



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 23 2019

Mr. Ray C. Miller, Jr.
Owner/Administrator
Berks Leisure Living Inc.
1399 Fairview Drive
Leesport, Pennsylvania 19533

RE: Berks Leisure Living
License #: 205690

Dear Mr. Miller:

As a result of the Department's Bureau of Human Services Licensing annual inspection on November 8, 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 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.

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: 20569 - 11/08/2018 - Deluca, Amy
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

The Bern township police department responded to the home in September 2018, the home did not submit an incident report to the Department.
 Resident #1 did not receive the prescribed Ketoconazole cream from 11/1-11/7/18 at 8pm, the home did not submit an Incident report to the Department regarding the medication error.

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.

1. Regulation 260016(c) is important because it increased the safety of Residents and staff. Guidelines should be followed.
2. This Regulation is violated when a Report is not submitted to the DHS.
3. The root cause of the violation was as follows: An irate staff person called the Police Dept. that morning without making the management aware. She found a small plastic bag in the resident's trash with residue in it and got upset. The officer had no idea why he was called and left.
4. If a violation had occurred management and administration would have submitted a violation report to the DHS.
5. Ongoing. Administration and management will submit a violation report should the Police Dept. be called

Immediately and ongoing:

The administrator will review the incidents required to be reported by 2600.16a with all staff. All future incidents will be reported as required. 12-18-18 MM

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Ray Calvin Miller Jr*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Ray Calvin Miller Jr* Administrator Date *12-17-18*

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The above plan of correction is approved as of 12-18-18
 (Date)

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

Plan of correction implementation status as of 12-18-18
 (Date)

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

Violation Report: 20569 - 11/08/2018 - Deluca, Amy
PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The batteries in the Carbon Monoxide detectors located in the boiler room and activity room are not dated as required by The Care Facilities Carbon Monoxide Standards Act.

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.

1. Regulation 2600.18 is important because it ensured compliance with all applicable health, safety and wellness requirements.
2. This Regulation is violated when the batteries in the carbon monoxide detectors are not dated as required.
3. New batteries were installed in the detectors the beginning of the year but were not dated.
4. To fix the violation right away a log sheet was incorporated by the Administration for the maintenance personnel to document dates in which the batteries are changed.
5. To prevent future violation, the Administration will periodically check logs to ensure batteries are being changed and dated.
6. The Administration and maintenance are directly responsible for the on-going compliance of this regulation.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page)	Ray Calvin Miller Jr.
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Ray Calvin Miller Jr.	Date	12-17-18
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Violation Report: 20569 - 11/08/2018 - Deluca, Amy
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff person A had only 9.5 of the required 12 hours of annual training for 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.

1. Regulation 2600.65(c) is important because it ensured compliance with Direct Care Staff person's 12 hour annual training.
2. Upon inspection it was noted that staff person A only had 9.5 hrs of the required 12 hr. training.
3. Upon reviewing staff person A's training, Administration located CPR + AED training done on Oct. 29, 2017 which was a 3hr. training period.
4. To fix violation, a copy of training will be submitted to DHS for review.
5. To prevent future violations, the Administration will keep records of all 12 hr training in a separate binder so that no training material will be misplaced.
6. The Administration will be directly responsible for the on-going compliance of this regulation.

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 (Required on EVERY Page) *Ray Calvin Miller Jr*

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 (Required on EVERY Page) *Ray Calvin Miller Jr Administrator* Date *12-17-18*

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Violation Report: 20569 - 11/08/2018 - Deluca, Amy
 PCH Name: BERKS LEISURE LIVING

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

Staff person A did not have training in the following required annual training topics for 2017: Medication self administration, instruction on meeting the needs of the residents as described in the required forms, personal care service needs of the resident, safe management techniques, and care for residents with mental illness or mental retardation.

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.

1. Regulation 2600.65 (F) is important because it ensured compliance with Direct Care Staff 12 hour Annual Training.
2. This Regulation is violated because there was no documentation that the staff person completed all 12 hour training required by the DHE.
3. The root of the violation occurred because the Facility Administration did not keep proper records of training hours.
4. To fix the violation right away, Administration checked through training hours in other binders and located CPR/First Aid/AED training consisting of 3 hours which would give staff person A 12 hour training.
5. To prevent future violation, Administration and medical manager will keep all training in one binder.
6. Ongoing Administration and medical manager will be responsible for compliance of the Regulation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Ray Calvin Miller Jr.

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

Ray Calvin Miller Jr. Administrator

Date 12/17/18

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Violation Report: 20569 - 11/08/2018 - Deluca, Amy
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff person A did not have training in the required annual training topic for 2017: Emergency Preparedness.

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.

1. Regulation 65 (g) is important because it ensures compliance with Direct Care Staff 12 hour Annual Training -
2. This Regulation is violated because there is no documentation that the staff person completed all 12 hour training requested by the OHA.
3. The root of the violation occurred because the former administration did not keep proper records of training hours. There fore overlooking that staff person A did not complete all required training hours.
4. Ongoing all training will be kept in one binder for the year for each staff and ancillary person.
5. To prevent future violations all training will be kept in one binder in the main office and training will be posted in advance.
6. Ongoing the Administration and medical manager will be responsible for the compliance of this regulation.

