

Department of Human Services
Bureau of Human Service Licensing

January 4, 2022

[REDACTED], PRESIDENT OF MANAGER
[REDACTED]
[REDACTED]

RE: LAKEVIEW PERSONAL CARE
498 LISBON ROAD
DARLINGTON, PA, 16115
LICENSE/COC#: 45161

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/14/2021, 07/16/2021, 08/09/2021, 08/10/2021, 08/17/2021, 08/20/2021 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 - PUBLIC

Facility Information

Name: LAKEVIEW PERSONAL CARE License #: 45161 License Expiration: 06/21/2022
Address: 498 LISBON ROAD, DARLINGTON, PA 16115
County: BEAVER Region: WESTERN

Administrator

[REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 03/22/1993 Issued By: Dept L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 68 Waking Staff: 51

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Complaint Exit Conference Date: 08/20/2021

Inspection Dates and Department Representative

07/14/2021 - On-Site: [REDACTED]
07/16/2021 - On-Site: [REDACTED]
08/09/2021 - On-Site: [REDACTED]
08/10/2021 - Off-Site: [REDACTED]
08/17/2021 - Off-Site: [REDACTED]
08/20/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 92 Residents Served: 56

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 55
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 12 Have Physical Disability: 0

Inspection Dates and Department Representative (*continued*)

Inspections / Reviews

07/14/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/20/2021*

09/27/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/04/2021*

10/05/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/01/2021*

01/04/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 7/14/21, the following documents were not posted in a public and conspicuous place in the home:

- *a copy of the most recent license inspection summary, dated 4/5/21*
- *a copy of the current license, dated 6/21/21-6/21/22*

Plan of Correction

Accept

On 7/14/21 the most recent license inspection summary and a copy of the current license was posted at the front entrance. The Administrator shall be responsible for ensuring that the most current and proper documents are posted at all times in the proper areas.

The Administrator will inspect the postings area on the last day of each month to ensure that there is a current license and a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Completion Date: 09/27/2021

Document Submission

Implemented

On 7/14/21 the most recent license inspection summary and a copy of the current license was posted at the front entrance. The Administrator shall be responsible for ensuring that the most current and proper documents are posted at all times in the proper areas.

The Administrator will inspect the postings area on the last day of each month to ensure that there is a current license and a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Completion Date: 09/27/2021

Completion Date: 09/27/2021

25a - Written Contract and Review

1. Requirements

2600.

- 25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident #1 was admitted to the home on [REDACTED] however, a resident-home contract was not completed.

Plan of Correction

Accept

The Administrator shall ensure that prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature. A current Resident Contract was signed by the resident and administrator on 7/15/21 and presented to the inspector.

Moving forward the Administrator is responsible for reviewing all contracts after they have been completed to

25a - Written Contract and Review (continued)

ensure that all areas have been signed by the the resident, the responsible person and the designated person and dated appropriately. I am the only person performing admissions and signing contracts at this time. In the future if any new staff are required to do admission paperwork with families the Administrator will be responsible for training and reviewing the regulations with them.

Completion Date: 09/27/2021

Document Submission

Implemented

The Administrator shall ensure that prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature. A current Resident Contract was signed by the resident and administrator on 7/15/21 and presented to the inspector.

Moving forward the Administrator is responsible for reviewing all contracts after they have been completed to ensure that all areas have been signed by the the resident, the responsible person and the designated person and dated appropriately. I am the only person performing admissions and signing contracts at this time. In the future if any new staff are required to do admission paperwork with families the Administrator will be responsible for training and reviewing the regulations with them.

Completion Date: 09/27/2021

Completion Date: 09/27/2021

25b - Contract Signatures

1. Requirements

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

Resident #2's and resident #3's resident-home contract, dated [REDACTED], is not signed by the residents.

Plan of Correction

Accept

The Administrator shall ensure that prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature. The Resident Contracts that were signed by the power of attorney were reviewed with each resident on the day of admission however the residents stated that "their signatures are good enough" and did not sign the contracts. Both residents contracts have been updated to reflect that they did not want to sign. On 7/15/21 I reviewed the contract with both residents and they still stated that the power of attorneys signature was good enough.

