



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 24 2019

Mr. Jack Poplar,
President/Chief Executive Officer
Acadia Acquisition, Inc.
1817 Olde Homestead Lane, Suite 201
Lancaster, Pennsylvania 17601

RE: Acadia Acquisition 2
306/312 Bentley Ridge Boulevard
Lancaster, Pennsylvania 17602
Certificate #: 331430

Dear Mr. Poplar:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on December 6, 2018, December 7, 2018 and December 10, 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.

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
Violation Report

Violation Report: 33143 - 12/06/2018 - McCloskey, Jason
 PCH Name: ACADIA ACQUISITION 2

1. REGULATION 55 Pa.Code §2600
 2600.26(a) - The home shall establish and implement a quality management plan.

2a. DESCRIPTION OF VIOLATION
 The home does not have a quality management plan.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attached documents Pages 7A, 7B, and 7C

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) Laureles Ortiz PCHA	Date 1/3/19
---	-------------

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

The above plan of correction is approved as of <u>1/15/19</u> (Date)	Plan of correction implementation status as of <u>1/15/19</u> (Date)
The above plan of correction was approved by <u>BAS</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: 33143 - 12/06/2018 - McCloskey, Jason
 PCH Name: ACADIA ACQUISITION 2

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 most recent fire safety inspection and fire drill observed by a fire safety expert was conducted on 11-1-18. The previous fire safety inspection and fire drill occurred on 6-30-17.

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.

See attached documents Pages 7B, and 7D

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) Lourdes Ortiz PCHA	Date 1/3/19
--	-------------

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

The above plan of correction is approved as of <u>1/15/19</u> (Date)	Plan of correction implementation status as of <u>1/15/19</u> (Date)
The above plan of correction was approved by <u>BAS</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: 33143 - 12/06/2018 - McCloskey, Jason
 PCH Name: ACADIA ACQUISITION 2

1. REGULATION 55 Pa.Code §2600
 2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

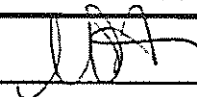
2a. DESCRIPTION OF VIOLATION
 Staff person A has not completed any of the required elements for annual medication training since her initial medication training was completed on 2-13-17.

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.

See attached documents Pages 7B and 7H

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
Lourdes Ortiz PCHA	1/3/19

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

The above plan of correction is approved as of <u>1/15/19</u> (Date)	Plan of correction implementation status as of <u>1/15/19</u> (Date)
The above plan of correction was approved by <u>BAS</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: 33143 - 12/06/2018 - McCloskey, Jason

PCH Name: ACADIA ACQUISITION 2

1. REGULATION 55 Pa.Code §2600

2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

The support plan for Resident 1, completed on 11-15-18 , was not signed by the assessor.

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.

See attached documents Pages 7A and 7E

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)

Lourdes Ortiz PCHA

Date

1/3/19

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

The above plan of correction is approved as of 1/15/19
(Date)

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

Plan of correction implementation status as of 1/15/19
(Date)

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

Violation Report: 33143 - 12/06/2018 - McCloskey, Jason
 PCH Name: ACADIA ACQUISITION 2

1. REGULATION 55 Pa.Code §2600
 2600.227(h) - If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

2a. DESCRIPTION OF VIOLATION
 Resident 1's support plan, dated 11-15-18, was not signed by the resident and there was no documentation of the resident's refusal or inability to sign.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attached documents Pages 7A and 7E

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) Lourdes Ortiz PCHA	Date 1/3/19
--	-------------

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

The above plan of correction is approved as of 1/15/19
 (Date)

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

Plan of correction implementation status as of 1/15/19
 (Date)

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

Violation Report: 33143 - 12/06/2018 - McCloskey, Jason
 PCH Name: ACADIA ACQUISITION 2

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

2a. DESCRIPTION OF VIOLATION

The records for Residents 1, 2 and 3 do not include any information if the resident has identifying marks.
 The home does not have a picture of Resident 2.