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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Ray Calvin Miller Jr. - Administrator* Date *12/17/18*

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Violation Report: 20569 - 11/08/2018 - Deluca, Amy
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's most current letter to the fire department dated 1/17/18 is not up to date because several of the residents listed as needing assistance with evacuation are no longer living in the home.

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

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

1. Regulation 2600.124 is important because it notified the local fire Dept. The assistance needed to evacuate in an emergency.
2. The regulation is a violation because the former administrator did not update the fire Dept. with the changes regarding the residents no longer living at the home.
3. The root cause of the violation was not updating the changes and notifying the fire Dept.
4. To fix the violation the administrator updated the information and sent letters to the fire Dept. regarding the changes.
5. To prevent future violations, the administrator and medical manager will work together to ensure that the fire Dept. will be notified of any changes in needing assistance to evacuate in an emergency.
6. The administrator and medical manager are directly responsible for the on-going compliance of this regulation.

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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Ray Calvin Miller, Jr. Administrator* Date *12-17-18*

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Violation Report: 20569 - 11/08/2018 - Deluca, Amy
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Coda §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #2's DME dated 8-16-18 does not indicate Body Positioning or Immunization History.
 Resident #3's DME dated 4-23-18 does not indicate Body Positioning or Immunization History.

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.

Regulation 26.00.14(A)(2) is important because it contains the medical information of the resident needed to keep the resident physically and mentally functioning.

a. The Regulation is violated when all of the information is not completed by the PDP.

b. The root of the violation occurred when the Resident's Physician failed to complete the entire DME.

y. To fix the violation the medical manager faxed DME Form to the PDP to initial and date. The sections that were not completed.

5. To prevent future violations the Administrator and medical manager will check Resident's DME when it is returned by the PDP to make sure all areas are completed. They will also initial DME at bottom to ensure completion of DME.

6. The Administrator and medical manager are directly responsible for the on-going compliance of the Regulation.

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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Ray Calvin Miller Jr - Administrator* Date *12/17/18*

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Violation Report: 20669 - 11/08/2018 - Deluca, Amy
 PCH Name: BERKS LEISURE LIVING

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**
 3 chairs are located outside the Rose hallway exit. Cigarette ashes and tar marks were noted by the chairs. A flower pot located outside the activity room exit contained used matches and a cigarette butt. These locations are not the homes designated smoking area.

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.

1. Regulation 2600.144(c)(1) is important because it protects the residents from a fire hazard.
2. The Regulation was violated because matches and cigarette butts were found outside the designated smoking area.
3. The root of the violation occurred because the policy and procedure regarding to smoking was not followed.
4. To fix the violation the flower pot was immediately removed outside the activity room. matches and butt were also removed. Residents and staff were informed chair are for sitting only not smoking. At end of day chairs were removed from the area.
5. To prevent future violation chairs were removed from the Rose hallway as well as the flower pot from the activity room exit.
6. Ongoing Administration and maintenance will be responsible for the compliance of this regulation.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) Ray Calvin Miller Jr.

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Ray Calvin Miller Jr. Administrator Date 12/17/18

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Violation Report: 20569 - 11/08/2018 - Deluca, Amy
 PCH Name: BERKS LEISURE LIVING

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

Resident #4's glucometer is not calibrated to the correct month, day, 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.

1. Regulation 26.00 185. (a) is important because it protects the residents medical equipment and use of medication by trained staff.
2. This regulation is violated when the glucometer is not calibrated properly.
3. The root of the violation occurred because the glucometer was not calibrated to the current month, day and time.
4. To fix the violation the medical manager immediately calibrated the glucometer to the correct month, day and time.
5. To prevent future violations the administration and medical manager will do weekly audits to make sure all glucometers are calibrated correctly.
6. Ongoing the administration and medical manager will be responsible for the compliance of this regulation.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Ray Calvin Miller*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Ray Calvin Miller* Administrator Date *12/17/18*

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Violation Report: 20589 - 11/08/2018 - Deluca, Amy
 PCH Name: BERKS LEISURE LIVING

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

Resident #2 receives regular blood glucose monitoring with insulin administered on a sliding scale. On 11/4/2018 there was a reading of 214 found in the glucometer at 11:00am. The resident's Medication Administration Record (MAR) documents the reading and the applicable insulin administration as occurring at 7:00am.

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.

1. Regulation 2600.187(A) is important because it includes the information of the resident needed to properly document.
2. The Regulation is violated when the information is not properly documented.
3. The root cause of the violation occurred when the med tech documented the wrong time.
4. To fix the violation the medical manager reviewed the medication administration proper documentation with the med tech.
5. To prevent this violation from occurring again, medical manager will add insulin documentation and glucometer weekly.
6. Administration and med mgr will be directly responsible for compliance of Regulation.

