

Department of Human Services
Bureau of Human Service Licensing

June 1, 2021

[REDACTED]
STATESMAN WOODS AID OPCO LLC
2619 TRENTON ROAD
LEVITTOWN, PA 19056

RE: WOODBOURNE PLACE
2619 TRENTON ROAD
LEVITOWN, PA, 19056
LICENSE/COC#: 13955

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/12/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: WOODBOURNE PLACE **License #:** 13955 **License Expiration Date:** 07/11/2021
Address: 2619 TRENTON ROAD, LEVITOWN, PA 19056
County: BUCKS **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:**

Legal Entity

Name: STATESMAN WOODS AID OPCO LLC
Address: 2619 TRENTON ROAD, LEVITTOWN, PA, 19056
Phone: 2159436611 **Email:**

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 05/06/1997 **Issued By:** Township of Middletown

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 38 **Waking Staff:** 29

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 02/18/2021

Inspection Dates and Department Representative

02/12/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 48 **Residents Served:** 35

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Year of Age or Older:** 35
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 1
Have Mobility Need: 3 **Have Physical Disability:** 31

Inspections / Reviews

02/12/2021 - Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/13/2021

Inspections / Reviews *(continued)*

3/15/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *05/31/2021*

6/1/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

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

Description of Violation

On 12/29/20, at 1pm, Resident #1 informed staff A about an encounter resident #1 had with staff B. Resident#1 stated that staff member B came in to the room and pulled [redacted] by the arm until resident #1 had to say "Stop you are hurting me." This incident was reported to staff person A on 12/29/20 at 1pm. However, this allegation of abuse was was not reported to the local Area Agency on Aging.

Plan of Correction

Accept

- Report was submitted to Bucks County Area on Aging on 3/5/21 by Executive Director (ED). (Document A1)
- ED and/or designee will audit internal incident reports that occurred and grievances/complaints that were received over the preceding 30 days, by 3/13/2021, to ensure allegations of suspected abuse of a resident were reported to the local Area Agency on Aging as required. Identified allegations will be reported as necessary by the ED. (Document A2)
- Regional Director of Care Services (RD/CS) educated ED on regulation 2600.15a on 3/5/21. (Document A3) ED educated staff A and Community Relations Manager (CRM), on regulation 2600.15a on 3/10/21. (Document A4)
- ED and/or designee will review internal incident reports and grievances/complaints by the following business day for 12 weeks to ensure that an incident or allegation that requires reporting under regulation 2600.15a is immediately reported to the local Area Agency on Aging. (Document A5)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.

Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

Completion Date: 06/30/2021

Document Submission

Implemented

ED and/or designee will review internal incident reports and grievances/complaints by the following business day or 12 weeks to ensure that an incident or allegation that requires reporting under regulation 2600.15a is immediately reported to the local Area Agency on Aging. (Document A5)

Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing. (Document A6)

15b Supervisor Plan

1. Requirements

2600.

15b - Supervisor Plan (continued)

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 12/29/20 at 1pm, Resident #1 informed staff A about an encounter resident #1 had with staff B. Resident#1 stated staff member B came in to the room and pulled [redacted] by the arm until resident#1 had to say "Stop, you are hurting me." The home did not develop and implement a plan of supervision or suspend staff member B.

Plan of Correction

Accept

- Staff B completed comprehensive abuse/neglect training on 3/12/21. (Document B1)
- ED and/or designee will audit internal incident reports that occurred and grievances/complaints that were received over the preceding 30 days, by 3/13/21, to ensure allegations of suspected abuse involving a staff person resulted in a suspension or plan of supervision of said staff person. (Document B2)
- RDCS educated the ED on regulation 2600.15b on 3/5/2021. (Document B3)
- Staff A was educated on 3/10/21 by the ED on regulation 2600.15b (Document B4)
- ED and/or designee will review internal incidents and complaints by the following business day for 12 weeks to ensure that an incident or allegation of abuse of a resident involving a staff person results in either suspension or implementation of supervision of the staff person in the alleged incident. (Document B5)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.

Completion Date: 06/30/2021

Document Submission

Implemented

- ED and/or designee will review internal incidents and complaints by the following business day for 12 weeks to ensure that an incident or allegation of abuse of a resident involving a staff person results in either suspension or implementation of supervision of the staff person in the alleged incident. (Document B2)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing. (Document B6)

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 12/29/20, Resident #1 informed staff A about an encounter resident #1 had with staff B. Resident #1 stated that staff member B came in to the room and pulled [redacted] by the arm until resident #1 had to say "Stop, you are hurting me." The home did not submit an incident report to the Department.