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.

See attached documents Pages 7A, 7F, and 7G

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) Lourdes Ortiz PCHA

Date 1/3/19

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

The above plan of correction is approved as of <u>1/15/19</u> (Date)	Plan of correction implementation status as of <u>1/15/19</u> (Date)
The above plan of correction was approved by <u>BAS</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

Lourdes Ortiz

306/312 Bentley Ridge Blvd

Certificate #: 331430

Lancaster PA, 17602

(717) 381-0065

lortizp@acadiairehab.com

January 14th, 2019.

RE: Acadia Acquisition 2, Inspection Report

To whom this may concern,

Attached is the plan of correction for Acadia Acquisition 2.

1. Regulation 2600.227(g), Regulation 2600.227(h), Attached to the email is a form labeled Residential Admission Support Plan (RASP) which addresses these regulations. This check will be implemented immediately as of 1/3/19 to ensure all proper steps are followed when admitting a resident along with completing a resident's RASP annually or as required. This will ensure documents are dated properly, signed in the correct allotted time, and DME/physicals are completed at correct times. The checks will be completed by the PCHA of the residence as well as another administrator at the time. The forms are completed to ensure the RASP and pre-admission screenings are completed in its entirety going forward. This process will be audited monthly by the PCHA and residence assistant for errors. The administrator will complete an audit of all current RASPS includes the assessor's signature, and the signature of the resident or documentation of the resident's inability or refusal to sign. The audit, and any necessary corrections, will be completed within 15 days of this plan.

2. Regulation 2600.252, Attached I have included the form that our facility will include in our residents file, which has a description of the clients "identifying marks, in detail. The PCHA's will work with nursing to properly complete this form for each client in the residence and have this completed within the next 30days. The nurse will be responsible for completing the form upon admission of each client. PCHA will provide education to the nurse on a yearly basis or upon hire in the case of a new or additional nurse. PCHA will also review the forms to ensure that it has been completed in full on the day of admission. PCHA will conduct an audit of client files in order to ensure completion. The description of the identifying marks will include birthmarks, tattoos, scars, etc. in as much detail as possible.

3. Regulation 2600.26(a) Attached is the Quality Management plan that will be implemented by the PCHA of the residence listed above. The PCHA will meet with pertinent individuals, including the Director of Residential Services and DHS Compliance Specialist and update plan as necessary on a bi-annually (Jan-June and June-Dec) basis. This will ensure the best quality of care is being provided to residence. This plan will be finalized by the PCHA with assistance

from the Residential Director. PCHA and Residential director will hold trainings and educational opportunities on going to inform staff of information listed in the Quality management plan. This process will be in place by January 31st, reviewed in July of 2019, and scheduled for review every 6 months following.

4. Regulation 2600.132 (b) Attached is letter from the fire safety official of Acadia Acquisition explaining the plan of correction for this regulation, along with the fire chief's card. This letter addresses the potential plan and agreement that will be signed at January 29th, 2019 meeting. Education and information will be provided to fire safety official in order to increase understanding of regulations and their purpose annually in preparation of inspections to be scheduled. DHS Compliance Specialist will be assigned responsibility of acquiring necessary inspections. PCHA will be responsible for auditing fire safety requirements on a quarterly basis to ensure 100% completion.

5. Regulation 2600.190 (a), Attached is included Acadia's training log that has been revised to assure that all required trainings are being documented properly. The form included dates of required trainings, medication trainings, expiration dates, and person responsible for trainings. The PCHA will review all documents during the hiring process to ensure all trainings are done before the staff member is cleared to perform direct care. Staff person A shall have, two Medication Administration Record Documentation reviews and two Medication Administration Observations perform by a certified trainer prior to 2/13/19. Documentation of the reviews and observations shall be maintained for Department review. In the event that the Staff Person A is unable to successfully complete the reviews and observations prior to 2/13/19, this staff person will not perform medication administration until successful completion of the Department-approved medication administration course and passing of the competency test. The PCHA will immediately audit the trainings of the staff who perform medication administration to ensure that all staff members with this job duty have the requisite training. The audit of this training shall be performed within the 10 days of this plan. Staff member who do not have the training required by the regulation will not perform medication administration.

