



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: [pcadmin@questhcd.com](mailto:pcadmin@questhcd.com)

MAILING DATE: February 21, 2020

Mr. Gregory S. Gramm  
Administrator  
William Penn Health Care Associates, LP  
2030 Ader Road  
Jeannette, Pennsylvania 15644

RE: William Penn Care Center  
1021 Walton Road  
Jeannette, Pennsylvania 15644  
License #: 444250

Dear Mr. Gramm:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 29, 2019 and October 30, 2019, of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Williams".

Jason Williams  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

## Violation Report

### Facility Information

Name: *WILLIAM PENN CARE CENTER*

License Number: *44425*

Address: *1021 WALTON ROAD,, JEANNETTE, PA 15644*

County: *WESTMORELAND*

Region: *WESTERN*

### Administrator

Name: *Gregory Gramm*

Phone: *412-427-5708*

Email: *PCADMIN@QUESTHCD.COM*

### Legal Entity

Name: *WILLIAM PENN HEALTH CARE ASSOCIATES LP*

Address: *2030 ADER ROAD, JEANNETTE, PA, 15644*

### Certificate(s) of Occupancy

Type: *I-2*

Date: *09/20/2012*

Issued By: *Township of Penn*

### Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *64*

Waking Staff: *48*

### Inspection

Type: *Full*

BHA Docket #:

Notice: *Unannounced*

Reason: *Renewal*

### Inspection Dates and Department Representative

*10/29/2019 - On-Site: Belinda Graziano, Jan Cutter*

*10/30/2019 - On-Site: Belinda Graziano, Jan Cutter*

### Resident Demographic Data as of Inspection Dates

#### General Information

License Capacity: *108*

Residents Served: *56*

#### Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

#### Hospice

Current Residents: *8*

#### Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *56*

Diagnosed with Mental Illness: *1*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *8*

Have Physical Disability: *0*

25b - Contract Signatures

Regulations

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The following resident-home contracts were not signed by the resident:

- Resident #1, resident-home contract dated 5/14/18
- Resident #2, resident-home contract dated 1/9/15
- Resident #3, resident-home contract dated 2/18/19

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

(page 2a of 13)

Legal Entity Representative

  
Signature

MELISSA D'AVICO  
Printed Name and Title

12/20/19  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 2/14/20  
(Date)

Plan of correction implementation status as of 2/14/20  
(Date)

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

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

### Regulation 2600.25.b

The contract shall be signed by the administrator or designee, the resident and the payer, if different from the resident and co-signed by the resident's designated persona if any, if the resident agrees.

### Violation:

The following resident home contract were not signed by the resident

- #1 dated 5/14/2018 *-unable to sign attached POA*
- #2 dated 1/9/2015 *-corrected.*
- #3 dated 2/18/2019 *-Resident CTB [redacted] 19 -by resident*

#### Immediate Action:

- Resident contracts were signed appropriately and signed by the administrator at the time of 10/30/2019.

#### Ongoing oversight:

- All resident contracts will be audited and signed correctly if needed
- All new contracts will be reviewed by the Administrator within 72 hours of move in for proper completion.

#### Timeline:

- Staff In-service: 12/30/2019
- Admissions and Marketing Personal to be educated about contract signing.
- All contracts to be audited by 1/17/2020

#### Attachments:

- Audit tool
- Corrected contracts residents #1, #2 and #3

Melissa D'Avico, Administrator

*Melissa D'Avico* 12/20/19

*JW* 2/14/20

95 - Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The enabler bar attached to resident #2's bed was 4 inches from the mattress posing an entrapment hazard for the resident.

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

(page 3a of 13)

Legal Entity Representative

*Melissa D'Avico*  
Signature

Melissa D'Avico, Administrator  
Printed Name and Title

2/20/20  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

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(Date)

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(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

## Regulation 2600.95

*Furniture and Equipment – Furniture and equipment must be in good repair, clean and free of hazards*

### Violation:

The enabler bar attached to resident #2's bed was 4 inches from the mattress posing an entrapment hazard for the resident.

#### Immediate Action:

- Upon inspection the enabler bar was positioned correctly

Ongoing oversight: The enabler bar on resident #2's bed was repositioned to eliminate the entrapment hazard.

