



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 11 2019

Ms. Kathy Nelson
Administrator
Nelson Golden Years, Inc.
PO Box 446
Dubois, Pennsylvania 15801

RE: Nelson's Golden Years
137 Oklahoma Cemetery Road
Dubois, Pennsylvania 15801
Certificate #: 448680

Dear Ms. Nelson:

As a result of the Department's Bureau of Human Services Licensing annual inspection on January 31, 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.

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,

Jacqueline L. Rowe
Director

Enclosure
Violation Report

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

PCH Name: NELSON S GOLDEN YEARS		License Number: 44868
Address: 137 OKLAHOMA CEMETARY ROAD, DUBOIS, PA 15801		County: Clearfield
Administrator: KATHY NELSON		Region: WEST
Legal Entity Name: NELSON GOLDEN YEARS INC		
Legal Entity Address: PO BOX 446, DUBOIS, PA 15801		RECEIVED
Certificate(s) of Occupancy I-2 07/08/2011 Bureau of Veritas NA, Inc		MAR 15 2019 Western Region
Staffing Hours		
Resident Support: 0	Total Daily Staff: 50	Waking Staff: 38
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 01/31/2019: Georgoulis, Karen; Garrigan, Laurie; McConnell, Deb		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 60 ✓ Number of Residents Served: 46 ✓ Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 ✓ Number of Hospice Residents In past year: 13 ✓		Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 44 Have Mental Illness: 11 Have an Intellectual Disability: 1 Have a Mobility Need: 4 Have a Physical Disability: 0

Violation Report: 44868 - 01/31/2019 - Georgoulis, Karen
PCH Name: NELSON S GOLDEN YEARS

Western Region

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

On 1/31/19 at approximately 10:25 am., Residents #1, #2, and #3 all had audio monitoring devices in their individual rooms. The receiving units are located on the counter in the small kitchen. The devices have been in use since the residents' admission to the home as follows:

- * Resident #1 admitted 6/12/15.
- * Resident #2 admitted 2/05/18.
- * Resident #3 admitted 12/30/14.

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 Page 2A of 9

See attached plan of correction pg. 2A

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/15/2018
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Signature of Legal Entity Representative
(Required on EVERY Page) *Kathy Kilgore*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kathy Kilgore Administrator</i>	Date <i>3-14-19</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3/18/19
(Date)

Plan of correction implementation status as of 3/18/19
(Date)

The above plan of correction was approved by *Eg*
(Initials)

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

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MAR 15 2019

Western Region

NELSON'S GOLDEN YEARS PLAN OF CORRECTION FOR VIOLATION REPORT 448680

REGULATION 2600.42(s)

1. Why is this regulation important? It protects residents' right to privacy
2. How was the regulation violated? Baby monitors were placed in resident # 1, #2, #3 rooms for safety during the night to alert staff if they got out of bed without assistance between routine bed checks. These monitors were not placed in residents' rooms upon admission. They were placed after the residents had either fallen from getting out of bed without assistance or they got up to go to the bathroom and got turned around and wandered into another resident's room. Resident #1- son unplugged monitor when he came to visit, resident #2 is not in his room during the day, he is only in his room at night to sleep, resident #3 monitor was unplugged during the day.
3. What caused the violation? Baby monitor receivers were found on the counter in the small kitchen during annual state inspection. Audio devices are not permitted, it was a violation of resident's privacy.
4. What can be done right away to fix the violation? Baby monitors were immediately removed from resident's room and receivers were removed from small kitchen by assistant administrator. A bed alarm was placed on resident #2 bed. Resident #1 and #3 no longer attempt to get up on their own.
5. What can we do to prevent future violations? Baby monitors or any type of audio monitoring device will not be used in the personal care home.
6. Who will be responsible for preventing future violations? Administrator or assistant administrator will make sure there is not use of baby monitors or any other type of audio monitoring devices used.

Immediately: All staff persons shall be educated on all resident rights including the right to privacy. 3/18/19

Ej

Kathy Kilgore Administrator 2A
Kathy Kilgore
 3/18/19 *Ej*

Violation Report: 44868 - 01/31/2019 - Georgoulis, Karen
PCH Name: NELSON S GOLDEN YEARS

Western Region

1. REGULATION 55 Pa.Code §2600

2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- (1) The name, position and duties of each direct care staff person.
- (2) The required training courses for each staff person.
- (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

2a. DESCRIPTION OF VIOLATION

The annual staff training plan for 2019 did not include the following criteria, to include:

- * The name, position and duties of staff persons.
- * The dates, times for credited hours and locations of the scheduled training for each staff person for the upcoming year.

