



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 09 2019

Ms. Robin L. Dowling  
Chief Compliance Officer  
Stairways Behavioral Health, Inc.  
2185 West Eighth Street  
Erie, Pennsylvania 16505

RE: Stairways  
810 Walnut Street  
Erie, Pennsylvania 16502  
Certificate #:407590

Dear Ms. Dowling:

As a result of the Department's Bureau of Human Services Licensing annual inspection on January 15, 2019, 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 that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
Violation Report



Violation Report: 40759 - 01/15/2019 - Gillette, Lori  
 PCH Name: STAIRWAYS

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 Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/2016, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from any fossil fuel device or appliance. There is no carbon monoxide detector installed near the gas stove in the kitchen.

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 A carbon monoxide detector was installed by maintenance at the time of inspection. It is located within 15 feet of the stove, in the dining room

② The Wilkins Company, Inc., who runs our monthly fire drills, inspect the carbon monoxide biannually.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jessica R. Bresh RH Administration</i>	Date <i>3.20.19</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of <u>4/19/19</u> (Date)	Plan of correction implementation status as of <u>4/19/19</u> (Date)
The above plan of correction was approved by <u><i>JWB</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40759 - 01/15/2019 - Gillette, Lori  
 PCH Name: STAIRWAYS

1. REGULATION 55 Pa.Code §2600  
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 A 1 1/2 inch strip along the lower inside edge of the fire exit door in the south stairwell is rusting and has holes in it.

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 A new door was installed to replace the rusted door.  
 ② Pictures will be attached to this corrected plan as proof of the fix.

Immediately and at least monthly thereafter: A designated staff person will check the home to ensure floors, walls, ceilings, windows doors and surfaces are clean, in good repair and free of hazards. *JW* 4/19/19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Jessica R Gresh*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jessica R Gresh PCH Administrator</i>	Date <i>3.20.19</i>
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Violation Report: 40759 - 01/15/2019 - Gillette, Lori  
 PCH Name: STAIRWAYS

1. REGULATION 55 Pa.Code §2600  
 2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION  
 At 11:45 a.m., there were 2 used and unlabeled bars of soap on the bathroom counter in bedroom A2.

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 Soap dishes were purchased for all double rooms. Labels were added for identification.
  - ② Purchase orders are attached to this violation as proof of purchase.
  - ③ for continuous checks to ensure that each resident has their own soap dish, this was added to a check sheet that staff used to check for things needed around the building. Reference page 5.
- weekly *JW* 4/19/19

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jessica Fresh PCH Admin.</i>	Date <i>3.19.19</i>
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Violation Report: 40759 - 01/15/2019 - Gillette, Lori  
 PCH Name: STAIRWAYS

**1. REGULATION 55 Pa.Code §2600**  
 2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

**2a. DESCRIPTION OF VIOLATION**  
 The home does not have an emergency evacuation diagram on the ground floor level. The home currently serves 23 residents.

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

① The evacuation diagram was replaced in the designated area at the time of inspection.

② Evacuation diagrams were added to the checklist of items that need to be hanging in the building. PCH Administrator will check, at least, monthly to ensure appropriate documents are hanging.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jessica R. Gresh*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jessica R. Gresh PCH Administrator*      Date *3.19.19*

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Violation Report: 40759 - 01/15/2019 - Gillette, Lori  
 PCH Name: STAIRWAYS

1. REGULATION 55 Pa.Code §2600  
 2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION  
 The fire extinguisher outside of the home's smoking room has no inspection tag.

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 This fire extinguisher was removed by Maintenance at the time of inspection.  
 ② The Wilkins Company, Inc. inspects the fire extinguishers Monthly and are removed annually to be tested and charged.  
 ③ PCH Administrator will also inspect them, at least quarterly, to ensure tags are present.

Within 15 days of receipt of the plan of correction: The administrator or designee will develop and implement a tracking system to ensure all fire extinguishers are inspected and approved annually by a fire safety expert. *JW* 4/19/19

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/23/2018
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jessica R Bresh PCH Administrator</i>	Date <i>3.19.19</i>
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Violation Report: 40759 - 01/15/2019 - Gillette, Lori  
 PCH Name: STAIRWAYS

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

2a. DESCRIPTION OF VIOLATION  
 The last fire drill observed by a fire safety expert was conducted on 1/7/17. Also, the last fire safety inspection conducted by a fire safety expert was on 11/16/17.

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

- ① 1.22.19 a supervised fire drill was completed.
- ② Supporting documentation provided.
- ③ This administrator has a reminder in BHSZ Binder as a reminder to not allow this drill to lapse.

