



**Sent via e-mail bibriddell@gmail.com  
May 3, 2019**

Ms. KayMarie Briddell  
President  
KayMarie Briddell  
9157 Houndsbay Drive  
Montgomery, Alabama 36117

RE: Vine Street Manor  
230 North 65th Street  
Philadelphia, Pennsylvania 19139  
License #: 142340

Dear Ms. Briddell:

As a result of the Department's Bureau of Human Services Licensing inspection on August 6 and 7, 2018 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

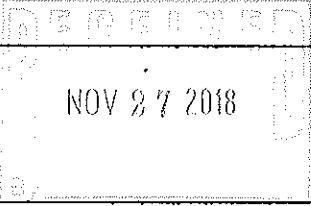
Sincerely,

A handwritten signature in black ink that reads "Mia Johnson". The signature is written in a cursive, flowing style.

Mia Johnson  
Human Services Licensing Supervisor

Enclosure  
Violation Report

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

PCH Name: VINE STREET MANOR		License Number: 14234
Address: 230 NORTH 65TH STREET, PHILADELPHIA, PA 19139		County: Philadelphia
Administrator: BRITTANY BRIDDELL		Region: SOUTHEAST
Legal Entity Name: KAYMARIE BRIDDELL		
Legal Entity Address: 9157 HOUNSBAY DRIVE, MONTGOMERY, AL 36117		
Certificate(s) of Occupancy Other 10/09/2010 Labor & Industry		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 47	Working Staff: 35
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal, Complaint		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 08/06/2018: Braswell, Natasha; Gray, Dean 08/07/2018: Braswell, Natasha; Gray, Dean		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 84 Number of Residents Served: 42 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	<b>Number of Residents who:</b> Receive Supplemental Security Income: 41 Are 60 Years of Age or Older: 10 Have Mental Illness: 42 Have an Intellectual Disability: 8 Have a Mobility Need: 5 Have a Physical Disability: 5	

Violation Report: 14234 - 08/06/2018 - Braswell, Natasha  
 PCH Name: VINE STREET MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

**2a. DESCRIPTION OF VIOLATION**

- The home manages the finances for resident #1. Addition and subtraction errors were found in the Record of Financial Transactions completed by staff of the home in the months of September 2017 and December 2017.

- The home manages the finances for resident #2. Addition and subtraction errors were found in the Record of Financial Transactions completed by staff of the home in the months of October, November and December 2017.

**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 Record of Financial Transactions for the months September-December 2017 were completed by a staff person who is no longer employed. The Administrator will review the Transactions at least once a month to ensure they are correct. Administrator and designee will maintain transaction log, will review w/ residents monthly. Financial log will be available for department review.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Brittany Briddell*, Administrator

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

Brittany Briddell, Administrator

Date 11/27/18

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The above plan of correction is approved as of 5/01/19  
 (Date)

Plan of correction implementation status as of 5/01/19  
 (Date)

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

The above plan of correction was approved by

*MB*  
 (Initials)

Violation Report: 14234 - 08/06/2018 - Braswell, Natasha  
 PCH Name: VINE STREET MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 8-6-18, at 9:30am, the following sanitary conditions were witnessed:

- On the floor in the room of resident #3 there were puddles of feces on the floor.
- There were 3 used washcloths and 1 used towel observed in the common area shower room on the third floor.
- The glucometer for resident #4 had readings listed that were not documented on the home's blood glucose log.

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 staff have been advised to check residents' rooms more frequently and clean as needed immediately.

All staff have also been advised that washcloths + towels are not to be left in common shower areas/bathrooms. In addition, we will hold a staff meeting/training session on December 5, 2018 to re-enforce this regulation.

All glucometers have been replaced and were covered by insurance. The new machines will arrive on November 21, 2018.

All med techs will be re-trained within 3 weeks and documentation of training will be sent to department.

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Date 11/27/18

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Violation Report: 14234 - 08/08/2018 - Braswell, Natasha  
 PCH Name: VINE STREET MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

**2a. DESCRIPTION OF VIOLATION**

The lid on the dumpster outside of the home was filled with trash and not covered to avoid the penetration of rodents.

**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 staff, housekeepers in particular, have been advised to always close the lid on the dumpster.  
 The administrator and administration staff will check daily to make sure the dumpster lid is closed and all trash is inside the dumpster.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Brittany Briddell*, Administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Brittany Briddell, Administrator* Date *11/27/18*

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Violation Report: 14234 - 08/06/2018 - Braswell, Natasha

PCH Name: VINE STREET MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

**2a. DESCRIPTION OF VIOLATION**

Five ceiling tiles outside the third floor bathroom were stained brown by water damage.

**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 ceiling tiles have been replaced and the staff, housekeepers in particular, have been advised to be more observant of all ceiling tiles and report any damaged or stained ones to administration. The administrator will have them repaired or replace them immediately.

Facility had roof leak that was fixed by roto rooter, leak is no longer a problem + ceiling tiles have been replaced. Administrator + designee will inspect to make sure ceiling tiles stay in good condition.