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 Page 3A of 9

*See attached plan
of correction pg 3A*

Repeat Violation: No

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(Required on EVERY Page)

Kathy Kilgore

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

Kathy Kilgore Administrator

Date

3-14-19

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(Initials)

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MAR 15 2019

NELSON'S GOLDEN YEARS PLAN OF CORRECTION FOR VIOLATION REPORT448680

Western Region

REGULATION 2600.66(b)

1. Why is this regulation important? Ensures residents receive high quality and consistent care by properly trained staff members.
2. How was the regulation violated? The staff training plan did not include all of the required information. The names of staff persons, date, times credited and location was included on a sign off sheet the staff signs at the time of each training.
3. What caused the violation? Staff training plan for upcoming years only included the month of the training and the topic of each training.
4. What can be done right away to fix the violation? Missing information, such as name and position of each staff member, date, time for credited hours and location of training was added to the training plan.
5. What can we do to prevent future violations? All future staff training plans will include required information.
6. Who will be responsible for preventing future violations? Activities director will be responsible for the annual staff training plan.

Kathy Kilgore Administrator

Kathy Kilgore

pg 3A

3/18/19 *EJ*

MAR 15 2019

Violation Report: 44868 - 01/31/2019 - Georgoulis, Karen

PCH Name: NELSON S GOLDEN YEARS

Western Region

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

On 1/31/19, at approximately 10:30 a.m., there were no emergency telephone numbers posted on or by the phone base for the portable phone in the main kitchen. No emergency numbers were posted on the portable phone.

On 1/31/19 at approximately 10:32 a.m., there were no emergency telephone numbers posted on or by the telephone in the "Med room". Emergency telephone numbers posted on a bulletin board in the Med room and resident bedrooms C5, C6, C8 and D2 did not include the number for the Emergency Management Agency, only indicating "911".

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 Page 4A of 9

*See attached plan
of correction pg 4A*

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MAR 15 2019

Western Region

NELSON'S GOLDEN YEARS PLAN OF CORRECTION FOR VIOLATION REPORT 448680

REGULATION 2600.91

1. Why is this regulation important? Facilitates a quick response from the appropriate agency in the event of an emergency and allows staff and residents to contact the Department to report complaints in privacy.
2. How was the regulation violated? Emergency phone numbers were not posted near the phone in the main kitchen. Emergency numbers were actually posted in the med room on the bulletin board. The phone number for Emergency Management Agency was listed as 911, instead of the direct phone number, in the med room and resident rooms C5, C6, C8 and D2.
3. What caused the violation? The actual phone number for Emergency Management Agency was not listed, the only number indicated was 911. Emergency numbers were not posted on/near the phone in the main kitchen.
4. What can be done right away to fix the violation? Phone numbers were immediately posted in the main kitchen beside the phone. Emergency Management Agency phone number was added to the list of phone numbers in addition to 911.
5. What can we do to prevent future violations? Make sure all emergency number postings include actual phone numbers in addition to 911. Check all resident rooms and phones throughout the facility monthly to be sure emergency telephone numbers are posted.
6. Who will be responsible for preventing future violations? The activities director will be responsible to do monthly checks to make sure correct emergency numbers are posted in residents rooms and anywhere there is a phone throughout the facility.

Kathy Kilgore Administrator
Kathy Kilgore

pg 4A
 3/18/19 *Ej*

MAR 15 2019

Violation Report: 44868 - 01/31/2019 - Georgoulis, Karen
PCH Name: NELSON S GOLDEN YEARS

Western Region

1. REGULATION 55 Pa.Code §2600
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
On 1/31/19 at approximately 9:49 a.m., the temperature of freezer #4, in the locked freezer room, measured 5 degrees Fahrenheit. A recheck at 12:09 p.m. and 1:09 p.m., the temperature measured 4 degrees Fahrenheit.

