

# Violation Report

## Facility Information

Name: CLARISES PERSONAL CARE RESIDENCE  
Address: 514 EAST ROOSEVELT BOULEVARD,, PHILADELPHIA, PA 19120  
County: PHILADELPHIA Region: SOUTHEAST

License Number: 13409

## Administrator

Name: [REDACTED] Phone: 2154578774 Email: [REDACTED]

## Legal Entity

Name: CLARISES PERSONAL CARE RESIDENCE INC  
Address: 514 EAST ROOSEVELT BOULEVARD, PHILADELPHIA, PA, 19120

## Certificate(s) of Occupancy

Type: I-1 Date: 02/06/1995 Issued By: L&I

## Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 8 Waking Staff: 6

## Inspection

Type: Full BHA Docket #: Notice: Unannounced  
Reason: Renewal,Incident

## Inspection Dates and Department Representative

02/27/2020 - On-Site: [REDACTED]

06/03/2020 - Off-Site: [REDACTED]

06/04/2020 - Off-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 9 Residents Served: 6

### Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

### Hospice

Current Residents: 0

### Number of Residents Who:

Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 6  
Diagnosed with Mental Illness: 5 Diagnosed with Intellectual Disability: 1  
Have Mobility Need: 2 Have Physical Disability: 2

## 42b - Abuse

## Regulations

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

## Description of Violation

On 02/14/20 at 12:30 pm, Resident #1 was served a sandwich made of wheat bread, bologna, cheese, lettuce, and mustard which was cut into six rectangular shaped pieces. Two hours later, the resident requested an additional sandwich, which was prepared and served by Staff Person A in the same manner as the first. On 2/14/20 at approximately 3 pm, Staff member A was in the kitchen while resident #1 began eating the sandwich. In the meantime, Staff Member A left the kitchen to attend to a spill on the floor in the foyer. Staff Member A instructed Resident #1 to return to the living room after the resident was finished eating. Staff member A stated that Resident #1 "had a piece of sandwich in [redacted] hand" when [redacted] left the resident. After cleaning the spill, Staff Member A returned to put the mop back, [redacted] observed Resident #1 sitting on the living room sofa with [redacted]. Resident #1 was [redacted]. Staff member A attempted to [redacted]. Staff member A called 911, and for the next [redacted]. The staff member stated that [redacted] did not want to [redacted] because "[redacted]". When the paramedics arrived, they [redacted].

Resident records obtained from the hospital indicates [redacted]. The report also indicated that [redacted]. The National Institute of Health defines "downtime" as the time from the recognition of cardiac arrest to the time of sustained return of a pulse. The resident was admitted to [redacted] and [redacted]. Per the death certificate, Resident #1 [redacted].

Resident #1 was prescribed a [redacted]. According to the National Dysphagia Diet (NDD), the Dysphagia Mechanically-Altered diet consists of foods that are moist, soft-textured and easily formed into a bolus. Meats and other select foods may be ground or minced into small pieces no larger than one-quarter inch. All food items should be easy to chew. Resident #1's Assessment and Support Plan, dated [redacted], indicated the the resident [redacted] and ignores staff when they instruct the resident to [redacted], and that the resident begins to [redacted]. The plan to support the resident was [redacted]. The RASP also indicates that the resident has [redacted]. Staff Member A reported that the resident does not use [redacted]. It further describes that [redacted] needs to be [redacted].

The home did not follow the physician's order of a [redacted] and did not supervise the resident's [redacted] resulting in the [redacted].

42b - Abuse (continued)

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 attach papers.

DPOC (8/30/20) - CM):

Within 10 days of the receipt of the Plan of Correction: The administrator will ensure that all staff persons are re-educated on abuse and neglect from an outside source such as the Ombudsman. The administrator will arrange training to be provided by a Registered Dietician or a Licensed Healthcare Professional in special dietary needs, and dental issues relating to eating to be completed within 20 days.