2/14/20  
JW

- All staff that go into resident rooms will be educated to get assistance and report if any part of the resident's bed poses an entrapment risk.
- Maintenance and Housekeeping Department will do a weekly – random audit of 10% of resident rooms for 3 months (Dec/Jan/Feb) to assure proper placement of bed enablers.
- Administrator to review and educate as needed.

#### Timeline:

- Staff In-service: 12/30
- Resident In-service at the next Resident Council on 1/16/2020
- Audit to start: 12/23/2019 - 2/28/2020

#### Attachments:

- Audit tool for oversight

Melissa D'Avico, Administrator

*Melissa D'Avico* 12/20/19

*JW* 2/14/20

107a - Emergency Preparedness

Regulations

2600.

107.a. The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

Description of Violation

The home does not have a copy of the emergency preparedness plan for the local municipality.

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

(page 4a of 13)

Legal Entity Representative



Signature

Melissa Dawick, Administrator  
12/20/19

Printed Name and Title

Date

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- Not Implemented

## Regulation 2600.107a

*The Administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.*

### Violation:

The home does not have a copy of the emergency preparedness plan for the local municipality

#### Immediate Action:

- Upon inspection a 2018 copy of the local municipality Emergency Preparedness Plan was located and placed in a centralized area.

#### Ongoing oversight:

- All staff to be in serviced on reason for plan and location
- Residents to be educated on location and reasoning
- Current Administrator reached out to local municipality (Penn Township) to assure the current copy was the most up to date.

#### Timeline:


- Staff In-service: 12/30
- Resident In-service at the next Resident Council on 1/16/2020
- Email sent 12/17/2019

#### Attachments:

- Picture of current plan and location
- Email to Penn Township to assure the most up to date copy is in the community
- Meeting 12/19/2019 to review with township

Melissa D'Avico, Administrator

 12/20/19

 2/14/20

132c - Fire Drill Records

Regulations

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 6/30/19 does not include the number of residents evacuated during the drill.

Also, the fire drill record for the drill conducted on 9/13/19 at 11:30 does not include if the drill was conducted 11:30 a.m. or 11:30 p.m.

In addition, the fire drill record for the drills conducted on 8/29/19, 6/30/19, and 3/12/19 does not include the exit route used during the drills.

Repeat Violation: 10/11/18

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

(page 5a of 13)

Legal Entity Representative

*M. Sawicko*

Signature

Melissa Davico, Administrator

Printed Name and Title

12/20/19 Date

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- Partially Implemented - Inadequate Progress
- Not Implemented

## Regulation 2600.132.c.

*A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.*

### Violation:

- The fire drill record for the drill conducted on 6/30/2019 does not include the number of residents evacuated during the drill.
- The fire drill record for the drill conducted on 9/13/2019 at 11:30 does not include if the drill was conducted 11:30 AM or 11:30 PM.
- The fire drill record for the drills conducted on 8/29/2019, 6/30/2019, and 3/12/2019 does not include the exit route used during the drills.

**\*\*Repeat violation: 10/11/2018**

#### Immediate Action:

- 

#### Ongoing oversight:

- Administrator will have an annual calendar for fire drills and will assist in oversight to assure compliance.
- Attached form will be filled out for each drill to meet the regulatory standards for each drill.
- Administrator will sign off within 24 hours of each drill.


#### Timeline:

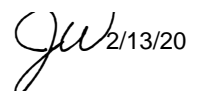
- Staff In-service: 12/30
- Resident In-service at the next Resident Council on 1/16/2020

#### Attachments:

- Schedule for 2020 drills to include shift
- Form to show compliance for each drill conducted.

Melissa D'Avico, Administrator

 12/20/19

 2/13/20

183d - Prescription Current

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 10/29/19, at approximately 11:00 a.m., fish oil tablets and Preservision tablets, prescribed to resident #2's spouse who is not a resident of the home, were being kept in resident #2's bedroom.

On 10/30/19, resident #1 had Atropine Sulfate Solution 1% in the medication cart; however, this medication expired on 9/9/19.

Also, on 10/30/19, resident #1 had Risamine Ointment 0.44%-20.625% in the medication cart; however, this medication expired on 2/19.