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 Page 5A of 9

*See attached plan
of correction pg 5A*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kathy Kilgore

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

Kathy Kilgore

Date *3-14-19*

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MAR 15 2019

Western Region

NELSON'S GOLDEN YEARS PLAN OF CORRECTION FOR VIOLATION REPORT 448680

REGULATION 2600.103(f)

1. Why is this regulation important? Ensures foods are stored at safe temperatures.
2. How was the regulation violated? Freezer #4 temperature read above 0 degrees Fahrenheit during annual inspection.
3. What caused the violation? Freezer #4 temperature did not drop below 0 degrees Fahrenheit after being checked 3 different times by the inspector.
4. What can be done right away to fix the violation? The maintenance person called the freezer repairman after the second reading was found to be 4 degrees Fahrenheit. Repairman came in right away to check the freezer and could not find anything wrong. He check the temperature with his own digital thermometer and it read below zero. Maintenance person bought a new digital thermometer to check freezer temperatures. The new thermometer was read 24 hours later and freezer #4 was below zero.
5. What can we do to prevent future violations? Maintenance person will check the freezer temps every week to ensure correct temperatures. The employee responsible for ordering groceries each week will also check temperatures when he/she is placing their order.
6. Who is responsible for preventing future violations? Maintenance person will be responsible for keeping the freezer temperatures at or below zero.

Kathy Kilgore Administrator pg 5A
Kathy Kilgore

MAR 15 2019

Violation Report: 44868 - 01/31/2019 - Georgoulis, Karen
PCH Name: NELSON S GOLDEN YEARS

Western Region

1. REGULATION 55 Pa.Code §2600

2600.161(d) - A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

According to the National Dysphagia Diet, a pureed diet is defined to "Avoid bread not pureed or slurred. No foods requiring bolus formation, controlled manipulation or mastication. Resident #2 is prescribed a mechanical soft diet and is assessed to need the assistance of staff during meals. However, on 1/31/19 at 12:15 p.m., resident #2 was served a plate with chicken salad, potato salad with approximately nickel size potato chunks and two small whole powdered donuts. The resident was observed eating his/her lunch. Resident #2 was not provided any assistance by staff present, who were busy serving and assisting other 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.

See Page 6A of 9

All attached plan of correction pg 6A

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kathy Kilgore*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kathy Kilgore Administrator* Date *3-14-19*

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

RECEIVED

MAR 15 2019

Western Region

NELSON'S GOLDEN YEARS PLAN OF CORRECTION FOR VIOLATION REPORT 448680

REGULATION 2600.161(d)

1. Why is this regulation important? Not following special dietary needs may generate dire health consequences for the resident.
2. How was the regulation violated? Resident is on a mechanical soft diet and is to be supervised during meals, his plate was not prepared before aide placed it on the table for him. Aide continued to serve other residents before she sat down with resident to assist/supervise him during his meal.
3. What caused the violation? Special diet plate was not prepared before leaving the kitchen, staff left the resident at the table alone with unprepared plate and no supervision.
4. What can be done right away to fix the violation? Food should have been prepared correctly immediately and staff should have stayed with the resident once the plate was placed in front of him.
5. What can we do to prevent future violations? Special diets/food will be prepared by the dietary staff before leaving the kitchen. Plates will not be placed in front of residents that require supervision until staff if available to stay with them.
6. Who will be responsible for preventing future violations? Dietary staff will be responsible for preparing all plates before they leave the kitchen. Aides will be responsible to remain with residents that require supervision or assistance .

Immediately: All staff persons preparing or serving food shall be educated on the resident specific dietary needs. 3/18/19



Kathy Kilgore Administrator
Kathy Kilgore

pg 6A

3/18/19



Violation Report: 44868 - 01/31/2019 - Georgoulis, Karen
PCH Name: NELSON S GOLDEN YEARS

MAR 15 2019

Western Region

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #4's is prescribed NovoLOG Injector Flexpen, inject 20 units subcutaneously three times daily plus sliding scale as directed and is indicated in the January Medication Administration Record (MAR) with the sliding scale as follows: NovoLOG inj flex pen 100/ML - inject 20 units subcutaneously before meals and at bedtime if blood sugar is:

below 60 or over 500 call MD

- 61-150=0u
- 151-200=2u
- 201-250=4u
- 151-300=6u
- 301-350=8u
- 351-400=10u
- 401-450=12u
- 451-500=14u

However, the sliding scale was not indicated on the pharmacy label or NovoLOG pen, nor did it have a "refer to MAR" sticker indicated.