16c - Written Incident Report (continued)

Plan of Correction

Accept

- Report was sent to the Department of Human Services Bureau of Licensing on 03/05/21 by the ED. (Document C1)
- ED and/or designee will audit internal incident reports that occurred and grievances/complaints that were received over the preceding 30 days, by 03/13/21, to ensure allegations of suspected abuse were reported to the Department of Human Services Licensing Bureau. Identified allegations will be reported by the ED as necessary. (Document C2)
- RDCS educated the ED on regulation 2600.16c on 03/05/21. (Document C3)
- ED educated staff A on regulation 2600.15c on 3/10/21. (Document C4)
- ED will educate community staff on regulation 2600.16c by 03/18/21. (Document C5)
- ED and/or designee will review internal incident reports and grievances/complaints by the following business day for 12 weeks to ensure that an incident or allegation that requires reporting under regulation 2600.16c is immediately reported to the Department of Human Services Licensing Bureau. (Document C6)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.

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Completion Date: 06/30/2021

Document Submission

Implemented

- ED will educate community staff on regulation 2600.16c by 03/18/21. (Document C5)
- ED and/or designee will review internal incident reports and grievances/complaints by the following business day for 12 weeks to ensure that an incident or allegation that requires reporting under regulation 2600.16c is immediately reported to the Department of Human Services Licensing Bureau. (Document C6)
 - Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing. (Document C7)

25c10 - Advance Notice

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

10. A statement that the resident is entitled to at least 30 days' advance notice, in writing, of the home's request to change the contract.

Description of Violation

The resident-home contract, dated [REDACTED], for resident #1 does include a statement that the resident is entitled to at least 30 days advance written notice of the home's request for a change in the contract. The home failed to provide a written notice of the change in level of services and fees.

25c10 - Advance Notice (continued)

Plan of Correction

Accept

- A written notice of the change in level of service and associated fees for resident #1 was provided to the resident on 03/05/2021 by ED. (Document D1)
- ED and/or designee will audit care level changes of current residents that occurred over the preceding 30 days, by 03/13/21 to ensure that a written notice of the change in level of service and associated fees were sent to the resident Notice will be provided to resident by ED as necessary.. (Document D2)
- RDCS educated ED on regulation 2600.25c10 on 03/05/21. (Document D3)
- ED educated CSM and CRM, on regulation 2600.25c10 on 03/10/2021. (Document D4)
- ED and/or designee will ensure that assessments for residents identified in the weekly ED/CSM will review level of care change for residents weekly for 12 weeks to ensure a written notice of change in level of care as well as associated fees was provided to resident. (Document D5)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.

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Completion Date 06/30/2021

Document Submission

Implemented

- ED and/or designee will audit care level changes of current residents that occurred over the preceding 30 days, by 03/13/21 to ensure that a written notice of the change in level of service and associated fees were sent to the resident Notice will be provided to resident by ED as necessary.. (Document D2)
- ED and/or designee will ensure that assessments for residents identified in the weekly ED/CSM will review level of care change for residents weekly for 12 weeks to ensure a written notice of change in level of care as well as associated fees was provided to resident. (Document D5)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing. (Document D6)

25c11 - List of Rates

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

11. A list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.

Description of Violation

The resident-home contract, dated [REDACTED], for resident #1 was updated on 11/08/20 to higher level of care but failed to include a list of personal care services to be provided.

25c11 - List of Rates (continued)

Plan of Correction**Accept**

- The list of personal care services to be provided based on resident #1's care level increase on 11/08/20 was placed in his/her clinical file on 11/9/20 by the CSM. (Document E1)
- ED and/or designee will audit current resident files to ensure that the most recent care level change(s) made have an associated list of personal care services to be provided based on that change by 03/18/21. (Document E2)
- RDCS educated the ED and CSM on regulation 2600.25c 11 on 03/05/21. (Document E3)
- ED to educate the ED and CSM and CRM on regulation 2600.25c 11 on 03/10/21. (Document E4)
- ED and/or designee will audit residents with level of care change weekly for 12 weeks to ensure an updated list of personal care services is provided and placed in the resident's file. (Document 5)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.

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Document Submission**Implemented**

- ED and/or designee will audit current resident files to ensure that the most recent care level change(s) made have an associated list of personal care services to be provided based on that change by 03/18/21. (Document E4)
- ED and/or designee will audit residents with level of care change weekly for 12 weeks to ensure an updated list of personal care services is provided and placed in the resident's file. (Document E5)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing. (Document E6)

42n - Relocating

1. Requirements

2600.

- 42.n. A resident has the right to relocate and to request and receive assistance, from the home, in relocating to another facility. The assistance shall include helping the resident get information about living arrangements, making telephone calls and transferring records.

Description of Violation

On 02/08/21, resident #1's ██████ asked staff person A for assistance in relocating from the home to ██████ ██████. The facility was informed of resident# 1's request to move to another facility. The home failed to contact the other facility and explained the process to resident #1.

