



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JAN 25 2019

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

RE: Acadia Acquisition 4  
950 Bentley Ridge Boulevard  
Lancaster, Pennsylvania 17602  
Certificate #: 331450

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](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: 33145 - 12/06/2018 - McCloskey, Jason  
 PCH Name: ACADIA ACQUISITION 4

**1. REGULATION 55 Pa.Code §2600**

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

**2a. DESCRIPTION OF VIOLATION**

On 3-6-18, the home was aware of an allegation of abuse against Resident 1. The home did not report the allegation to the local area agency on aging and did not submit a written report to the Department on a form prescribed by the Department.

On 2-28-18, the home was aware of an allegation of abuse against Resident 1. The home did not report the allegation to the local area agency on aging.

**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 Pages 12C, 12D, and 12E

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	Nathanael Haile
--	-----------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Nathanael Haile, PCHA	01/02/2019

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

The above plan of correction is approved as of 1/17/19  
(Date)

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

Plan of correction implementation status as of 1/17/19  
(Date)

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

Violation Report: 33145 - 12/06/2018 - McCloskey, Jason  
 PCH Name: ACADIA ACQUISITION 4

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 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 Pages 12A, 12B, and 12F

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) Nathanael Haile

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Nathanael Haile, PCHA Date 01/02/2019

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Violation Report: 33145 - 12/06/2018 - McCloskey, Jason  
 PCH Name: ACADIA ACQUISITION 4

**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**  
 The home did not perform any Medication Administration Record reviews for Staff person A during the period of 11-4-17 through 12-6-18. This is a required element for the annual medication training.

**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 pages 12B and 12G

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Violation Report: 33145 - 12/06/2018 - McCloskey, Jason  
 PCH Name: ACADIA ACQUISITION 4

**1. REGULATION 55 Pa.Code §2600**  
 2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

**2a. DESCRIPTION OF VIOLATION**  
 Direct care Staff Person A has not completed a Department-approved diabetes education program within the past 12 months. This staff person provides insulin administration to the residents of 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.

See attached pages 12B and 12G

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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Nathanael Haile*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Nathanael Haile, PCHA* Date *01/02/2019*

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Violation Report: 33145 - 12/06/2018 - McCloskey, Jason  
 PCH Name: ACADIA ACQUISITION 4

**1. REGULATION 55 Pa.Code §2600**

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**2a. DESCRIPTION OF VIOLATION**

The pre-admission screening form for Resident 2, admitted 8-21-18, does not include a determination that the home can meet the service needs of the resident.

**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 Pages 12A and 12I

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Nathanael Haile</i>	<i>01/02/2019</i>

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Violation Report: 33145 - 12/06/2018 - McCloskey, Jason  
 PCH Name: ACADIA ACQUISITION 4

**1. REGULATION 55 Pa.Code §2600**

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

**2a. DESCRIPTION OF VIOLATION**

The most recent assessment for Resident 3 was completed on 4-4-18. The previous assessment was completed on 3-17-17.

**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 pages 12A and 12I

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Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Nathanael Haile, PCHA Date 01/02/2019

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Violation Report: 33145 - 12/06/2018 - McCloskey, Jason  
 PCH Name: ACADIA ACQUISITION 4

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 record for Residents 4 does not include any information if the resident has identifying marks.

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 Pages 12A, 12J, and 12K

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Nathanael Haile	Date	01/02/2019
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- Not Implemented

**Nathanael Haile**

950 Bentley Ridge Blvd  
Lancaster PA. 17603  
(717) 475-8944  
nhaile@acadiarehab.com

14 January 2018

**RE: Acadia Acquisition 4, Inspection Report**

To whom this may concern,

Attached is the plan of correction for Acadia Acquisition License number: 331440

1. Regulation 2600.224(a), Regulation 2600.225(c) 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 screening are completed in its entirety going forward. To ensure these violations from reoccurring this process will be audited monthly by the PCHA and residence assistant for errors. Education and training will be provided to personnel involved in the intake and admission processes, including intake coordinator, case manager, as well as PCHA of other sites in consideration of internal acquisition transfers.

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 30 days. 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 31<sup>st</sup>, reviewed in July of 2019, and scheduled for review every 6 months following.

(Additionally: The home's quality management plan will review all of the elements required by 2600.26 (b). At a minimum, the plan will include: The date the administrator and executive staff will review the effectiveness of the reportable incident and condition reporting procedures developed as required by 2600.16 (b), and a plan to correct any errors or inefficiencies identified during a review of all incidents reported within the past year.