Within 10 days of the receipt of the Plan of Correction: The administrator will review the Documentation of Medical Evaluations (DMEs), and Resident Assessment and Support Plans (RASPs) of any resident with dietary, dental, or behavioral issues associated with food to determine if the home can meet the needs of the resident. Documentation of the audit will be maintained for Departmental review.

Within 15 days of the receipt of the Plan of Correction: The administrator will review the RASP of any resident with dietary, dental, or behavioral needs related to food with all staff involved in the direct care or supervision of residents. Documentation of education will be kept for Department review

Legal Entity Representative

Signature [Redacted]

Printed Name and Title [Redacted]

7/6/2020 Date

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

The above plan of correction is approved as of 8/3/2020 (Date) Plan of correction implementation status as of 9/2/2020 (Date)

The above plan of correction was approved by CM (Initials) [ ] Implemented [ ] Not Implemented

02/27/2020

We (the home) does not agree that this violation should be neglect (42.b) The statement documented on the witness affidavit and violation report are inconsistent. Staff person A did not tell Resident 1 to "return to the living room after finish eating", nor did Staff person A state that [REDACTED] did not want to give mouth to mouth resuscitation because [REDACTED]" Both statements were in quotations yet neither one was said by Staff person A (affidavit attached).

Resident #1 has lived in the home for over 20 years. Resident #1 had no diagnosis of an [REDACTED]. [REDACTED] DME states that the resident [REDACTED] Resident had a follow up with [REDACTED]. At the time the [REDACTED] recommended [REDACTED] [REDACTED] RASP stated that Resident #1 did [REDACTED] and how staff would meet [REDACTED] needs.

On 2/14/2020 staff A cut up Resident #1 [REDACTED], watched as [REDACTED] ate and then went to clean up a spill that was a safety hazard to other residents. When resident #1 was sitting Staff A noticed that Resident #1 was in distressed and immediately followed emergency procedures without delay. This included [REDACTED]

The home will continue to screen residents for [REDACTED] or special accommodations. The home will continue to require a DME completed by a physician with all medical diagnosis 30 days prior to admissions. The home will continue to require RASP's with diagnosis and resident needs prior to the admission of the resident. The home will assess the resident's needs to ensure that they can accommodate resident's prior admission. After admission, the home will continue to work with physicians regarding resident care. Staff will continue to be trained in CPR and PCH documentation regarding the completion and application of DME's, RASP's, Incidents and other documented Physician orders. Any incidents will continue to be reported to DHS as required by state regulations

42s - Privacy

Regulations

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.

Description of Violation

On 02/27/20 at 2:30 pm, resident #2 was observed entering room #1 to use the bathroom. The bathroom is located inside of room #1 with no door between the bathroom and the resident's living area.

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.)

The bathroom is not located in the resident room. I do agree it's a privacy issue and a door should be installed in room. But I had an inspector walk the entire building and never said it was a problem.

A door was installed in her room for privacy reasons.  
A picture is attach.

The privacy issue was corrected

We will ensure that all doors remain close for Privacy Reasons.

See attached :

Legal Entity Representative

[Redacted Signature]

Signature

[Redacted Name and Title]

Printed Name and Title

7/6/2020  
Date

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

The above plan of correction is approved as of

8/3/2020  
(Date)

Plan of correction implementation status as of

9/2/2020  
(Date)

The above plan of correction was approved by

CM  
(Initials)

Implemented  
 Not Implemented

02/27/2020

DPOC (8/30/20) - CM):

Within 10 days of the receipt of the Plan of Correction: the administrator will install a door that is equipped with a lock between the bathroom area and the resident's living area.

Ongoing: The administrator will complete weekly checks for the first three months, then monthly checks thereafter to ensure that the resident's living area remains private. Documentation of audits will be maintained for Departmental Review

### 141a 1-10 Medical Evaluation Information

#### Regulations

- 2600.
- 141.a. 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. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department's request.

