was found in resident room B4. Resident #4 is not able to self-administer medications.

**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.*

Please see p 1 of pg 14

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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Nathan Pace*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Nathaniel A Pace Admin</i>	Date <i>8/16/18</i>
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The above plan of correction was approved by <u><i>NP</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21590 - 07/19/2018 - Foulkes, Kimberli  
 PCH Name: MORRIS PACE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

**2a. DESCRIPTION OF VIOLATION**

Resident #6 is prescribed nonaspirin 325mg every 6 hours and takes the medication at 4pm. The medication originally comes in a blister pack from the pharmacy. The resident's other medications come in a cassette system from the pharmacy. Staff have removed the nonaspirin from the blister pack and placed it into the 4pm cassette for the rest of the week.

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

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Please see PIC of 14

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Nathaniel Pace Admin	8/16/18

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 (Date)

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Plan of correction implementation status as of 8/28/18  
 (Date)

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

Violation Report: 21590 - 07/19/2018 - Foulkes, Kimberli  
 PCH Name: MORRIS PACE PERSONAL CARE

**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 #6 is prescribed Renvela tablet 800mg, take one tablet by mouth once daily. This is the brand name for this medication and it is listed on the resident's medication administration record (MAR). The generic name for this medication is Sevelamer Carbon. This is listed as a duplicate on the MAR. Staff were initialing administration in both spots.

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

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
*please see p 10 of 14*

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>			
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>			Date
<i>Nathaniel D Pace Admin</i>			<i>8/16/18</i>

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 (Date)

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 (Initials)

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- Not Implemented

Violation Report: 21590 - 07/19/2018 - Foulkes, Kimberli  
 PCH Name: MORRIS PACE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**  
 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**  
 Resident #3 admitted 6/3/18 and resident #1 admitted 6/15/18 did not have an initial assessment completed.

**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.

Please see p 1 Cg 14

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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Nathaniel D Pace	8/16/18

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 21590 - 07/19/2018 - Foulkes, Kimberli  
 PCH Name: MORRIS PACE PERSONAL CARE

**1. REGULATION 55 Pa.Code §2600**

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

**2a. DESCRIPTION OF VIOLATION**

Resident #3 admitted 6/3/18 and resident #1 admitted 6/15/18 did not have an initial support plan completed.

**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.*

*Please see p 13 of 14*

*doc provided*

Repeat Violation: No

Date(s) of Previous Violation(s):

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

*Nathaniel Pace Admn*

Date

*8/16/18*

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 (Date)

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*[Signature]*  
 (Initials)

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- Not Implemented

Violation Report: 21590 - 07/19/2018 - Foulkes, Kimberli  
 PCH Name: MORRIS PACE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600  
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION  
 Resident #5's photograph was taken on 5/24/16 more then 2 years ago.

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.

*Please see p 1 D of 14*

*doc. provided.*

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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Nathaniel J Pace Admin</i>	<i>8/14/18</i>

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 (Initials)

Plan of correction implementation status as of 8/28/18  
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MORRIS-PACE PERSONAL CARE  
INSPECTION 7/19/18

P1 Ag 14

54-A.

1. Every staff member MUST have a High School Diploma or GED to work in a Personal Care Home.
2. Diploma given at the time of hire is found to be "questionable" at the time of my inspection!
3. During my inspection my Inspector looked up the Diploma online and found that there is some litigation against this place where she got her diploma.
4. I contacted the staff member and she resigned.
5. I will have to check any/all diploma's that don't have the correct seal (raised).
6. Admin. will be responsible for compliance.

65-F.

1. All staff must be trained a minimal of 12 hours a year for employment.
2. I conducted trainings from my Administrators training.
3. During these trainings I did not cover all 7 basic topics as regulated in 65F.
4. I can not go back, however, I can be more mindful to cover these 7 basic topics annually.
5. During my current trainings I will make sure to cover the 7 topics plus other topics needed for compliance.
6. Admin. is responsible for preventing future violations.

85-D.

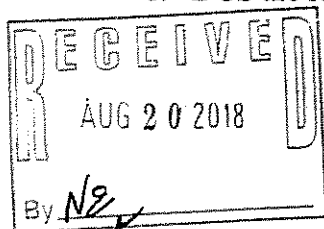
1. Open trash attracts bug/flies and creates a hazardous condition.
2. Trash can in kitchenette "F" was full and without a lid.
3. Staff did not remove trash from the kitchenette the night before and also did not replace the lid.
4. Trash can was emptied and a new bag was inserted, the lid replaced.
5. I will be having an in service on this inspection and the violations that were addressed so that all staff can be proactive in correcting this issue.
6. Admin. is responsible for prevention of future violations.

Admin will send copy of sign in sheet from training to Regional Office

101-J-7

1. Having a light fixture in bedrooms is a regulation and residents must be able to use them when needed.
2. During my inspection a lamp was not operational.
3. When the Inspector turned on the lamp it did not come on.
4. The staff member that accompanied the Inspector switched out the lamp at the time of the violation.
5. Lamps are checked weekly during the cleaning of rooms and bulbs replaced as needed.
6. DCS are responsible for preventing future violations.