42n - Relocating (continued)

Plan of Correction**Accept**

- The community that resident #1 is interested in moving to was provided his/her clinical file on 02/16/21 by ED). In addition, on 02/16/21 the ED asked resident #1 if there was anything additional that he/she would like for us to do to assist in [REDACTED] move. [REDACTED] declined. (Document F1)
- ED and/or designee will audit current residents wishing to relocate by [REDACTED] to ensure they have been provided adequate assistance. Assistance will be provided as necessary. (Document F2)
- RDCS educated the ED on regulation 2600.42n on 03/05/2021. (Document F3)
- ED will educate current staff on regulation 2600.42n by 03/18/21. (Document F4)
- ED and/or designee will audit resident records who wish to relocate weekly for 12 weeks to ensure adequate assistance has been provided. (Document F5)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.

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Completion Date 06/30/2021

Document Submission**Implemented**

- ED and/or designee will audit resident records who wish to relocate weekly for 12 weeks to ensure adequate assistance has been provided. (Document F5)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing. (Document F6)

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

- 65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
2. Emergency medical plan.
 4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person B completed his/her 40th scheduled work hour on [REDACTED]. However, this staff person did not complete training in the following topics: emergency medical plan, reporting of reportable incidents and conditions.

65b - Rights/Abuse 40 Hours (continued)

Plan of Correction

Accept

- Staff person B completed the required orientation and documentation was placed in staff file on 03/11/21. Document G1)
- ED or designee will audit current staff personnel files to validate that required orientation has been completed and s in their file by 03/18/21. Orientation requirements will be conducted as necessary. (Document G2)
- RDCS educated the ED on regulation 2600.65b on 03/05/21. (Document G3)
- ED and/or designee will audit newly hired personnel files weekly for 12 weeks, to ensur that required orientation has been completed and placed in their respective file. (Document G4)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.

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Completion Date: 06/30/2021

Document Submission

Implemented

- ED or designee will audit current staff personnel files to validate that required orientation has been completed and s in their file by 03/18/21. Orientation requirements will be conducted as necessary. (Document G2)
- ED and/or designee will audit newly hired personnel files weekly for 12 weeks, to ensur that required orientation has been completed and placed in their respective file. (Document G4)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing. (Document G6)
- *Employee's Training Checklist (Document G7)

81b - Resident Personal Equipment

1. Requirements

2600.

- 81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The legs of Resident #1's shower chair are bent to the point of breaking and could be hazardous to the resident.

81b - Resident Personal Equipment (*continued*)**Plan of Correction****Accept**

- Resident #1 shower chair was replaced by the ED on 02/12/21. (Document H1)
- ED and/or designee will audit resident rooms for wheelchairs, walkers, prosthetic devices and other apparatus used by residents to ensure that they are in good repair, clean and free of hazards and assign any necessary work to the appropriate staff person to complete by 03/18/21. (Document H2)
- RDCS educated the ED on regulation 2600.81b on 03/05/21. (Document H3)
- ED will in-service staff on regulation 2600.89b by 03/18/21. (Document H4)
- ED/or designee will complete a weekly check of all resident personal equipment for 12 weeks to ensure that they are in good repair, clean and free of hazards. (Document H5)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.

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Completion Date: 06/30/2021

Document Submission**Implemented**

- ED and/or designee will audit resident rooms for wheelchairs, walkers, prosthetic devices and other apparatus used by residents to ensure that they are in good repair, clean and free of hazards and assign any necessary work to the appropriate staff person to complete by 03/18/21. (Document H2)
- ED will in-service staff on regulation 2600.89b by 03/18/21. (Document H4)
- ED/or designee will complete a weekly check of all resident personal equipment for 12 weeks to ensure that they are in good repair, clean and free of hazards. (Document H5)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing. Document H6)

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 2/12/21 at 10am, the hot water temperature at the bathroom measured 122 degrees Fahrenheit and at 4pm it was 122 degrees Fahrenheit.

89b - Hot Water Temperature (continued)

Plan of Correction

Accept

- The water temperature in rooms #21 and #23 was adjusted on 03/12/21 by the Community Maintenance Technician (CMT) to align with regulation 2600.89b.
- ED and/or designee audited current resident accessible water sources for temperatures that exceed 120oF and adjusted the water temperature accordingly on 03/10/21. (Document I1)
- RDCS educated the ED on regulation 2600.89b on 03/5/21. (Document I2)
- ED will educate maintenance staff on regulation 2600.89b by 03/18/21. (Document I3)
- ED and/or designee will complete a weekly check for 12 weeks of resident accessible water sources to ensure that they are maintained at or below 120oF (Document I4)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.