Regards,

Lourdes Ortiz, B.Ed, PCHA

Acadia Acquisition Inc.

(717)381- 0065

Quality Management Plan
Acadia Acquisition 2
306 -312 Bentley Ridge Blvd
Lancaster, PA 17602

Date: January, 2nd 2019

Persons involved with Plan: Residential Director, Night Shift Supervisor, Site Administrators/Supervisors, NRA supervisor/DHS specialist

Discussed Agenda

B2: Staff training: The 2018 projected staff training schedule was distributed.

- The 2018 projected in-service training is posted at the site. There will be a month by month schedule that will be posted each month of actually offered trainings.
- Medication Recertification will be set up for by DHS train the trainer staff & scheduled with staff to recertify each month as they are due. See Medication Recertification schedule
- American Heart courses & reviews are scheduled for each month as they are due for staff. See American Heart Recertification schedule.
- All annual DHS required in-service trainings scheduled within the year. See monthly in-service schedules and staff tracking sheets.
- There is a staff tracking guide to keep up with all annual staff trainings.
- Any additional staff required trainings will come out on the month to month schedule.
- There is an annual review on Mandate Reporting offered.

Client complaint: There is no reported client complaint at this point in time for the start of the year. All clients have the right to file a complaint, both formal and informal. The company policy for and complaint form should always be posted and available.

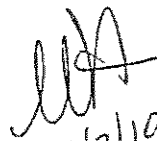
Family counseling: The whole treatment team of each particular client meets throughout the year to discuss client and family member's needs and client progress. This done through team and family meetings. A summary report is kept with the client's case manager and available to all individual clients. As well as a copy going to the client's designated person.

See attached and/or posted is violation report summary and plans of correction. (where applicable) There were no violations in the last two year at Acadia Acquisition 2.

Reportable incidents and conditions reporting procedures: All reportable incidents should be reported to the state within 24 hours of the incident. Follow up on extra training should take place where needed and with all parties involved. Record of all reportable incidents should be part of the client's records.

See reportable incidents and conditions reporting procedures in P&P as well as Regulation 16b-f.

Specific to Site Topics (add in what applies): Safety topics such as: Falls, Number DHS incident reports Per time period selected.


1/3/19

January 2, 2019

Bureau of Human Services Licensing
Central Region
625 Forster Street, Room 631
Harrisburg, PA 17120

RE: Acadia Acquisition 2, Inspection Report

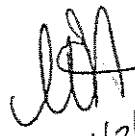
To whom it may concern,

This letter is to address our plan of correction regarding the violation for regulation 2600.132b. An agreement will be drawn with the local fire company that assures that we have an observed fire drill each year. The drills will be scheduled one year from the last completed date. This is with the understanding that there is a 15-day grace period if for some reason we are not able to complete the drill on the date scheduled. This document has not been signed at this time due to the holidays.

Ian Wirls, DHS Compliance Specialist for Acadia, Inc., will be meeting with [REDACTED] on January 29th to have the above mentioned agreement signed. We have also attached the business card of [REDACTED] along with this letter, listing his credentials.

Thank you,

Ian Wirls, DHS Compliance Specialist
Acadia, Inc.


1/3/19

Resident Admission Support Plan (RASP)

The primary purpose of a RASP form is to quickly, safely and accurately inform others of the needs of our clients and our plan on how to best meet those needs that have been identified through the assessment.