(2) The date the administrator and executive staff will review all of the complaints received from residents within the past year, a plan to reduce future complaints, and a review of how the home addressed each complaint in accordance with the requirements of these regulations.

(3) A plan to review all training provided to direct care staff within the past year, addressing which trainings were effective, which were not effective, and what additional training courses would be helpful.

(4) A review of all of the violation reports received within the past year, and a complete self-inspection using the Department's licensing measurement instrument.)

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 29<sup>th</sup>, 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 2600.63(a), Immediately: The PCHA will review the trainings files for all current employees to identify what employees have current training in first aid and certification in obstructed airway techniques and CPR. Prior to implementing a staffing schedule, the PCHA will review the schedule in comparison with the staff members training in CPR, First Aid, and Obstructed airway techniques, to ensure proper staffing levels will be achieved.

In relation to 2600.190 (a), and 190 (b), the identified staff person hasn't had the necessary annual practicum requirements for 190 (a) and hasn't had the necessary annual diabetes training for 190 (b). 2600.190 (a) Immediately: Staff person A shall have a medication Administration Record review and a medication Administration Observation performed by a certified trainer. A subsequently medication Administration Record review and a medication Administration Observation will be performed for this staff person within the next 4-month period. 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. This audit shall be performed within 10 days of this plan. Staff member who do not have the training required by the regulation will not perform medication administration.

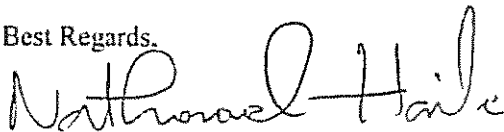
2600 (b) The identified staff person will not perform insulin administration until successful completion of the Department-approved diabetes patient education program. The PCHA will immediately audit the trainings of the staff who perform insulin administration to ensure that all staff members with this job duty have the requisite training. This audit shall be completed within 10 days of this plan. Staff members who do not have the training required by the regulation will not perform insulin administration.

2600.65 (b) Attached training record will be utilized to make sure Acadia employee completed First Aid/CPR card. I have also included Acadia's training log that has been revised to assure all required trainings are being documented properly. The form includes dates of required trainings, medication, diabetes trainings, expiration dates, CPR/First Aide and persons 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. The PCHA will also be responsible to complete monthly audits on trainings and communicate with the staff and DHS medication trainer to assure they have completed the Department-required trainings.

6. Regulation 2600.125 (b) Attached is a receipt of the purchased patio storage unit. The propane tank that were on the patio at the time of inspection were removed immediately. The storage unit were purchased on January 8, 2019 and placed on the patio of Acadia Acquisition 4 on January 9, 2019. The PCHA will check once a month to ensure the storage unit are in good condition.

7. Regulation 2600.15 (a) Attached Acadia incident reporting flow chart will used by Acadia employee when incidents are witnessed or reasonable cause to suspect abuse. This form will assist ACADIA employee's with situations when abuse is suspected and what steps to follow when reporting the incident. Acadia also provides a yearly training to educate staff on proper reporting and how to report suspected abuse. In addition to the annual training, within 20 days from the date of this plan, all staff members will receive re-education on the types of abuse, how to identify abuse, and required reporting procedures. Documentation of this re-education will be retained by the home for Department review. The PCHA and the director of the residential program will be the initial support in guiding staff, case management and other Acadia employees on proper reporting procedures. The PCHA will also review all documents on the monthly basis to ensure accuracy on reported documents.

Best Regards,

A handwritten signature in black ink that reads "Nathanael Haile". The signature is written in a cursive style with a large, prominent initial 'N'.

Nathanael Haile, PCHA  
Acadia, Inc.

### ACADIA INCIDENT REPORTING FLOW CHART

01-02-2010  
Nathaniel H. [unclear]

**Incident Occurs:**  
Witnessed or reasonable cause to suspect

Assure health and safety of participant  
If emergency, call 911/Crisis Intervention: 717-394-2631  
Provide First Aid if needed

Evaluate APS definitions (see reverse side)  
Is the incident: abuse (physical, verbal, emotional, sexual/sexual harassment), neglect, exploitation, abandonment, serious injury, serious bodily injury, or suspicious death?