#### Description of Violation

Resident #1's medical evaluation did not include special health or dietary needs of the resident on the first page of the DME. However, the needs addendum shows the resident has a need for a [REDACTED]

#### 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.)

No Doctor advise me of a [REDACTED] for the resident [REDACTED] was introduce to the resident but [REDACTED] refuse, so we [REDACTED] and added to [REDACTED] to [REDACTED] - [REDACTED] Doctor notes say [REDACTED]

In my screening process will assess the residents needs to ensure that they can be accommodate the residents needs prior to admission.

Legal Entity Representative

See attached

[REDACTED]  
Signature

[REDACTED]  
Printed Name and Title

7/6/2020  
Date

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

The above plan of correction is approved as of 8/3/2020 (Date) Plan of correction implementation status as of 9/2/2020 (Date)

The above plan of correction was approved by *CM* (Initials)  Implemented  Not Implemented

DPOC (8/30/20) - CM):

Within 10 days of the receipt of the Plan of Correction: The administrator will review the Documentation of Medical Evaluations (DMEs) of all residents to ensure that all required fields are completed.

For DMEs with missing information, the administrator will contact the resident's physician to request the plan to be corrected or updated. All updates will be completed within 15 days of the received Plan of Correction. Documentation of the audit will be maintained for Departmental review.

161b - Well-Balanced Meals

Regulations

2600.

161.b. At least three nutritionally well-balanced meals shall be offered daily to the resident. Each meal shall include an alternative food and drink item from which the resident may choose.

Description of Violation

On February 2, 2020, February 9, 2020, February 16, 2020, and February 23, 2020, the home served only two meals: a late breakfast labeled "Brunch" and Dinner.

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.)

on the dates listed above we did not served three meals at the residents Request they wanted brunch and to sleep late on Sundays the Residents Requests was not allowed in this manner.

The violation was corrected, I have updated the menu

I Review the menu and made the changes to provide 3 meals Daily

The menu will be checked Monthly when posted to reflect 3 meals Daily.

See attached:

Legal Entity Representative

Signature [Redacted]

Printed Name and Title [Redacted]

7/6/2020 Date

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

The above plan of correction is approved as of 8/3/2020 (Date)

Plan of correction implementation status as of 9/2/2020 (Date)

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

Implemented  Not Implemented

DPOC (8/30/20) - CM):

Immediately: The menu will be updated to ensure that three nutritionally well-balanced meals shall be offered daily to the resident, including alternate food and drink items. The menu will be posted one week in advance in a conspicuous and public place in the home.

Within 10 days of the receipt of the Plan of Correction: The administrator will arrange training to be provided by a Registered Dietician or a Licensed Healthcare Professional in dietary needs and nutritionally well-balanced menu plans to be completed within 30 days.

Ongoing: Once per week for three months, and then monthly thereafter, The administrator or designee will ensure that the weekly menus are posted and that meals are served as indicated on the menu. The administrator will conduct interviews with residents to determine if meal plans are followed. Documentation of audits will be maintained for Departmental review.

161d - Dietary Needs

Regulations

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.

Description of Violation

On [redacted] Resident #1 was prescribed a [redacted]  
On [redacted] the resident was served a [redacted]  
[redacted]

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.)

The [redacted] was introduce to Resident and [redacted] refuse, [redacted] remain the same as per [redacted] we introduce Resident to [redacted] - Because [redacted] wanted [redacted] as per the resident.

The home will access the residents needs in the screening process to ensure that they can be accommodated the needs prior to admission.

See attached

Legal Entity Representative

[redacted]  
Signature

[redacted]  
Printed Name and Title

7/6/2020  
Date

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

The above plan of correction is approved as of 8/3/2020 (Date) Plan of correction implementation status as of 9/2/2020 (Date)

The above plan of correction was approved by CM (Initials)  Implemented  Not Implemented

DPOC (8/30/20) - CM):

Within 10 days of the receipt of the Plan of Correction: The administrator will review all DMEs for residents with dietary needs. The administrator will review resident's dietary needs with all staff involved in direct care, meal preparation, and meal service. Documentation of audit will be maintained for Departmental review.