See attached photos.

Repeat Violation: No

Date(s) of Previous Violation(s):

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(Required on EVERY Page)*Brittany Briddell*, Administrator

Printed Name and Title of Legal Entity Representative

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(Initials)

Violation Report: 14234 - 08/06/2018 - Braswell, Natasha  
 PCH Name: VINE STREET MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.90(b) - For a home serving nine or more residents, there shall be a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.

2a. DESCRIPTION OF VIOLATION  
 The home does not have a system that allows staff in different parts of the home to communicate with each other in an emergency. On 8-6-18, the home served 43 residents.

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 home has purchased walkie talkies which the staff uses to communicate with each other. The administrator or designated person will make sure that the walkie talkies are always functioning and used properly.

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Brittany Briddell, Administrator</i>	Date <i>11/27/18</i>
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Violation Report: 14234 - 08/06/2018 - Braswell, Natasha  
 PCH Name: VINE STREET MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION  
 The window in the third floor bathroom was broken and glass was missing across the bottom portion of the window.

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 window was repaired on 8/11/2018. All staff have been advised to report any broken windows to administration. The administrator is responsible for making sure that all broken windows are repaired promptly and properly.

Staff will do daily rounds to check all resident rooms and bathrooms to ensure windows and other items are in good repair.

See attached photos.

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Violation Report: 14234 - 08/08/2018 - Braswell, Natasha  
 PCH Name: VINE STREET MANOR

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 room A-5 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.*

The resident in A-5, who no longer resides in the Home (Vine St. Manor), kept insisting on moving the lamp away from the bed. The lamp has been moved to provide a light source that can be reached from the bedside.

A staff meeting/training will be held on December 5, 2018 to explain what is required in all rooms.

The administrator will check all resident rooms at least monthly to ensure all rooms meet the requirements.

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Violation Report: 14234 - 08/06/2018 - Braswell, Natasha  
 PCH Name: VINE STREET MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.101(r)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

2a. DESCRIPTION OF VIOLATION  
 The window coverings in the third floor bathroom near the nursing station were not in good repair and did not provide for adequate privacy.

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 window covering was repaired on 8/11/2018. All staff have been advised to inform administration about bathroom windows that do not have privacy.  
 The Administrator will be responsible to ensure such privacy.

See attached photos

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Violation Report: 14234 - 08/06/2018 - Braswell, Natasha  
 PCH Name: VINE STREET MANOR

**1. REGULATION 65 Pa.Code §2600**

2600.107(b) - The home shall have written emergency procedures that include the following:

- (1) Contact information for each resident's designated person.
- (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
- (3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
- (4) Means of transportation in the event that relocation is required.
- (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
- (6) Alternate means of meeting resident needs in the event of a utility outage.

**2a. DESCRIPTION OF VIOLATION**

The homes emergency procedures do not include the following elements:

- The contact information for each residents' designated person,
- The home's plan to provide emergency medical information for each resident that ensures confidentiality,
- Contact telephone numbers of local and state emergency management agencies and local resources for housing and emergency care of residents,
- The means of transportation in the event of relocation is required,
- Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location, which are specific to each resident's emergency needs.

**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 emergency procedures are being revised + will include contact information for each resident designated person + emergency medical information. Staff member has been put in charge to ensure confidentiality.

We have attached contact numbers of state and local emergency management agencies, local resources for emergency housing and the means of transportation in the event of relocation required.

Emergency binder will reviewed quarterly to ensure all information is up to date. see attached.

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Violation Report: 14234 - 08/06/2018 - Braswell, Natasha  
 PCH Name: VINE STREET MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION  
 The last fire safety inspection and drill observed by a fire safety expert was conducted on 02/16/17.

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 fire drill was conducted by a fire safety expert on 8/28/2018. The administrator will ensure that a fire drill conducted by a fire safety expert will be conducted annually, and that documentation will be kept on file.

See attached

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative  
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Violation Report: 14234 - 08/06/2018 - Braswell, Natasha  
 PCH Name: VINE STREET MANOR

1. REGULATION 55 Pa.Code §2600  
 2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION  
 Fire drills are not being conducted during sleeping hours.

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 fire drill was held on 9/18/2018, during sleeping hours.  
 Hereafter, the administrator will ensure that a fire drill will be held during the sleeping hours once every 6 months.

See attached.

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Violation Report: 14234 - 08/06/2018 - Braswell, Natasha  
 PCH Name: VINE STREET MANOR

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

2a. DESCRIPTION OF VIOLATION  
 The home is not using alternate exit routes when conducting fire drills.

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 home is now conducting fire drills using alternate exit routes. The administrator will be responsible for making sure of the continuation of using alternate exit routes when conducting fire drills.

Residents will be educated to all fire exits in the home.

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Violation Report: 14234 - 08/06/2018 - Braswell, Natasha  
 PCH Name: VINE STREET MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

**2a. DESCRIPTION OF VIOLATION**

The smoking receptacles in the smoking garage out back were filled with paper and other flammable trash posing a fire hazard.