When completing a RASP please make sure you follow the steps below:

- Pre-admission screening dated and signed
- DME dated and signed
- Resident information all boxes completed (Part I)
- Assessment and Support Plan Information completed (Part II – III)
- Summary and Determination completed (Part IV)
- Client is present to review, sign and date the RASP after reviewing it.
- Resident and Supervisor's signature and date (Part V). If a resident refuses to sign, please make sure the box is checked and signed.
- Assure that all necessary boxes are checked, and everything is signed.
- Admissions agreement completed, dated and signed

All documents should be filed once everything is completed.

Client's name

Date of last RASP

PCHA/Site Supervisor

Assistant Site Supervisor

WJA
1/3/19

CURRENT STATUS - CONTINUED															
Hearing	Right	Left	R & L	Vision	Right	Left	R & L	Communication							
Adequate				Adequate				<input type="checkbox"/> Clear							
Adequate w/aid				Adequate w/glasses				<input type="checkbox"/> Aphasic <input type="checkbox"/> Dysphasic							
Poor				Poor				Language(s) Spoken: _____							
Deaf				Blind				_____							
Oral Assessment				Eating/Nutrition											
Complete oral cavity exam: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, condition _____				<input type="checkbox"/> Dependent <input type="checkbox"/> Independent <input type="checkbox"/> Needs assist		Food likes _____									
Own teeth: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, condition _____				<input type="checkbox"/> Dysphagic; reason _____		Food dislikes _____									
Dentures: Upper <input type="checkbox"/> Comp <input type="checkbox"/> Part Lower <input type="checkbox"/> Comp <input type="checkbox"/> Part Do dentures fit? <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Adaptive equipment (specify) _____		Bev. preference _____									
				Type/consistency of diet _____		HS snack preferred: <input type="checkbox"/> Yes <input type="checkbox"/> No									
Sleep Patterns				Bathing/Oral Hyg.		Indep. Assist. Dep.		General Grooming		Indep. Assist. Dep.					
Usual bed time _____ a.m./p.m.				Tub				Shave							
Usual arising time _____ a.m./p.m.				Shower				Grooming							
Usual nap time _____ a.m./p.m.				Bed bath				Dressing							
Other _____				Oral hygiene				Shampoo							
Psychosocial Functioning															
FAMILY RELATIONSHIPS:				WHICH WORDS BEST DESCRIBE RESIDENT? <input type="checkbox"/> Alert <input type="checkbox"/> Angry <input type="checkbox"/> Fearful											
Members visit (frequency) _____				<input type="checkbox"/> Noisy <input type="checkbox"/> Friendly <input type="checkbox"/> Cooperative <input type="checkbox"/> Lethargic <input type="checkbox"/> _____											
_____				<input type="checkbox"/> Non-questioning <input type="checkbox"/> Combative											
Closest relationship with _____				ANSWERS QUESTIONS: <input type="checkbox"/> Readily <input type="checkbox"/> Reluctantly <input type="checkbox"/> Inappropriately											
_____				MOOD: <input type="checkbox"/> Passive <input type="checkbox"/> Depressed <input type="checkbox"/> Elated <input type="checkbox"/> Quiet <input type="checkbox"/> Secure											
ORIENTED: <input type="checkbox"/> Yes <input type="checkbox"/> No. if No,				<input type="checkbox"/> Questioning <input type="checkbox"/> Talkative <input type="checkbox"/> Homesick <input type="checkbox"/> Wanders mentally											
DISORIENTED TO: <input type="checkbox"/> Time <input type="checkbox"/> Place				<input type="checkbox"/> Hyperactive <input type="checkbox"/> _____											
<input type="checkbox"/> Person				COMPREHENSION: <input type="checkbox"/> Slow <input type="checkbox"/> Quick <input type="checkbox"/> Unable to understand											
RESIDENT GIVEN EXPLANATION OF/OR INVOLVED IN PLAN OF CARE? <input type="checkbox"/> Yes <input type="checkbox"/> No				MOTIVATION: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor											
RESIDENT ORIENTED TO FACILITY? <input type="checkbox"/> Call light <input type="checkbox"/> Bathroom <input type="checkbox"/> Mealtime <input type="checkbox"/> Activities				PERSONAL HABITS: Smokes? <input type="checkbox"/> Yes <input type="checkbox"/> No Uses alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Bowel and Bladder Evaluation															
Uses: <input type="checkbox"/> Toilet <input type="checkbox"/> Urinal <input type="checkbox"/> Bedpan <input type="checkbox"/> Bedside commode															
BOWEL HABITS: Continent? <input type="checkbox"/> Yes <input type="checkbox"/> No Constipated? <input type="checkbox"/> Yes <input type="checkbox"/> No Laxative used? <input type="checkbox"/> Yes <input type="checkbox"/> No															
Enemas used? <input type="checkbox"/> Yes <input type="checkbox"/> No Last bowel movement _____ a.m./p.m.															
BLADDER HABITS: Continent? <input type="checkbox"/> Yes <input type="checkbox"/> No Dribbles? <input type="checkbox"/> Yes <input type="checkbox"/> No Catheter? <input type="checkbox"/> Yes, type _____ <input type="checkbox"/> No															
Urine color _____ Consistency _____ Time last voiding _____ a.m./p.m.															
Restorative Programs Indicated								Therapy Indicated							
Based on the foregoing assessment, check all that apply.															
<input type="checkbox"/> ROM				<input type="checkbox"/> Dressing/grooming training & skill practice				<input type="checkbox"/> Physical							
<input type="checkbox"/> Splint or brace assistance				<input type="checkbox"/> Eating/swallowing training & skill practice				<input type="checkbox"/> Occupational							
<input type="checkbox"/> Bed mobility training & skill practice				<input type="checkbox"/> Appliance/prosthesis training & skill practice				<input type="checkbox"/> Speech							
<input type="checkbox"/> Transfer training & skill practice				<input type="checkbox"/> Communication training & skill practice				Comments: _____							
<input type="checkbox"/> Walking training & skill practice				<input type="checkbox"/> Scheduled toileting				_____							
				<input type="checkbox"/> Bladder retraining				_____							
Comments: _____								_____							
_____								_____							
Completed by: _____ Date _____															
Signature/Title _____															
NAME-Last			First			Middle			Attending Physician			Record No.		Room/Bed	