Within 10 days of the receipt of the Plan of Correction: The administrator will arrange training to be provided by a Registered Dietician or a Licensed Healthcare Professional in dietary needs and nutritionally well-balanced menu plans to be completed within 30 days.

Ongoing: Once per week for three months, and then quarterly thereafter, the administrator will observe meal service to ensure the proper diet is provided to residents with dietary needs. Audit logs will be developed and maintained for Departmental review.

162a - Hours Between Meals

Regulations

2600. 162.a. There may not be more than 15 hours between the evening meal and the first meal of the next day. There may not be more than 6 hours between breakfast and lunch, and between lunch and supper. This requirement does not apply if a resident's physician has prescribed otherwise.

Description of Violation

The home serves dinner on Saturday evenings at 5:00 pm; however, on Sundays, brunch is served rather than breakfast. On 2/1/20, 2/8/20, 2/15/20, and 2/22/20 dinner was served at 5:00 pm. However, brunch on 2/2/20, 2/9/20, 2/16/20, and 2/23/20 was not served until 10:30 am, approximately 17.5 hours after the prior meal.

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.)

There was 15 hours between meals from Saturday to Brunch on Sunday, the Residents Requested that because they wanted to sleep late on Sundays, but the Resident Rights was violated because it was their request.

The menu was updated to include 3 meals on Sundays.

The menu will be checked monthly for 3 meals daily.

See attached

Legal Entity Representative

[Redacted Signature]

Signature

[Redacted Printed Name and Title]

Printed Name and Title

7/6/2020  
Date

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

The above plan of correction is approved as of

8/3/2020  
(Date)

Plan of correction implementation status as of

9/2/2020  
(Date)

The above plan of correction was approved by

CM  
(Initials)

Implemented  
 Not Implemented

DPOC (8/30/20) - CM):

Immediately: The menu will be updated to ensure that three nutritionally well-balanced meals shall be offered daily to the resident, including alternate food and drink items with no more than 15 hours between the evening meal and the first meal of the next day.

Ongoing: The administrator will monitor the time between meals once per week between Saturday and Sunday for the first three months, then quarterly thereafter. Documentation of audit will be developed and maintained for Departmental review.

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:
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.

Description of Violation

The pharmacy label for resident #4's [redacted] and [redacted] does not include the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration, the name and title of the prescriber.

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.)

All Resident [redacted] was discarded by the resident because the resident is knowledgeable how to use the [redacted] which [redacted] takes for many years.

All [redacted] are kept in the [redacted]

All Residents who take their own [redacted] will be train not to discard the boxes and daily checks will be made to ensure the original boxes are kept.

Legal Entity Representative

See Attached

[redacted]  
Signature

[redacted]  
Printed Name and Title

7/2/2020  
Date

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

The above plan of correction is approved as of 8/3/2020 (Date) Plan of correction implementation status as of 9/2/2020 (Date)

The above plan of correction was approved by CM (Initials)  Implemented  Not Implemented

DPOC (8/30/20) - CM):

Immediately: The administrator will audit all medication carts to ensure that all medication is labeled in accordance with 2600.184.a.

Documentation of audit will be maintained for Departmental Review.

Ongoing: On a weekly basis for the first three months, and then monthly thereafter, the administrator will review medication carts to ensure that medications are properly labeled. An audit log will be developed and maintained for Departmental review.

186c - Change in Medications

Regulations

2600.

186.c. Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

Description of Violation

On [redacted] the home received a written order from the physician to discontinue [redacted] for Resident #4. Resident#4's medication administration record was not updated until [redacted].

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.)

The pharmacy updated their software and we experience many typo errors which now is better.

The pharmacy is working with us to ensure all notices from the doctor is email to the home and medication changes is updated on the mars.