A new fire safety inspection was conducted by a fire safety expert on 1/29/19. *JW* 4/19/19

Repeat Violation: No	Date(s) of Previous Violation(s):			
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 (Required on EVERY Page) *Jessica R Fresh*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jessica R Fresh PCH Administrator</i>	Date <i>3.19.19</i>
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Violation Report: 40759 - 01/15/2019 - Gillette, Lori  
 PCH Name: STAIRWAYS

1. REGULATION 55 Pa.Code §2600  
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The home has not had a safe evacuation time designated in writing by a fire safety expert in the past year. The home's fire drill evacuation times were as follows:

- the drill on 3/20/18 at 2:45pm took 3 minutes
- the drill on 7/23/18 at 2:57am took 2 minutes 57 seconds
- the drill on 11/29/18 at 6:58 am took 3 minutes and 30 seconds.

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 January 24, 2019 this PCH received documentation supporting that the PCH evacuation time is 6 minutes. Supporting documentation is as followed.

② PCH Administrator will ensure that this annual inspection will be completed before January 29, 2019 to ensure safe exit times.

Fire drills conducted in February and March 2019 were within the designated safe evacuation time. *JW* 4/19/19

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Jessica R. Bush</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Jessica R. Bush PCH Administrator</i>	<i>3.19.19</i>

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Violation Report: 40759 - 01/15/2019 - Gillette, Lori  
 PCH Name: STAIRWAYS

1. REGULATION 55 Pa.Code §2600  
 2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION  
 During the fire drill on 7/23/18 at 2:57am, 5 staff people participated. However, the average number of staff people on duty at this time is 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.

- ① The Wilkins Company Inc. runs our fire drills. They also document in our fire drill logs.
- ② The average number of staff on third shift is 2, however it is my belief that Wilkins staff had <sup>included</sup> ~~documented~~ the staff in the program upstairs to the PCH.
- ③ Staff of the PCH were educated on fire drill log documentation and were instructed to double check the log following all fire drills.
- ④ PCH Administrator will also double check for <sup>correct</sup> ~~documented~~

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

Signature of Legal Entity Representative  
 (Required on EVERY Page)      Jessica Bresh

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)      Jessica R Bresh PCH Administrator      Date      3.20.19

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Violation Report: 40759 - 01/15/2019 - Gillette, Lori  
 PCH Name: STAIRWAYS

1. REGULATION 55 Pa.Code §2600  
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION  
 During the fire drill conducted on 3/20/18 at 2:45pm, there were 17 resident in the home but only 15 residents were evacuated.  
 During the fire drill conducted on 4/30/18 at 3:15pm, there were 19 residents in the home but only 18 residents were evacuated.

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 PCH Staff meeting is scheduled for April 4, 2019. During this meeting fire drill documentation will be discussed.

② A documentation sheet was added to the BHSL Binder that identifies anytime an individual is not able to evacuate due to being on hospice care. This will be a quick reference for times when an individual doesn't evacuate.

③ Staff will also be educated on if there are any residents that do not evacuate, then another drill needs to be run in the same month. \*See Below

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 (Required on EVERY Page) *Jessica R. Bush*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Jessica R. Bush PCH Administrator*      Date *3.20.19*

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\*Immediately: If the home wishes to not evacuate a resident who is receiving hospice and in the active dying phase for a fire drill, all aspects of 2600.29a-2600.29a-b11 shall be followed and documentation of compliance kept. *JW* 4/19/19

Violation Report: 40759 - 01/15/2019 - Gillette, Lori  
 PCH Name: STAIRWAYS

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

2a. DESCRIPTION OF VIOLATION  
 The medical evaluation for resident #1, dated 5/3/18, does not include a list of medications.  
 The medical evaluation for resident #2, dated 5/4/18, does not include a list of medications.

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

① During a staff meeting with the clinical care team, this violation was discussed, 3.19.20. Staff were informed that all med lists need to be attached to the DME or handwritten in.

② This has since been corrected.

③ A chart audit was completed to ensure all DMEs had a med list attached or was written.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Jessica R Bush*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Jessica R. Bush PCH Administrator* Date *3.20.19*

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Violation Report: 40759 - 01/15/2019 - Gillette, Lori  
 PCH Name: STAIRWAYS

1. REGULATION 55 Pa.Code §2600  
 144(c)(2) Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

2a. DESCRIPTION OF VIOLATION  
 There was a large garbage can, filled with styrofoam cups and papers, in the home's smoking room.

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 The garbage can was removed at the time of inspection.
- ② The cleaning crew and staff were educated that such flammable materials can't be present in the Smoking Room.
- ③ All garbage cans were relocated that were in close proximity to the Smoking room so that they couldn't easily be moved into the Smoking Room.