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

(page 6a of 13)

Legal Entity Representative

*Melissa Davico*

Signature

Melissa Davico Administrator

Printed Name and Title

12/20/19 Date

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The above plan of correction is approved as of 2/18/20  
(Date)

Plan of correction implementation status as of 2/18/20  
(Date)

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

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

*Melissa Davico Admin*

## Regulation 2600.183.d

*Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.*

### Violation:

- 10/29/19 at approximately 11:00 am, fish oil tablets and Preservision tablets, prescribed to resident #2 spouses who is not a resident of the home, were kept in resident #2 bedrooms.
- 10/30/2019, resident #1
  - Atropine sulfate solution 1% in the medication cart; this medication was expired on 9/9/2019.
  - Risamine Ointment 0.44%-20.625% in the medication cart, however was expired on 2/19/2019

### **Immediate Action:**

- **Removed medications from resident #2 room and educated residents about storing medications.**
- **Re-ordered / discontinued Resident #1 medication as ordered.**

### **Ongoing oversight:**

- **Routine cart audit to be done monthly by PCH staff**
  - **Will be signed off by DON/Administrator and education provided as needed.**
- **Quarterly cart audit to be done by LTC Pharmacy**
- **When assisting residents in rooms based on care planned needs, MA's will review if needed if medications are found. MA's are instructed to notify DON/Administrator when and if found for further direction.**

### **Timeline:**


- **Staff In-service: 12/30/2019**
- **Education to all residents at resident council on 1/16/2020**

### **Attachments:**

- **Cart audit tool**
- **Pharmacy audit schedule**

Melissa D'Avico, Administrator

 12/20/19

 2/14/20

## 184a - Labeling OTC/CAM

## Regulations

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

## Description of Violation

Resident #1 is prescribed Risperidone tablet 0.25mg, give 1 tablet by mouth two times a day; however, the label indicates give 1 tablet by mouth two times a day after meals.

Resident #2 is prescribed Memantine HCl 10mg, give 1 tablet by mouth two times a day; however, the label indicates Memantine HCl 10mg, give 1 tablet by mouth once daily.

Resident #3 is prescribed Acetaminophen Suppository 650mg, insert 1 tablet rectally every 4 hours as needed for mild pain or fever; however, label indicates Acetaminophen Suppository 650mg, insert 1 tablet rectally every 4 hours as needed for fever.

Resident #4 is prescribed Acetaminophen tablet 325mg, give 2 tablet by mouth every 4 hours as needed for mild pain or fever; however, the label indicates Acetaminophen tablet 325mg, give 2 tablet by mouth every 6 hours as needed for mild pain or fever.

Repeat Violation: 10/11/18

## 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 8 and 8a of 13)

184a - Labeling OTC/CAM (continued)

Legal Entity Representative



Signature

Melissa Dawu, Administrator

Printed Name and Title

Date  
12/20/19

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 2/14/20  
(Date)

Plan of correction implementation status as of 2/14/20  
(Date)

The above plan of correction was approved by JW  
(initials)

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

### Regulation 2600.184.a

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

- The residents name
- The name of the medication
- The date the prescription was issued
- The prescribed dosage instructions for administration
- The name and title of the prescriber

### Violation:

- #1 – prescribed “Risperidone tablet 0.25mg, give 1 tablet by mouth two times a day” The label indicates “1 tablet by mouth two times a day after meals”.
- #2 – prescribed “Memantine HCl 10mg, give 1 tablet by mouth two times a day” The label indicates “Memantine HCl 10mg, give 1 tablet by mouth once daily”
- #3 – prescribed “Acetaminophen Suppository 650mg, insert 1 tab rectally every four hours as needed for mild pain or fever”. Label indicated “Acetaminophen Suppository 650mg, insert 1 tablet rectally every four hours as needed for fever”
- #4 – prescribed “Acetaminophen tablet 325mg, give 2 tablets by mouth every 4 hours as needed for mild pain or fever. Label indicates “Acetaminophen tablet 325mg, give 2 tablets by mouth every 6 hours as needed for mild pain or fever.

\*Repeat violation from 10/11/2018

#### Immediate Action:

- “Change Direction” Stickers added to the label to indicate to that the directions have changed and to refer to the order in the EMAR.

#### Ongoing oversight:

- Routine cart audit to be done monthly by PCH staff
  - Will be signed off by DON/Administrator and education provided as needed.
- Quarterly cart audit to be done by LTC Pharmacy

#### Timeline:

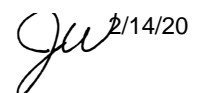
- Staff In-service: 12/30/2019
- Education to all residents at resident council on 1/16/2020

#### Attachments:

- Cart audit tool — See communication tool
- Pharmacy audit schedule — Quarterly starting in Jan.