Monthly check for errors are in place when mars are delivered & weekly

See

Legal Entity Representative

[redacted]

Signature

[redacted]

Printed Name and Title

7/15/2020

Date

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

The above plan of correction is approved as of	8/3/2020 (Date)	Plan of correction implementation status as of	9/2/2020 (Date)
The above plan of correction was approved by	CM (Initials)	<input type="checkbox"/> Implemented	<input type="checkbox"/> Not Implemented

DPOC (8/30/20) - CM):

Immediately: The administrator will review current medication orders and compare with medications stored on the medication cart or in residents rooms against the Medication Administration Record (MAR) to ensure that all order are updated and correct on both the MAR and the medication labels. Audit log will be maintained for Department review.

Ongoing: All medications and MARs received from the Pharmacy will be reviewed by the administrator or designee upon delivery from the Pharmacy for accuracy and completeness. Any corrections or changes to the MAR will be made by the administrator or designee immediately, until such time the pharmacy is able to issue a corrected document. The Administrator will inform the pharmacy if errors or corrections need to be made.

The administrator will ensure that all physician orders are also sent to the home, and maintained in the resident's file.

Ongoing: The administrator will conduct an audit of all medications and MARs to ensure accuracy on a weekly basis for the first three months, and then monthly thereafter. The administrator will develop and maintain an audit log for Departmental review.

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:

- 12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #5 is prescribed [redacted] However, resident's 02/2020 medication administration record does not indicate the diagnosis or purpose for the medication.

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.)

The pharmacy updated their software and we experience many typos errors which is better now.

The pharmacy is working with us to ensure that all notices from the doctors is email to the home in a timely manner for changes or discontinue medication.

Monthly checks for errors are in place when changes are made. d weekly

Legal Entity Representative

[redacted signature]

[redacted name and title]

7/6/2020.  
Date

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

The above plan of correction is approved as of 8/3/2020 (Date)

Plan of correction implementation status as of 9/2/2020 (Date)

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

Implemented  
 Not Implemented

02/27/2020

11 of 12

DPOC (8/30/20) - CM):

Immediately: The administrator will review current medication orders and compare with medications stored on the medication cart or in residents rooms against the Medication Administration Record (MAR) to ensure that all order are updated and correct on both the MAR and the medication labels. Audit log will be maintained for Department review.

Ongoing: All medications and MARs received from the Pharmacy will be reviewed by the administrator or designee upon delivery from the Pharmacy for accuracy and completeness. Any corrections or changes to the MAR will be made by the administrator or designee immediately, until such time the pharmacy is able to issue a corrected document. The Administrator will inform the pharmacy if errors or corrections need to be made.

Ongoing: The administrator will conduct an audit of all medications/ MARs to ensure accuracy on a weekly basis for three months, and then monthly thereafter. The administrator will develop and maintain an audit log for Departmental review.

227d - Support Plan Medical/Dental

Regulations

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for Resident #1, dated [redacted] indicates the resident has a need for a [redacted] [redacted] The resident's support plan, dated [redacted] does not document how the [redacted] will be met, and does not mention the need for a [redacted]

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.)

A [redacted] was given to the resident, which was [redacted]. The resident still had [redacted] plus the [redacted]. The resident appointment with [redacted] and say that [redacted] must continue with [redacted] saw [redacted] again on [redacted] with no mention to change [redacted]. The home will continue to screen residents for [redacted] and will assess the residents needs to ensure that they can accommodate the resident prior to admission.

Legal Entity Representative

See Attached

[redacted]  
Signature

[redacted]  
Printed Name and Title

7/7/2020  
Date

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

The above plan of correction is approved as of 8/3/2020 (Date)

Plan of correction implementation status as of 9/2/2020 (Date)

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

Implemented  
 Not Implemented

DPOC (8/30/20) - CM):

Immediately: The administrator will review all resident's Assessment and Support Plans (RASPs) to ensure that the plans include how the home will meet the residents' dietary and medical needs. The administrator will update the plans as needed.

Ongoing: On a monthly basis, the administrator or designee will re-review any resident's RASP who have been diagnosed or experienced any changes to dietary, dental or behavioral needs related to food intake to ensure that the support plan accounts for the changes, if any. An audit tool will be developed and maintained for Departmental review.