Admin will oversee to ensure compliance.



8/20/18  
8/16/18

P1B914

121-A

1. Fire Exit must not be blocked incase of a fire and residents must evacuate.
2. Resident in A7 had his bed blocking the second egress & resident in F1 has his laundry basket blocking the second egress.
3. Resident A7 pushes his bed towards the second egress for privacy & Resident F1 puts his laundry basket in front of the second egress for space.
4. I have spoken to both residents about blocking these exits and how important it is to NOT block them in the event of evacuation, and them falling/tripping to leave the building in an emergency. The beds was returned to its proper place and the laundry basket was placed in residents closet.
5. Staff has been informed to make periodic checks in all rooms for compliance.
6. DCS are responsible for reporting and correcting any blockage of egress to prevent future violations. *Adm will oversee for compliance.*

124.

1. Fire Dept must be notified of occupancy in facility
2. My Fire Dept letter was not sufficient for my inspectors and they assisted me in creating a more acceptable letter with floor plans attached. Very grateful.
3. My letter did not have enough information as requested in the regulations.
4. My Inspectors assisted me in creating the right documentation needed for today and the future.
5. Use this NEW Fire Dept letter with floor plans to meet regulation 124.
6. Admin is responsible for preventing future violations.

141-A-1

1. Current medical information on DME are essential for treatment.
2. DME must be completed 60 days prior to and 30 after admittance.
3. Evaluation date was over the allowed period of regulation.
4. I continually request that DME is completed by their PCP, however I'm not checking the Eval date as I should, I'm checking completion date.
5. I will have my office manager & I go over admittance documents prior to residents being admitted when possible. (Emergency placements are the hard part.)
6. Admin will be responsible for preventing future violations.

141-A-2

1. Medical information is so important in the event of emergency's.
2. Med Eval (DME) was not completed fully.
3. Dr completed (DME) and left some blanks on the document.
4. I continually request that all items on the DME are completed fully, I will have to look over this document better for compliance.
5. I have ask our office manager to look over the DME along with me for compliance.
6. Admin is responsible for preventing future violations.

*ADJ*  
5/28/18

*[Signature]*  
5/16/18

181-C

1. OTC medication are not allowed in residents rooms that are unlocked.
2. During inspection Inspector found Gummies & ear wax remover in a unlocked residents room.
3. Resident purchased OTC medication and did not inform staff of this.
4. OTC items were removed and placed in the med cart as required. Also, Admin spoke to resident about this informing her that this is not allowed and she needs to keep these kinds of things in the Med Room.
5. Staff will continue weekly room checks then remove and coach residents on the Homes Rule on OTC medication.
6. Direct Care Staff are responsible for compliance and preventing future violations.

*Adm Will oversee for compliance. CP*

182-C & 187-A

1. Duplicate entries on MAR can create issues when administering meds.
2. Same medication was listed twice, once as the "brand name" and the second as the "generic name" and Med Staff was signing out both.
3. Double signing creates an issue of how much medication is being administered at the prescribed times.
4. Admin called the Pharmacy for clarification of med and discovered at the time of inspection that they are the same med and one of the medications was removed and noted as "duplicate"
5. Med Staff must be a better job of checking the new MAR's verses the old MAR's and seeing if there are any similarities in the medications, dosages, milligrams, and if there are generic components.
6. Med Staff are responsible to prevent future violations by consulting Pharmacy on any/all issues found on MAR's. *Adm to oversee to ensure compliance. CP*

183-A

1. Medication administration is important to the health & welfare of our residents.
2. Med Staff was asked at breakfast by resident for Tylenol at bedtime.
3. Med staff placed Tylenol in the Medi Planner during morning med pass.
4. Tylenol was removed and placed back in the bubble pack until the resident comes for bedtime meds.
5. Med Staff was coached on "pre-pouring" meds before the prescribed times. This is ILLEGAL and not allowed.
6. Admin will be responsible for preventing future violoations.

225-A & 227-A

1. RASP are a very important component to understanding the needs of each resident.
2. Records staff did not complete the necessary RASP's for two of our new residents.
3. Records keeper stated that he "forgot" to complete RASP's on new residents because of absence/vacation.

*Adm  
8/16/18*

*W. Paer  
8/16/18*

*P/C 8/14*

PID 8/14

- 4. RASP were completed 7/22/18 for residents well over the allotted time. Records staff was coached on this. I can't accept any excuses for this.
- 5. I always text my records staff of new admittance's if he's not in the facility, my issue on my part was that I need to check with him on compliance/completion of all documents and not take his word.
- 6. Admin & records staff are responsible for preventing future violations.

252

- 1. Photo's of the residents are essential for identification.
- 2. Photo of resident expired.
- 3. Previous photo was dated 5/24/16, no new photo had been taken at time of inspection.
- 4. Photo was taken and printed 7/24/18 for compliance.
- 5. Periodic checks are done on all charts, checking photo dates, RASP, DME, admission, & etc.(see attached)

Am will oversee to ensure compliance. CP

QSP  
8/18/18

MS Pace  
8/16/18