Moving forward the Administrator is responsible for reviewing all contracts after they have been completed to ensure that all areas have been signed by the the resident, the responsible person and the designated person and dated appropriately. I am the only person performing admissions and signing contracts at this time. In the future if any new staff are required to do admission paperwork with families the Administrator will be responsible for training and reviewing the regulations with them.

Completion Date: 09/27/2021

Document Submission

Implemented

he Administrator shall ensure that prior to admission, or within 24 hours after admission, a written resident-home

25b - Contract Signatures (continued)

contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature. The Resident Contracts that were signed by the power of attorney were reviewed with each resident on the day of admission however the residents stated that "their signatures are good enough" and did not sign the contracts. Both residents contracts have been updated to reflect that they did not want to sign. On 7/15/21 I reviewed the contract with both residents and they still stated that the power of attorneys signature was good enough.

Moving forward the Administrator is responsible for reviewing all contracts after they have been completed to ensure that all areas have been signed by the the resident, the responsible person and the designated person and dated appropriately. I am the only person performing admissions and signing contracts at this time. In the future if any new staff are required to do admission paperwork with families the Administrator will be responsible for training and reviewing the regulations with them.

Completion Date: 09/27/2021

Completion Date: 09/27/2021

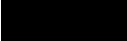
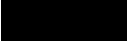

41e - Signed Statement**1. Requirements**

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

The following records do not include a statement signed by the resident acknowledging receipt of a copy of the resident's rights and complaint procedures:

- *resident #1, admitted* 
- *resident #2, admitted* 
- *resident #3, admitted* 

Plan of Correction

Accent

On 9/27/21 Resident #1, #2, and #3 were approached and presented the residents rights and complaint procedures contained in the Resident Contracts. Each resident stated that they understood this information and were confident that their POA's had taken care of this information properly.

Moving forward the Administrator will ensure that all residents review and sign (if able) each area of the contract required by the state the notices of resident rights and complaint procedures. This information is included in every resident contract. The Administrator is currently the only person completing admission paperwork at this time. In the future if there is a new staff person hired for this position, the Administrator shall be responsible for training the new staff in the proper signatures and dating of each item in the contracts.

Completion Date: 09/27/2021

41e - Signed Statement (continued)

Document Submission

Implemented

On [REDACTED] Resident #1 contract was signed by the resident. The contract contains the acknowledgement of receipt of the resident's rights and complaint procedures. It is the Administrators responsibility to ensure that all contracts are completed and signed by the resident, the residents Responsible Person and Guarantor.

On [REDACTED] Resident #1, #2, and #3 were approached and presented the residents rights and complaint procedures contained in the Resident Contracts. Each resident stated that they understood this information and were confident that their POA's had taken care of this information properly.

Moving forward the Administrator will ensure that all residents review and sign (if able) each area of the contract required by the state the notices of resident rights and complaint procedures. This information is included in every resident contract. The Administrator is currently the only person completing admission paperwork at this time. In the future if there is a new staff person hired for this position, the Administrator shall be responsible for training the new staff in the proper signatures and dating of each item in the contracts.

Completion Date: 09/27/2021

57b - 1 Hour/Day

1. Requirements

2600.

57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

Description of Violation

On [REDACTED], there were 53 residents residing in the home, including 10 with mobility needs, requiring a total minimum of 63 direct care hours. On this day, only 33.25 hours of direct care staffing were provided.

On [REDACTED], there were 53 residents residing in the home, including 10 with mobility needs, requiring a total minimum of 63 direct care hours. On this day, only 44 hours of direct care staffing were provided.

Plan of Correction

Accept

Currently The Health Care Director and the Administrator are ensuring that each shift is scheduled and covered with the required hours of direct personal care for all residents with mobility needs. We are utilizing Liken Staffing Agency to cover any openings in the schedule. The Wellness Director and Administrator will fill in to cover shifts as needed.

The schedule is being monitored by the Health Care Director and the Administrator daily and the day prior to any weekend and holiday. The supervisors are to report to the Health Care Director or the Administrator if they cannot find a replacement for any call off. All staff have been in-serviced as to the proper protocol for calling off and covering of shifts. This was completed on 7/17/21.

Completion Date: 07/17/2021

Document Submission

Implemented

Currently The Health Care Director and the Administrator are ensuring that each shift is scheduled and covered with the required hours of direct personal care for all residents with mobility needs. We are utilizing Liken Staffing Agency to cover any openings in the schedule. The Wellness Director and Administrator will fill in to cover shifts as needed.