Melissa D’Avico, Administrator

 12/20/19

 2/14/20

## 187a - Medication Record

## Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

## Description of Violation

Resident #1 is prescribed Atropine Sulfate Solution 1%, give 2 drops sublingually every 1 hours as needed for excess secretions. However, resident's October 2019 medication administration record (MAR) does not indicate the strength of the medication.

Also, resident #1 is prescribed Tylenol 650mg, insert 1 suppository rectally every 4 hours as needed for mild pain or fever. However, resident's October 2019 MAR does not indicate the strength of the medication.

Resident #3 prescribed Acetaminophen Suppository 650mg, insert 1 tablet rectally every 4 hours as needed for mild pain or fever. However, the resident's October 2019 MAR does not indicate the strength of the medication.

Resident #5 is prescribed Vitamin B12 Tablet 1,000 mcg, give 1 tablet by mouth one time a day. However, the resident's October 2019 MAR does not indicate the strength of the medication.

Repeat Violation: 10/11/18

## 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 10 and 10a of 13)

187a - Medication Record (continued)

Legal Entity Representative

*M. Dawo*  
Signature

Melissa Dawo Administrator  
Printed Name and Title

12/20/17  
Date

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The above plan of correction is approved as of 2/14/20  
(Date)

Plan of correction implementation status as of 2/14/20  
(Date)

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

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

### Regulation 2600.187.a

A medication record shall be kept to include the following for each resident for whom medications are administered:

- The residents name, Drug allergies
- The name of the medication, strength, dosage form, dose, route and frequency
- Administration times with duration or therapy with special precautions if applicable
- Diagnosis or purpose for the medication including PRN
- Date and time of medication administration
- Name and initials of the staff person administering the medication

### Violation:

- #1 – prescribed Atropine Sulfate Solution 1%, give 2 drops sublingually every 1 hour as needed for excess secretions. The October 2019 MAR does not include the strength of the medication.
- #1 – prescribed Tylenol 650mg, insert 1 suppository rectally every 4 hours as needed for mild pain or fever. The MAR does not indicate the strength of the medication.
- #3- prescribed Tylenol 650mg, insert 1 suppository rectally every 4 hours as needed for mild pain or fever. The MAR does not indicate the strength of the medication.
- #5 – prescribed Vitamin B12 Tablet 1,000mcg, give 1 tablet by mouth one time a day. The MAR for October 2019 does not indicate the strength of the medication.

\*Repeat violation from 10/11/2018

#### Immediate Action:

- Transcriptions on MAR changed upon notification of missing information.

#### Ongoing oversight:

- Routine EMAR Audit to review EMAR with orders
  - Will be signed off by DON/Administrator and education provided as needed.
- Quarterly pharmacy review

#### Timeline:

- Staff In-service: 12/30/2019

#### Attachments:

*MD  
MD*

- EMAR audit tool
- Pharmacy schedule

*— and New order communication.  
— coming quarterly starting Jan 2020!*

Melissa D'Avico, Administrator

*[Signature]* 12/20/19

*JW* 2/14/20

225a - Assessment 15 Days

Regulations

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.

Description of Violation

Resident #4's assessment, dated 4/3/19, does not include diagnoses of bacterial pneumonia, chronic respiratory failure, orthostatic hypotension, pulmonary embolism, achalasia of cardia, hyperkalemia, bilateral hearing loss, age related physical debility, angina pectoris, hypercholesterolemia, hypertension, atrial fibrillation, hyperlipidemia, gastroesophageal reflux disease, and irritable bowel syndrome as indicated on the medical evaluation dated 9/10/19.

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

(page 11a of 13)

Legal Entity Representative



Signature

Melissa Dancy, Administrator

Printed Name and Title

12/20/19  
Date

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2/14/20  
(Date)

Plan of correction implementation status as of

2/14/20  
(Date)

The above plan of correction was approved by

JW  
(Initials)

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

## **Regulation 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 human service agency may complete the initial assessment.*

### **Violation:**

- #4's assessment, dated 4/3/2019, does not include the diagnoses of: bacterial pneumonia, chronic respiratory failure, orthostatic hypotension, pulmonary embolism, achalasia of cardia, hyperkalemia, bilateral hearing loss, age related physical debility, angina pectoris, hypercholesterolemia, hypertension, A-Fib, hyperlipidemia, gastro esophageal reflux disease and irritable bowel syndrome as indicated on the medical evaluation dated 9/10/2019.