WJ 1/3/19

ACADIA Training Record

Name: _____ Training record for the year of: _____

	Date	Source	Content	Length of Course	Certificate (?)	Staff Initials
ex.	1/1/2006	Group training	Discussed fire safety and staff responsibilities.	45 mins.	no	
REQUIRED TRAININGS (2600.65 f1-g6)						
1		Fire Safety Expert (or trained staff)	Fire Safety - By a Fire Safety Expert			
2		Safety Member	Emergency Preparedness Procedures			
3		Local Ombudsman	Resident Rights			
4		Local Ombudsman	Older Adult Protective Service Act (35 P.S. §§ 10225.101-10225.5102)			
5		Red Cross Instructor	Falls and Accident Prevention			
6		RN/trained Med Instr.	Med Self-Administration Training			
7		S.Superisors/Admin.	Pre-admis Screens,RASP,Med Forms			
8		RN or Trained staff	Dementia & Cog impairments Education			
9		Company RN	Infection Control & Health Care Needs			
10		RN or O.T. Dept.	Personal Care Service Needs for clients			
11		Cert. Mandt Trainer	Safe Management Techniques			
12			Serving New Population Groups (if applicable)			
13			Mental Illness/Mental Retardation Care (if applicable)			
14	ALL OTHER COMPANY TRAININGS					
15		Ian Wirls	American heart CPR/First Aide training			
16		Med Trainier/Practicu	Annual Medication Training			
17		Med Trainier/Practicu	Quartly MAR review			
18		Med Trainier/Practicu	6 Month MAR review and Med Pass			
19		Med Trainier/Practicu	Quartly MAR review			
20						

WPA
1/3/19