**YES**

Notify Case Manager, Site Supervisor, & immediate Supervisor of incident.  
Immediately make oral report to Protective Services Hotline: 1-800-490-8505

For sexual abuse, serious bodily injury, serious injury, or suspicious death:  
Immediately call:  
East Lampeter Police 717-664-1180 and DHS APS Division: 717-265-7887 and follow prompts

Submit written report to APS and police (if applicable) no later than **48 hours** after incident.  
APS Fax: 484-434-1590

Give copy of written report to Case Manager

Fill out Acadia Incident Report, no later than **24 hours** after incident

Site Supervisor → reports to DHS (24 hrs)  
Case Manager → reports to OLTL & SC (48 hrs)

**NO**

What type of incident is this?  
(see column on Acadia Incident Report)

**RECORDABLE INCIDENT**  
(internal Acadia report only)

Fill out Acadia Incident Report, no later than **24 hours** after incident

Place Acadia Incident Report in Incident Report box in mailroom

**REPORTABLE INCIDENT**  
(requires reporting to external agencies)

Inform Site Supervisor & Case Manager of incident immediately

Fill out Acadia Incident Report ASAP

Make copies of Acadia Incident Report and give to Site Supervisor & Case Manager

Site Supervisor → reports to DHS (24 hrs)  
Case Manager → reports to OLTL & SC (48 hrs)

Revised: 9-14-2018

01/02/2019  
 Nathaniel Haire

**ACADIA Training Record**

Name: \_\_\_\_\_ Training record for the year of: \_\_\_\_\_

ex.	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. Supervisors/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)			

**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						

This training will be handling out, follow sheet at residences and direct staff to report APS

**Quality Management Plan**

**Date 01-02-2019**

**Acadia Acquisition 4 (Bentley B4)**

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

**Discussed Agenda**

**B4: 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 4.

**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.

Nathaniel Haile  
01-02-2019

ACADIA Training Record

Name: \_\_\_\_\_ Training record for the year of \_\_\_\_\_

ex.	Date	Source	Content	Length of Course	Certificate (?)	Staff Initials
	1/1/2006	Group training	Discussed fire safety and staff responsibilities.	45 mins.	no	
<b>REQUIRED TRAININGS (2800.05 11-96)</b>						
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	Other Adult Protective Service Act (35 P.S. §§ 10225.101-10225.103)			
5		Red Cross Instructor	Falls and Accident Prevention			
6		RN/trained Med Instr	Med Self-Administration Training			
7		5 Supervisors/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)			
<b>ALL OTHER COMPANY TRAININGS</b>						
15		Ian Wilds	American heart CPR/First Aide training			
16		Med Trainer/Practicu	Annual Medication Training			
17		Med Trainer/Practicu	Quarly MAR review			
18		Med Trainer/Practicu	6 Month MAR review and Med Pass			
19		Med Trainer/Practicu	Quarly MAR review			
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01-02-2019  
 Nathaniel Hale

January 2, 2019

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

RE: Acadia Acquisition (4), 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 29<sup>th</sup> 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.

01/02/2019  
Nathaniel Haile

## 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.

RASP should be filed once everything is completed.

\_\_\_\_\_  
Client's name

\_\_\_\_\_  
Date of last RASP

\_\_\_\_\_  
PCHA/Site Supervisor

\_\_\_\_\_  
Assistant Site Supervisor

Revised 12/28/18

01/02/2019  
Nathaniel Haire

Acadia Acquisition 4  
950 Bentley Ridge Blvd  
Lancaster PA 17603

January 2, 2019

To whom this may concern

Attached I have included the form that our facility will include in our residents file, which includes a description of the clients "identifying marks, which will address violation 2600.252. The PCHA's will work with nursing to properly complete this form for each client in the residence.

Please let me know if you need further information about this form.