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 Page 7A of 9

See attached plan of correction pg 7A

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/15/2018	
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Signature of Legal Entity Representative
(Required on EVERY Page) *Kathy Kilgore*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Kathy Kilgore Administrator* Date *3-14-19*

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The above plan of correction is approved as of <u>3/18/19</u> (Date)	Plan of correction implementation status as of <u>3/18/19</u> (Date)
The above plan of correction was approved by <u><i>EJ</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>EJ</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED
MAR 15 2019
Western Region

NELSON'S GOLDEN YEARS PLAN OF CORRECTION FOR VIOLATION REPORT 448680

REGULATION 2600.184(a)

1. Why is this regulation important? Reduces the possibility that medication will be administered to the wrong resident or improperly administered.
2. How was the regulation violated? The original container for the medication was not labeled with a pharmacy label that included the instructions for administration of the sliding scale.
3. What caused the violation? Failure to place a "refer to MAR" sticker on the label or Novolog pen since it did not come with a pharmacy label on it indicating the sliding scale.
4. What can be done right away to fix the violation? Medication nurse placed a "refer to MAR" sticker on the Novolog pen.
5. What can we do to prevent future violations? Contact the pharmacy and ask them to place a pharmacy label indicating the sliding scale on the prescription package.
6. Who is responsible for preventing future violations? Medication nurse will be responsible for checking all prescriptions to make sure they have all of the required information on the pharmacy labels.

Immediately: Checks by the medication nurse shall be made weekly to ensure all prescription medications are properly labeled. 3/18/19

Ej

Kathy Kilgore Administrator
Kathy Kilgore

pg 7A

Ej

Violation Report: 44868 - 01/31/2019 - Georgoulis, Karen
PCH Name: NELSON S GOLDEN YEARS

MAR 15 2019

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. **Western Region**

2a. DESCRIPTION OF VIOLATION
Resident #5 is prescribed Calmaseptin Ointment, apply topically to pressure areas, as needed. However, on 1/31/19, at approximately 1:52 p.m., the medication was not available 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.

See Page 8A of 9

See attached plan
of correction pg 8A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kathy Kilgore

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

Kathy Kilgore Administrator

Date

3-14-19

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RECEIVED
MAR 15 2019
Western Region

NELSON'S GOLDEN YEARS PLAN OF CORRECTION FOR VIOLATION REPORT 448680

REGULATION 2600.185(a)

1. Why is this regulation important? Reduces the risk that medications will be misplaced, lost or misused.
2. How was the regulation violated? The prescribed medication was listed on the resident #5 medication administration record but was not available in the home.
3. What caused the violation? Staff failed to make sure all medications ordered by resident #5 physician was available. Calmoseptine Ointment was missing from the treatment cart.
4. What can be done right away to fix the violation? Upon checking into the missing ointment it was noted that the resident does not have any pressure areas and the ointment has not been used in more than a month. A discontinue order was obtained by the physician.
5. What can we do to prevent future violations? When staff is reordering medications each week they will make certain that all medications listed on the medication administration record are available.
6. Who will be responsible for preventing future violations? The medication nurse in charge of ordering medications will be responsible for making sure all ordered medications are on the medication administration record and are available in the home.

Kathy Kilgore Administrator
Kathy Kilgore

pg 8A

3/18/19 *EJ*

Violation Report: 44868 - 01/31/2019 - Georgoulis, Karen
 PCH Name: NELSON S GOLDEN YEARS

Western Region

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 #4 is prescribed Quetiapine 200mg tablet, take one tablet by mouth once daily at bedtime in addition to 150mg in the morning. However, there was no diagnosis or purpose on the January MAR.

Resident #5 is prescribed Amoxicillin 875mg tablet, take one tablet by mouth twice daily (8:00 a.m. and 8:00 p.m.) for 10 days. However, there was no diagnosis or purpose indicated on the January 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.

See Page 9A of 9

See attached plan of correction p. 9A

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Kathy Kilgore*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kathy Kilgore Administrator* Date *3-14-19*

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RECEIVED

MAR 15 2019

Western Region

NELSON'S GOLDEN YEARS PLAN OF CORRECTION FOR VIOLATION REPORT 448680

REGULATION 2600.187(a)

1. Why is this regulation important? Diagnosis must be included because the same medications may be used to treat different conditions.
2. How was the regulation violated? The diagnoses/purpose of the medication was not indicated on the MAR.
3. What caused the violation? The med nurse failed to include the diagnosis/purpose when she added new medications to the MAR.
4. What can be done right away to fix the violation? The med nurse on duty at the time of inspection added the diagnosis/purpose to each medication.
5. What can we do to prevent future violations? The med nurse in charge will check all new entries made on the MAR to make sure all required information is added. She will also check each MAR while reordering medications each week to be sure all the information is included for each medication.
6. Who will be responsible for preventing future violations: The med nurse in charge will be responsible to make sure all information is included on the MAR.

Kathy Kilgore Administrator
Kathy Kilgore

pg 9A

3/18/19

EJ