57b - 1 Hour/Day (continued)

The schedule is being monitored by the Health Care Director and the Administrator daily and the day prior to any weekend and holiday. The supervisors are to report to the Health Care Director or the Administrator if they cannot find a replacement for any call off. All staff have been in-serviced as to the proper protocol for calling off and covering of shifts. This was completed on 7/17/21.

Completion Date: 09/27/2021

57d - Waking Hours**1. Requirements**

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On 7/3/21, there were 53 residents residing in the home, including 10 with mobility needs, requiring a total minimum of 47.25 direct care staffing during waking hours. On this day, only 19 hours of direct care staffing were provided during waking hours.

On 7/4/21, there were 53 residents residing in the home, including 10 with mobility needs, requiring a total minimum of 47.25 direct care staffing during waking hours. On this day, only 36.75 hours of direct care staffing were provided during waking hours.

Plan of Correction**Accept**

Currently The Health Care Director and the Administrator are ensuring that each shift is scheduled and covered with the required hours of direct personal care for all residents with mobility needs. We are utilizing Liken Staffing Agency to cover any openings in the schedule.

The schedule is being monitored by the Health Care Director and the Administrator daily and the day prior to any weekend and holiday. The supervisors are to report to the Health Care Director or the Administrator if they cannot find a replacement for any call off. All staff have been in-serviced as to the proper protocol for calling off and covering of shifts. This was completed on 7/17/21.

Completion Date: 07/17/2021

Document Submission**Implemented**

Currently The Health Care Director and the Administrator are ensuring that each shift is scheduled and covered with the required hours of direct personal care for all residents with mobility needs. We are utilizing Liken Staffing Agency to cover any openings in the schedule.

The schedule is being monitored by the Health Care Director and the Administrator daily and the day prior to any weekend and holiday. The supervisors are to report to the Health Care Director or the Administrator if they cannot find a replacement for any call off. All staff have been in-serviced as to the proper protocol for calling off and covering of shifts. This was completed on 7/17/21.

Completion Date: 09/17/2021

85e - Trash Outside Home**1. Requirements**

85e - Trash Outside Home (continued)

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 7/14/21, at approximately 12:40 p.m., both lids on the outdoor dumpster were open, and there were multiple bags and boxes sitting on top of them.

Plan of Correction

Accept

Immediate and ongoing the Maintenance Director is checking the dumpster three times per day (7am, 12pm and 4pm) to ensure that the sliding doors and lids are closed at all times. All staff have been directed to ensure that the sliding doors are closed during the evening hours and weekends or when management are not present in the community as required in REGULATION 55 Pa.Code §2600.85(e). This was completed on 7/15/21.

Completion Date: 07/15/2021

Document Submission

Implemented

Immediate and ongoing the Maintenance Director is checking the dumpster three times per day (7am, 12pm and 4pm) to ensure that the sliding doors and lids are closed at all times. All staff have been directed to ensure that the sliding doors are closed during the evening hours and weekends or when management are not present in the community as required in REGULATION 55 Pa.Code §2600.85(e).

Completion Date: 10/15/2021

100a - Exterior - Free of Hazards

1. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On 7/14/21, floorboard sections measuring 8" x 1" and 13" x 3", were missing from the dock at the edge of the home's pond, posing a potential hazard.

On 7/14/21, there was paint peeling from multiple areas of the exterior deck, located off of the dining room on the main level.

WITHDRAWN 1/4/22

Plan of Correction

Directed

Two decking boards were replaced on 7/15/21 by the Maintenance Director. The Maintenance Director will perform a monthly inspection of the decking and handrails surrounding the pond and replace any boards that are found to be unsafe.

The Maintenance Director performed a complete inspection of the deck area on 9/27/21. He found that there are not any dangers for residents or visitors at this time.

The Maintenance Director will perform a monthly inspection of the deck to ensure that it is safe and secure from any dangers to residents or visitors. The Maintenance Director is currently scheduling a time when the deck can be painted prior to winter. I cannot specify a date of completion at this time. The deck is safe to utilize at this time.

(Directed)

By 10/19/21, the paint peeling on multiple areas of the exterior deck will be repaired. Documentation will be submitted.