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

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 (Required on EVERY Page) *Ray Calvin Miller Jr*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Ray Calvin Miller Jr Administrator* Date *12-17-18*

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Violation Report: 20569 - 11/08/2018 - Deluca, Amy
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1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 Resident #1 has an order for Ketoconazole cream once daily, the medication was not administered from 11/1-11/7/18. The MAR for this medication was initialed as administered by staff.

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.

1. Regulation 2600.187(b) is important because timely documentation ensures the medication was given.
2. The regulation is violated when the medication prescribed is ~~not~~ documented as given but not available to be given.
3. The root cause of this violation occurred when the med tech signed for the cream without administering the cream.
4. To fix the violation medical manager faxed PEP a request to discontinue the cream. Dr. was notified that cream was not administered from 11/1 - 11/7.
5. To prevent this violation from occurring again. Medical manager and administrator will check orders against medication. This audit will be done two times weekly.
6. The administrator and medical manager will be directly responsible for the ongoing compliance of this regulation.

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

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 (Required on EVERY Page) *Ray Calvin Miller Jr.*

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 (Required on EVERY Page) *Ray Calvin Miller Jr Administration* Date *12-17-18*

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Violation Report: 20589 - 11/08/2018 - Deluca, Amy
 PCH Name: BERKS LEISURE LIVING

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

2a. DESCRIPTION OF VIOLATION

Resident #2 receives regular blood glucose monitoring with insulin administered on a sliding scale. On 11/2/2018 the reading in the glucometer at 4:00pm was 227, requiring 2 units of insulin. No units of insulin were recorded as administered on the resident's MAR. Resident #1 has an order for Ketoconazole cream once daily, the medication was not administered from 11/1-11/7/18.

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.

1. Regulation 2600.187(d) is important because it ensures the well-being of the resident.
2. The Regulation is violated when the staff does not follow the directions of the prescriber.
3. The root cause of the violation occurred when the directions of the prescriber were not followed.
4. To fix the violation the medical manager notified PCP regarding the missed documentation of insulin administered.
5. To prevent this violation from occurring again the medical manager will audit the documentation of administration of insulin as ordered on the sliding scale.
6. Administrator and medical manager will be directly responsible for the on-going compliance of this regulation. Staff shall be retrained on the importance of following the physician's order and the proper administration and documentation of insulin according to the

Repeat Violation: No Date(s) of Previous Violation(s):
 physician's directions. The home shall maintain documentation of this training and shall make it accessible to the department upon request.

Signature of Legal Entity Representative
 (Required on EVERY Page)

Ray Calvin Miller Jr.

12-18-18 MM

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

Ray Calvin Miller Jr. Administrator

Date 12-17-18

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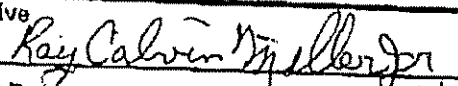
1. REGULATION 55 Pa.Code §2600
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 has an order for Ketoconazole cream once daily, the medication was not administered from 11/1-11/7/18. The prescriber was not notified regarding the medication error.

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.

1. Regulation 2600.188(b) is important because of the resident's physical well being.
2. The regulation is violated when a medication error is not immediately reported.
3. The root cause of the violation occurred when the medication error was not reported to the resident, resident's designated person and the prescriber.
4. To fix the violation the medical manager reported the medication error to the resident, the designated person and to the prescriber.
5. To prevent this violation from occurring again protocol for medication administration will be reviewed with staff.
6. Administration and medical manager will be directly responsible for the ongoing compliance of this regulation.

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
Ray Calvin Miller Jr. Administrator		12-17-18

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

The above plan of correction is approved as of 12-18-18
 (Date)

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

Plan of correction implementation status as of 12-18-18
 (Date)

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

Violation Report: 20560 - 11/08/2018 - Deluca, Amy
 PCH Name: BERKS LEISURE LIVING

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 #2's RASP, dated 9-3-18, does not indicate that the resident cannot safely use or avoid poisonous materials.

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.

1. Regulation 2600.227(A) is important because it contains all the information needed to assist the resident with the best physical and mental care needed.

2. The Regulation is violated when all the information is not documented on the RASP.

3. The root cause of the violation was that the RASP did not indicate that the resident cannot safely use or avoid poisonous materials. However the DME shows the resident CAN avoid poisonous materials.

4. To fix the violation the DME was faxed back to the DR. to initial box of the DME.

5. To prevent this violation from happening again the administrator and medical manager will check the resident's RASP to make sure all boxes are checked.

6. The administrator and medical manager will be directly responsible for the ongoing compliance of the regulation.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)
Ray Calvin Miller Jr.

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)
 Ray Calvin Miller Jr. Administrator Date 12-17-18

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

The above plan of correction is approved as of <u>12-18-18</u> (Date)	Plan of correction implementation status as of <u>12-18-18</u> (Date)
The above plan of correction was approved by <u>MM</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