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Completion Date: 06/30/2021

Document Submission

Implemented

- ED will educate maintenance staff on regulation 2600.89b by 03/18/21. (Document I3)
- ED and/or designee will complete a weekly check for 12 weeks of resident accessible water sources to ensure that they are maintained at or below 120oF (Document I4)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing. (Document I5)

95 - Furniture and Equipment

1. Requirements

2600.

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

Description of Violation

Resident#1 requested a chair to sit to brush ████ teeth. The wooden chair provided by the home is unsteady and wobbly and poses a hazard to the resident.

95 - Furniture and Equipment (*continued*)**Plan of Correction****Accept**

- Resident #1 chair was repaired by the Community Maintenance Tech (CMT) on 02/16/21. (Document J1)
- ED and/or designee will audit furniture in resident rooms and common areas for furniture that is not in good repair, clean and free of hazards and assign any necessary work to the appropriate staff person to complete by 03/18/21. (Document J2)
- RDCS educated the ED on regulation 2600.95 on 03/5/21. (Document J3)
- ED will in-service staff on regulation 2600.95 by 03/18/21. (Document J4)
- ED and/or designee will complete a weekly audit for 12 weeks of all furniture in resident rooms and common areas to ensure that they are in good repair, clean and free of hazards. (Document J5)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.

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Completion Date: 06/30/2021

Document Submission**Implemented**

- ED and/or designee will audit furniture in resident rooms and common areas for furniture that is not in good repair, clean and free of hazards and assign any necessary work to the appropriate staff person to complete by 03/18/21. (Document J2)
- ED will in-service staff on regulation 2600.95 by 03/18/21. (Document J4)
- ED and/or designee will complete a weekly audit for 12 weeks of all furniture in resident rooms and common areas to ensure that they are in good repair, clean and free of hazards. (Document J5)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing. (Document J6)

225d - Higher Level of Care

1. Requirements

2600.

225.d. If the resident's physician or appropriate assessment agency determines that the resident requires a higher level of care, a plan for placement shall be made as soon as possible by the administrator in conjunction with the resident or designated person, or both.

Description of Violation

On [REDACTED] resident #1 was determined to need a higher level of care by staff person A. The home has not developed a placement plan for the resident.

225d - Higher Level of Care (continued)

Plan of Correction**Accept**

- A plan for placement was not required for resident #1 as their level of care remained within the scope of personal care. (Document K1)
- ED and/or designee will audit current resident assessments that occurred over the preceding 30 days, beginning 03/13/21, noting any determination by a physician or appropriate assessment agency that the resident requires a higher level of care than the residence can accommodate by 03/18/21. (Document K3)
- RDCS educated the ED and CSM on regulation 2600.225d on 03/05/21. (Document K2)
- ED and/or designee will conduct a weekly audit for 12 weeks to ensure that residents with assessments by physicians or agencies determining a need for higher level of care than the residence can accommodate, a plan for placement will be made in conjunction with the resident or designated person. (Document K4)
- Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.

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Completion Date: 06/30/2021

Document Submission**Implemented**

- ED and/or designee will conduct a weekly audit for 12 weeks to ensure that residents with assessments by physicians or agencies determining a need for higher level of care than the residence can accommodate, a plan for placement will be made in conjunction with the resident or designated person. (Document K4)
 - Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing. (Document K5)
- *Level of Care Change Letters to Residents May

228a - Assistance Relocating

1. Requirements

2600.

228.a. At the resident's request, the home shall provide assistance in relocating to the resident's own home or to another residence that meets the needs of the resident.

Description of Violation

On [REDACTED] resident #1 notified staff person A that he/she wanted assistance in relocating to another residence. The home has not provided the resident with that assistance.

228a - Assistance Relocating (continued)

Plan of Correction**Accept**

- *The community that resident #1 is interested in moving to was sent his/her clinical file on 02/16/21 by ED. Resident #1 declined any further assistance. (Document L1)*
- *ED and/or designee will audit current residents wishing to relocate by 3/13/21 to ensure they have been provided adequate assistance. Assistance will be provided as necessary. (Document L2)*
- *RDCS educated the ED and CSM on regulation 2600.228a on 03/05/21. (Document L3)*
- *ED and/or designee will audit residents' records who wish to relocate weekly for 12 weeks to ensure adequate assistance has been provided. (Document L4)*
- *Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing.*

Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

Completion Date: 06/30/2021

Document Submission**Implemented**

- *ED and/or designee will audit residents' records who wish to relocate weekly for 12 weeks to ensure adequate assistance has been provided. (Document L4)*
- *Results of the audit will be discussed during monthly QI meetings. The QI Committee will determine if continued auditing is necessary based on three consecutive months of compliance. Monitoring will be ongoing. (Document L5)*