100a - Exterior - Free of Hazards (continued)

(AD 10/5/21)

Completion Date: 09/27/2021

Document Submission

Implemented

wo decking boards were replaced on 7/15/21 by the Maintenance Director. The Maintenance Director will perform a monthly inspection of the decking and handrails surrounding the pond and replace any boards that are found to be unsafe.

The Maintenance Director performed a complete inspection of the deck area on 9/27/21. He found that there are not any dangers for residents or visitors at this time.

The Maintenance Director will perform a monthly inspection of the deck to ensure that it is safe and secure from any dangers to residents or visitors. The Maintenance Director is currently scheduling a time when the deck can be painted prior to winter. I cannot specify a date of completion at this time. The deck is safe to utilize at this time.

Completion Date: 10/05/2021

103f - Refrigerator/Freezer Temps

1. Requirements

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.

Description of Violation

On 7/14/21, at 11:11 a.m., the temperature in the freezer in the kitchenette in the lower level dining room was 8 degrees Fahrenheit, and at 11:32 a.m., it was 2 degrees Fahrenheit.

REPEAT VIOLATION: 4/5/2021

Plan of Correction

Accept

On 7/14/21 the refrigerator in the kitchenette in the lower dining room area, was checked in the evening and the temperature was 0 degrees Fahrenheit to ensure that the refrigerator was working properly. The dining room manager or supervisor is responsible for checking all refrigerators daily and signing off on a temp tracking sheet, twice daily, to ensure that all units are working properly and keeping foods at the proper temperatures.

All dining staff were trained on 9/27/21 the proper temperatures for refrigerated food and frozen food. Each staff member was trained what to do if there is a drop in temperature and who to contact in the event of a cooling failure.

The Administrator and Dining Manager will perform a monthly in-service concerning temperature monitoring with all dining staff to ensure that all refrigerators and freezers remain at their proper temperature.

Completion Date: 09/27/2021

Document Submission

Implemented

On 7/14/21 the refrigerator in the kitchenette in the lower dining room area, was checked in the evening and the temperature was 0 degrees Fahrenheit to ensure that the refrigerator was working properly. The dining room manager or supervisor is responsible for checking all refrigerators daily and signing off on a temp tracking sheet, twice daily, to ensure that all units are working properly and keeping foods at the proper temperatures.

All dining staff were trained on 9/27/21 the proper temperatures for refrigerated food and frozen food. Each staff member was trained what to do if there is a drop in temperature and who to contact in the event of a cooling failure.

The Administrator and Dining Manager will perform a monthly in-service concerning temperature monitoring with

103f - Refrigerator/Freezer Temps (continued)

all dining staff to ensure that all refrigerators and freezers remain at their proper temperature.

Completion Date: 09/27/2021

105g - Lint Removal and Duct Cleaning**1. Requirements**

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 7/14/21, there was an accumulation of approximately ¼ inch of lint in the lint trap of the empty industrial dryer on the right, in the lower level.

Plan of Correction**Accept**

The lint trap was cleaned on 7/14/21. A daily clean up sheet has been placed in the laundry room that must be signed by the laundry staff at the end of each of their shifts. The Administrator is responsible for reviewing the sign off sheet and inspecting the dryers daily to ensure that the units are free from lint.

Completion Date: 07/14/2021

Document Submission**Implemented**

The lint trap was cleaned on 7/14/21. A daily clean up sheet has been placed in the laundry room that must be signed by the laundry staff at the end of each of their shifts. The Administrator is responsible for reviewing the sign off sheet and inspecting the dryers daily to ensure that the units are free from lint.

Completion Date: 07/14/2021

Completion Date: 07/14/2021

121a - Unobstructed Egress**1. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 7/14/21, the emergency exit door in hallway A before bedroom A12 was locked with a key fob, blocking the emergency egress route.

Plan of Correction**Directed**

on 7/15/21 The magnetic locking mechanism was disabled and both entrances of the unit are now open and unobstructed. The installers of the system have been contacted and will be out to the community to remove the system.

(Directed)

By 10/19/21, all staff will be educated on Chapter 2600.121(a). Documentation will be submitted to the Department.