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 (Required on EVERY Page) *Jessica R Fresh*

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 (Required on EVERY Page) *Jessica R Fresh PCH Administrator*      Date *3.20.19*

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Violation Report: 40759 - 01/15/2019 - Gillette, Lori

PCH Name: STAIRWAYS

**1. REGULATION 55 Pa. Code §2600**

2600.185(a) - The homes 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 #3's glucometer is not set for the current date.

Resident #3 is ordered blood glucose checks 4 times daily, at morning, afternoon, evening and bedtime. The glucometer reading did not match the documented blood glucose reading on the MAR on the following occasions:

- 1/1/19 (morning) glucometer read 191, staff recorded 271 on blood sugar log and MAR
- 1/1/19 (afternoon) glucometer read 223, staff recorded 181 on blood sugar log and MAR
- 1/2/19 (morning) glucometer read 180, staff recorded 160 on blood sugar log and MAR
- 1/2/19 (afternoon) glucometer read 215, staff recorded 165 on blood sugar log and MAR
- 1/4/19 (bedtime) glucometer read 211, staff recorded 180 on blood sugar log and MAR
- 1/5/19 (afternoon) glucometer read 175, staff recorded 160 on blood sugar log and MAR
- 1/6/19 (afternoon) glucometer read 161, staff recorded 141 on blood sugar log and MAR
- 1/7/19 (evening) glucometer read 85, staff recorded 80 on blood sugar log and MAR
- 1/8/19 (evening) glucometer read 213, staff recorded 180 on blood sugar log and MAR
- 1/9/19 (morning) glucometer read 175, staff recorded 155 on blood sugar log and MAR
- 1/9/19 (afternoon) glucometer read 180, staff recorded 170 on blood sugar log and MAR
- 1/11/19 (evening) glucometer read 128, staff recorded 138 on blood sugar log and MAR
- 1/13/19 (afternoon) glucometer read 183, staff recorded 160 on blood sugar log and MAR

**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 Staff meeting, scheduled 4.4.19, will discuss the implementation of checking glucometers to ensure calibration (monthly) at the same time our MARs are being changed for the next month.
- ② 3rd shift will complete these checks <sup>monthly</sup> to ensure calibration. -and to ensure blood glucose readings are accurately recorded on the residents MARs.
- ③ On the sheets that are used to send to providers. (JW) 4/19/19

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jessica R Bush*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jessica R Bush PCH Admin.*      Date *3.20.19*

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Plan of correction implementation status as of 4/19/19 (Date)

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

Violation Report: 40759 - 01/15/2019 - Gillette, Lori  
 PCH Name: STAIRWAYS

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

2a. DESCRIPTION OF VIOLATION

-Resident #2 is prescribed Terbenafine Cream 1% to be applied between toes on bilateral feet 2 times daily. This medication has not been available for administration in the home since 1/4/19.

-Resident #5 is prescribed Ketoconazole cream 2% to be applied to skin twice a week. This medication is not available for administration 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 Resident #5 - Medication was reordered. Staff documented that she received this medication 1.4.19, 1.8.19, 1.12.19, and refused the cream 1.16.19. Resident #5 did not miss a dose, other than refusing it.

② Resident #2 - Terbenafine Cream 1%. was prescribed. While in a treatment program without refills. Resident is scheduled to see PCP on 3.25.19 to see if they want to continue with this medication or discontinue it. PCP would not refill the medication without seeing Resident.

③ PCH Administrator completed a med room audit for all medications, routine and PRN, to ensure we had all medications on site, on 1.18.19.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Jessica R. Bush*

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

Jessica R. Bush PCH Administrator

Date 3.20.19

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 (Date)

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Violation Report: 40759 - 01/15/2019 - Gillette, Lori  
 PCH Name: STAIRWAYS

1. REGULATION 55 Pa.Code §2600  
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION  
 Resident #1's assessment, dated 7/9/18 does not include the diagnoses of Hypothyroidism, Dyspesia, Jejunitis, Lactose Intolerance, Chronic Constipation and Osteoporosis as indicated on the medical evaluation, dated 5/3/18.  
 Resident #2's assessment, dated 4/27/18, does not include the diagnosis of depression as indicated on the medical evaluation, dated 5/4/18.

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 At a clinical staff meeting on 3.19.19, staff completing RASPs were re-educated that the diagnosis listed in the RASP need to match the DME.

② A chart audit was completed by the PCH Administrator to ensure all RASP and DME diagnosis match.

③ RASPs and DME documentation will be reviewed by the PCH administrator or another clinical staff member to ensure that the diagnosis match.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Jessica R Bush*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *JESSICA R Bush PCH Administrator*      Date *3.20.19*

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

The above plan of correction is approved as of <u>4/19/19</u> (Date)  The above plan of correction was approved by <u><i>JW</i></u> (Initials)	Plan of correction implementation status as of <u>4/19/19</u> (Date)  <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
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