**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 smoking receptacles have been replaced with metal pails half filled with sand and water. The housekeepers have been instructed to make sure that paper + flammable trash aren't inside them. The administrator will check at least weekly to ensure compliance. Staff will be re-educated during annual training on fire safety. Training to be made available for department review.

Repeat Violation: No

Date(s) of Previous Violation(s):

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*Brittany Briddell*

Printed Name and Title of Legal Entity Representative  
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Brittany Briddell, Administrator

Date 11/27/18

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Violation Report: 14234 - 08/06/2018 - Braswell, Natasha  
 PCH Name: VINE STREET MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.161(b) - At least three nutritionally well-balanced meals shall be offered daily to the resident. Each meal shall include an alternative food and drink item from which the resident may choose.

**2a. DESCRIPTION OF VIOLATION**

On 08-06-18, the home did not offer an alternate meal option to the turkey sandwich and applesauce that was being served for lunch.

**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 menus will be changed and the Home will offer alternate food. The administrator or designee will make sure that alternate food is available at each meal.

see attached.

~~see attached.~~

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Violation Report: 14234 - 08/06/2018 - Braswell, Natasha  
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1. REGULATION 55 Pa.Code §2600

2600.162(e) - A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

2a. DESCRIPTION OF VIOLATION

On 8-6-18, the menu read as follows: ham sandwich, fruit cocktail. During the meal observation the home served turkey sandwiches with applesauce. The home did not notify the residents that there was a change in the menu.

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 Home will notify residents and post any changes in the daily menu. Hereafter, the administrator will ensure that the cook follows the menu and that all meals are in compliance. Any changes to the daily menu will be posted in the home and residents will be made aware.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Brittany Briddell*

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

Brittany Briddell, Administrator

Date 11/27/2018

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The above plan of correction is approved as of 5/1/19  
 (Date)

Plan of correction implementation status as of 5/1/19  
 (Date)

The above plan of correction was approved by

*MB*  
 (Initials)

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

Violation Report: 14234 - 08/06/2018 - Braswell, Natasha  
 PCH Name: VINE STREET MANOR

**1. REGULATION 55 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**

The glucometer machine for resident # 3 was not calibrated to the correct date and time.

**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 #3's glucometer machine has been replaced and will arrive on November 21, 2018. Hereafter, time and date will be calibrated correctly.

All diabetic residents received new glucometers, staff will be trained on glucometer safety + making sure they are calibrated correctly. Staff training will take place Dec. 5, 2018, documentation will be made available for department review.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Brittany Briddell*

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

Brittany Briddell, Administrator

Date **11/27/2018**

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 (Date)

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 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 14234 - 08/06/2018 - Braswell, Natasha  
 PCH Name: VINE STREET MANOR

1. REGULATION 55 Pa.Code §2600

2600.188(d) - There shall be a system in place to identify and document medication errors and the home's pattern of error.

2a. DESCRIPTION OF VIOLATION

The home does not have a system to identify and document medication errors and patterns of errors. The blood glucose sheet shows a pattern of incorrect glucometer readings documented for resident #1. Information documented as follows:

On 7-25-18 the glucometer machine did not have a reading, the blood glucose sheet had documentation of a reading of 98.

On 7-27-18 the glucometer machine had a reading of 169, the blood glucose sheet had documentation of a reading of 130.

On 7-29-18 the glucometer machine had a reading of 130, the blood glucose log had documentation of a reading of 137.

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.

Home has gotten new glucometer machines for all residents that require them. The new machines will arrive November 21, 2018. All staff who assist with medication have been advised to document medication errors on the resident medication administration record. The administrator will check at least monthly to ensure compliance. Staff will be trained on glucometer safety to make sure they are calibrated correctly. Staff training will take place on Dec. 5, 2018 and documentation will be made available for department review.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Brittany Briddell, Administrator* Date *11/27/2018*

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The above plan of correction is approved as of <u>5/1/19</u> (Date)	Plan of correction implementation status as of <u>5/1/19</u> (Date)
The above plan of correction was approved by <u><i>MB</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: 14234 - 08/08/2018 - Braswell, Natasha  
 PCH Name: VINE STREET MANOR

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The support plan for resident #5 does not include the need for wound care and outside services that enter the home to assist resident with a wound that has not healed in 5 years.

The support plan for resident #6 does not include details of pain experienced due to both feet being partially amputated. The home has not provided any form of assistive devices to prevent the behavior of scooting as opposed to walking while ambulating in pain.

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 support plan for resident #5 has been revised and now contains the wound care need. A nurse from Mercy Hospital comes in and provides wound care for resident #5.

The support plan for resident #6 has been revised and now includes information of the pain experienced due to both feet being partially amputated. The Home has provided a wheelchair for resident #6 and encourages the resident to use the wheelchair daily. Hereafter the Administrator will be responsible for ensuring compliance.

All RASPs will be updated annually and all resident's needs will be documented and addressed in their RASPs.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Brittany Briddell, Administrator* Date *11/27/2018*

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