(AD 10/5/21)

Completion Date: 09/29/2021

Document Submission**Implemented**

on 7/15/21 The magnetic locking mechanism was disabled and both entrances of the unit are now open and

121a - Unobstructed Egress (continued)

unobstructed. The installers of the system have been contacted and will be out to the community to remove the system.

Completion Date: 07/15/2021

Update - 09/27/2021

Provide staff training on Chapter 2600.121a.

Plan of Correction Directed

on 7/15/21 The magnetic locking mechanism was disabled and both entrances of the unit are now open and unobstructed. The installers of the system have been contacted and will be out to the community to remove the system.

(Directed)

By 10/19/21, all staff will be educated on Chapter 2600.121(a).

Completion Date: 09/29/2021

133.1 - Exit Signs**1. Requirements**

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

On 7/14/21, the arrow on the emergency exit sign in the hallway pointed to a door between rooms A12 and A14 leading outside; however, there was no exit sign over the door, and there was a sign on the door indicating this is not an exit.

Plan of Correction**Directed**

On 7/15/21 a new EXIT sign was placed over the door between rooms A12 and A14. The "Not and EXIT" sign was removed from the face of the door.

It will be the Maintenance Directors responsibility to ensure that all exits are appropriately labeled and accessible. The Maintenance Director will discuss any future concerns about emergency exits.

(Directed)

Beginning 10/19/21, the maintenance director or designated staff person will conduct checks of all exits, weekly for 4 weeks, then monthly thereafter, to ensure compliance with Chapter 2600.133.1. Documentation will be kept.

(AD 10/5/21)

It will be the Maintenance Directors responsibility to ensure that all exits are appropriately labeled and accessible. The Maintenance Director will discuss any future concerns about emergency exits.

(Directed)

Beginning 10/19/21, the maintenance director or designated staff person will conduct checks of all exits, weekly for 4 weeks, then monthly thereafter, to ensure compliance with Chapter 2600.133.1. Documentation will be kept.

Completion Date: 09/27/2021

191 - Resident Right to Refuse

1. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

There is no documentation that the following residents were educated to the resident's right to question or refuse medication if the resident believes that there may be a medication error:

- resident #1, [REDACTED]
- resident #2, [REDACTED]
- resident #3, [REDACTED]
- resident #4, [REDACTED]

Plan of Correction**Accept**

On [REDACTED] Resident #1 contract was signed by the resident. The facilities contract contains the acknowledgement that the resident has the right right to question or refuse medication if the resident believes that there may be a medication error . It is the Administrators responsibility to ensure that all contracts are reviewed by the residents Responsible Person and Guarantor and signed by the resident, the residents Responsible Person and Guarantor.

On [REDACTED] Resident #1, #2, and #3 were approached and presented the residents rights to refuse to question or refuse a medication if the resident feels that there may be a medication error. by the Administrator. Each resident stated that they understood this information and were confident that their POA's had taken care of this information properly.

Moving forward the Administrator will ensure that all residents review and sign (if able) each area of the contract required by the state the notices of resident rights and complaint procedures. This information is included in every resident contract. The Administrator is currently the only person completing admission paperwork at this time. In the future if there is a new staff person hired for this position, the Administrator shall be responsible for training the new staff in the proper signatures and dating of each item in the contracts.

Completion Date: 09/27/2021

Document Submission**Implemented**

On [REDACTED] Resident #1 contract was signed by the resident. The facilities contract contains the acknowledgement that the resident has the right right to question or refuse medication if the resident believes that there may be a medication error . It is the Administrators responsibility to ensure that all contracts are reviewed by the residents Responsible Person and Guarantor and signed by the resident, the residents Responsible Person and Guarantor.

On [REDACTED] Resident #1, #2, and #3 were approached and presented the residents rights to refuse to question or refuse a medication if the resident feels that there may be a medication error. by the Administrator. Each resident stated that they understood this information and were confident that their POA's had taken care of this information properly.

Moving forward the Administrator will ensure that all residents review and sign (if able) each area of the contract required by the state the notices of resident rights and complaint procedures. This information is included in every resident contract. The Administrator is currently the only person completing admission paperwork at this time. In the future if there is a new staff person hired for this position, the Administrator shall be responsible for training the new staff in the proper signatures and dating of each item in the contracts.

Completion Date: 09/27/2021

191 - Resident Right to Refuse *(continued)*