### **Immediate Action:**

- Assessment updated and dated at time of missing information notification

### **Ongoing oversight:**

- Ongoing audit of medical evaluations and assessments to be completed by DON/Administrator
- All new admission and readmissions will be reviewed by the Administrator for the next 3 months (Dec/Jan and Feb) education to be completed as needed.

### **Timeline:**

- Staff In-service: 12/30/2019
- Audit to start 12/23/2019 – 2/28/2020

### **Attachments:**

- Assessment audit tool
- Assessment updated with diagnosis

Melissa D'Avico, Administrator



*JW* 2/14/20

225c - Additional Assessment

Regulations

2600.  
225.c. The resident shall have additional assessments as follows:  
1. Annually.

Description of Violation

Resident #2's assessment, dated 12/13/18, does not include diagnoses of anxiety, depression and gastroesophageal reflux disease as indicated on the medical evaluation dated 5/10/19.


Resident #5's assessment, dated 2/20/19, does not include diagnoses of abnormal gait and mobility, dizziness and giddiness, congestive heart failure, hypokalemia, vertigo, hypothyroidism, urinary tract infection and sepsis as indicated on the medical evaluation dated 1/28/19.

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 (page 12a of 13)

Legal Entity Representative

  
Signature

Melissa Davico Administrator  
Date 12/20/19

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(Date) (Date)

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(Initials)

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

## Regulation 2600.225.c

*A 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*

### Violation:

- #2 – assessment dated 12/13/2018, does not include diagnoses of anxiety, depression and gastro esophageal reflux disease as indicated on the medical evaluation dated 5/10/2019.
- #5 – assessment dated 2/20/2019 does not include diagnosis of abnormal gait and mobility, dizziness and giddiness, congestive heart failure, hypokalemia, vertigo, hypothyroidism, UTI and sepsis as indicated on medical evaluation dated 1/28/2019.

### Immediate Action:

- Assessment updated and dated at time of missing information notification

### Ongoing oversight:

- Ongoing audit of medical evaluations and assessments to be completed by DON/Administrator
- All new admissions/readmissions and current residents (upon due date) will be reviewed by the Administrator for the next 4 months (Dec 23rd/Jan and Feb/March) education to be completed as needed.

### Timeline:


- Staff In-service: 12/30/2019
- Audit to start 12/23/2019 – 3/31/2020

### Attachments:

- Assessment audit tool
- Assessments updated with diagnosis

Melissa D'Avico, Administrator

 12/20/19

 2/14/20

251b - Record Entries Legible

Regulations

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used on resident #1's assessment and support plan, dated 5/14/19, on the area for plan to meet need for managing health care and securing health care. "DCS" was written over top so original cannot be determined.

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

(page 13a of 13)

Legal Entity Representative

*[Handwritten Signature]*

Signature

Melissa Davico, Administrator

Printed Name and Title

12/20/19

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 2/14/20  
(Date)

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

Plan of correction implementation status as of 2/14/20  
(Date)

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

## Regulation 2600.251.b

*The entries in a resident record must be permanent, legible, dated and signed by the staff persona making the entry.*

### Violation:

- Correction fluid was used on resident #1's assessment and support plan, dated 5/14/2019, on the area for plan to meet need for managing health care and securing health care. "DCS" was written over top so the original cannot be determined.

### Immediate Action:

- Re-assessment completed and the box was checked appropriately.

### Ongoing oversight:

- Ongoing audit of medical evaluations and assessments to be completed by DON/Administrator
- All new admissions/readmissions and current residents (upon due date) will be reviewed by the Administrator for the next 4 months (Dec 23rd/Jan and Feb/March) education to be completed as needed. – will review and educate if correction fluid is used in the record.

### Timeline:

- Staff In-service: 12/30/2019
- Audit to start 12/23/2019 – 3/31/2020

### Attachments:

-  Assessment audit tool → Assessment tool
- Updated Assessment

Melissa D'Avico, Administrator

 Melissa D'Avico, Admin 12/20/19   
2/14/20