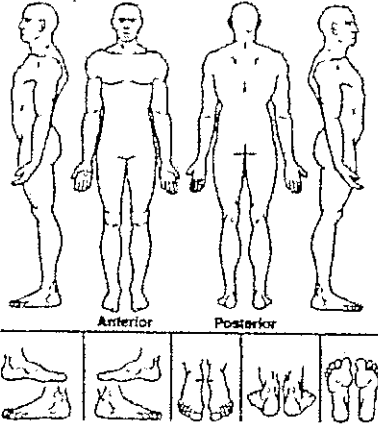
Best Regards,

Nathanael Haile, B.B.A, PCHA

01-02-2019  
Nathanael Haile

01-02-2019  
Nathaniel Haile

### ADMISSION NURSING ASSESSMENT

STATUS UPON ADMISSION			
<b>Admission Notes</b>	<b>Allergies</b>		
Date of admission _____ Time _____ a.m. p.m.	Meds _____		
Transported by _____	Food _____		
Accompanied by _____	Other _____		
Age _____ Sex _____ Weight _____ Height: _____ Ft. _____ In.			
Vitals: T _____ P _____ ( <input type="checkbox"/> Reg <input type="checkbox"/> Irreg ) R _____ B/P _____			
Attending physician notified? <input type="checkbox"/> No <input type="checkbox"/> Yes, date/time _____ a.m. p.m.	<b>Skin Condition</b>		
Diagnosis: _____ Date last chest x-ray or PPD _____	Using the diagrams provided, indicate all body marks such as old/recent scars (surgical and other), bruises, discolorations, abrasions, pressure ulcers, or questionable markings. Indicate size, depth (in cms), color and drainage.		
<p style="text-align: center;"><b>PAIN</b></p> <p>(As described by resident/representative)</p> <p><b>Frequency:</b></p> <input type="checkbox"/> No pain <input type="checkbox"/> Daily, but not constant <input type="checkbox"/> Less than daily <input type="checkbox"/> Constant <p><b>Location:</b> _____</p> <p><b>Intensity:</b></p> <input type="checkbox"/> No pain <input type="checkbox"/> Severe pain <input type="checkbox"/> Mild pain <input type="checkbox"/> Horrible pain <input type="checkbox"/> Distressing pain <input type="checkbox"/> Excruciating pain <p>Pain on admission:</p> <input type="checkbox"/> No <input type="checkbox"/> Yes, describe _____	<p style="text-align: center;"><b>Identify Site on Diagram Below</b></p> <div style="text-align: center;">  <p>Anterior      Posterior</p> </div> <p style="text-align: center;"><b>COMMENTS:</b> _____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;"><b>SPECIAL TREATMENTS &amp; PROCEDURES:</b></p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> See Pressure Ulcer Record</p>		
<b>CURRENT STATUS</b>			
<b>General Skin Condition</b>	<b>Physical Status (describe if applicable otherwise indicate NA)</b>		
Check all that apply.	Paralysis/paresis-site, degree _____		
<input type="checkbox"/> Reddened <input type="checkbox"/> Pale <input type="checkbox"/> Jaundiced	Contracture(s)-site, degree _____		
<input type="checkbox"/> Cyanotic <input type="checkbox"/> Ashen	Congenital anomalies _____		
<input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Oily <input type="checkbox"/> Warm <input type="checkbox"/> Cold	Prosthesis: _____		
<input type="checkbox"/> Edema, site _____	Other _____		
<b>Functional Status</b>			
<b>TRANSFERS-ABLE TO TRANSFER</b>	<b>AMBULATION-ABLE TO AMBULATE</b>	<b>SUPPORTIVE DEVICES USED:</b>	
<input type="checkbox"/> Independently	<input type="checkbox"/> Independently	<input type="checkbox"/> Elastic hose <input type="checkbox"/> Footboard	
<input type="checkbox"/> 1 person assist	<input type="checkbox"/> 1 person assist	<input type="checkbox"/> Bed cradle <input type="checkbox"/> Air mattress	
<input type="checkbox"/> 2 person assist	<input type="checkbox"/> 2 person assist	<input type="checkbox"/> Sheepskin <input type="checkbox"/> Eggcrate	
<input type="checkbox"/> Total assist	<input type="checkbox"/> With device	<input type="checkbox"/> Hand rolls <input type="checkbox"/> Sling <input type="checkbox"/> Trapeze	
	Type _____	<input type="checkbox"/> Other _____	
<b>WEIGHT BEARING-ABLE TO BEAR</b>	<input type="checkbox"/> Wheelchair only	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Full weight	<input type="checkbox"/> Wheelchair/propels self		
<input type="checkbox"/> Partial weight	<input type="checkbox"/> Bedrest		
<input type="checkbox"/> Non-weight bearing			
<b>Drug Therapy</b>			
<b>DRUG</b>	<b>DOSE/FREQUENCY</b>	<b>DRUG</b>	<b>DOSE/FREQUENCY</b>
1		6	
2		7	
3		8	
4		9	
5		10	
NAME-Last	First	Middle	Attending Physician
			Record No.
			Room/Bec