



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT  
REQUESTED MAILING DATE: August 10, 2022

██████████  
Ark Manor LLC  
105 Sandra Drive  
Delmont, Pennsylvania 15626

RE: Ark Manor  
105 Sandra Drive  
Delmont, Pennsylvania 15626  
License/COC #: 446861

Dear ██████████:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on November 2, 2021, November 3, 2021, November 8, 2021, November 16, 2021, November 17, 2021, February 15, 2022, February 16, 2022, February 17, 2022, February 23, 2022, February 24, 2022, February 25, 2022, March 14, 2022, March 30, 2022, May 2, 2022, May 3, 2022, June 8, 2022, June 9, 2022, and June 10, 2022, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 446860) dated February 19, 2022 – February 19, 2023, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1); (5) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from August 10, 2022 to February 10, 2023.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600 Section:	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
15(a)	II	30	\$5	\$150	5 calendar days from mailing date of this letter
16(c)	II	30	\$5	\$150	5 calendar days from mailing date of this letter
42(b)	II	30	\$5	\$150	5 calendar days from mailing date of this letter
95	II	30	\$5	\$150	5 calendar days from mailing date of this letter
141(a)	II	30	\$5	\$150	5 calendar days from mailing date of this letter
183(b)	II	30	\$5	\$150	5 calendar days from mailing date of this letter
187(b)	II	30	\$5	\$150	5 calendar days from mailing date of this letter
225(a)	II	30	\$5	\$150	5 calendar days from mailing date of this letter
225(c)	II	30	\$5	\$150	5 calendar days from mailing date of this letter
227(c)	II	30	\$5	\$150	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been

achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jeanne Parisi, Bureau Director  
Pennsylvania Department of Human Services  
Bureau of Human Services Licensing  
Room 631, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120  
PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Jamie Buchenauer  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Licensing Inspection Summary

cc:



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

**Facility Information**

Name: *ARK MANOR* License #: *44686* License Expiration:  
Address: *105 SANDRA DRIVE, DELMONT, PA 15626*  
County: *WESTMORELAND* Region: *WESTERN*

**Administrator**

Name: [REDACTED] Phone: *7244686200* Email: [REDACTED]

**Legal Entity**

Name: *ARK MANOR LLC*  
Address: *105 SANDRA DRIVE, DELMONT, PA, 15626*  
Phone: *7244686200* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *06/23/2006* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *47* Waking Staff: *35*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *11/16/2021*

**Inspection Dates and Department Representative**

11/02/2021 - On-Site: [REDACTED]  
11/03/2021 - Off-Site:  
11/08/2021 - Off-Site:  
11/16/2021 - On-Site:  
11/17/2021 - Off-Site:

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *70* Residents Served: *39*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *1*

**Number of Residents Who:**

Receive Supplemental Security Income: *13* Are 60 Years of Age or Older: *36*  
Diagnosed with Mental Illness: *12* Diagnosed with Intellectual Disability: *1*  
Have Mobility Need: *8* Have Physical Disability: *0*

Inspection Dates and Department Representative (*continued*)

## Inspections / Reviews

11/02/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/03/2021*

11/02/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/13/2021*

11/02/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/24/2021*

81b - Resident Personal Equipment

Physical Site

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

On 11/16/21, the bilateral bed enablers on resident #4's bed were not covered and each had an opening of 5", posing a potential entrapment hazard.

Plan of Correction

Directed

On 11/29/2021 the bilateral bed enablers on Resident #4's bed were covered.

An individual training with each DCS will be done by Administration the week of 12-13 to 12-17-21 to include the importance of this regulation. DCS will be trained on this regulation to include training that this enabler and all future enablers will need to be covered, clean and intact at all times. (DIRECTED: Documentation of the education shall be kept. LM 12/13/21). Administrator will do weekly walkthroughs to check for compliance and safety. Documentation upon completion

Completion Date: 12/17/2021 Licensee's Proposed Date for POC Implementation

7/27/22 JK

Not Implemented

83a - Indoor Temperature

Physical Site

1. Requirements

2600.

83.a. The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the home.

Description of Violation

On 11/2/21 at 9:30am, the temperature in the common dining room used by the residents was 65.6 degrees Fahrenheit. Also, temperatures measured in numerous common areas throughout the home between 9:30am and 10:20am ranged from 65.6 degrees Fahrenheit to 68 degrees Fahrenheit. On 11/2/21, 39 residents were present in the home.

Plan of Correction

Directed

On 11-2-2021, the day of inspection, the thermostats were turned up. Later on that same day, the alarm went off for the carbon monoxide detectors in the basement. The Emergency Operations Plan was put into effect immediately. 911 was called and all Residents were moved to a safe place. When the Heating/Cooling Company came, a leak in a gas pipe was found. This explains the reasons for low temperatures found by Inspectors earlier in the day. When the building was proven to be safe by the Emergency teams, all Residents re-entered. The heating elements brought in by the Emergency Management Crew kept the temperatures in the building at 70 & above. The pipe was repaired by The Heating/cooling Company as well as replacing a boiler. The thermostats are all set at 70 throughout the home. An individual training will be done by Administration with each DCS the week of 12-13-12-17-21. (DIRECTED: Documentation of the training shall be kept. LM 12/13/21). The focus will be on reporting drops in temperature to Administration. The Home was full of many Emergency personnel that can give proof of the procedures used. Also bills from the Heating/cooling company are available. This was reported to DHS on 12-3-21 also

Physical Site (continued)

This violation is being disputed due To all proper procedures are being followed. It was not known at the time that the temperatures Dropped that there was a problem with the heating system. The Heating/Cooling Company was called in on the same day of inspection. The thermostats were working. There is no way to account for something breaking down. When it was found to be a leak in the gas. All proper procedures were followed using our emergency preparedness plan. All residents families were informed, and given the option to take their loved one home. All temperatures were kept at 70 or above, in fact some residents didn't even want a blanket because they thought it was too warm

Documentation upon request

DIRECTED: Within 5 calendar days of receipt of the plan of correction, then weekly thereafter: A designated staff person shall monitor the temperature inside the home from various locations to ensure the indoor temperature is at least 70 degrees Fahrenheit. LM 12/13/21

Completion Date: 12/17/2021 Licensee's Proposed Date for POC Implementation

7/27/22 JK Not Implemented

85a - Sanitary Conditions

Physical Site

1. Requirements

2600. 85.a. Sanitary conditions shall be maintained.

Description of Violation

On 11/2/21 at 9:32 am, a plastic garbage bag, which was full of trash, was present on the ground outside bedroom #101.

On 11/16/21, 7 cigarette butts were present on the floor in resident #4's bedroom.

Plan of Correction

Directed

On 11-2-21, the Day of inspection, the garbage and cigarette butts were cleaned up. A training was done with DCS by Administration on 12-6-21 to include this regulation. (DIRECTED: Documentation of the education shall be kept. LM 12/13/21). DCS has been instructed by Administration to collect and dispose of garbage on each shift and check for cigarette butts in Resident #4's room. Resident #4 has been talked to and asked numerous times to not bring cigarette butts into the building. This Resident has it in mind that the butts may be needed at a later date if runs out of cigarettes. Administration will do weekly walkthroughs to be sure regulation is followed. Documentation upon request

Completion Date: 12/17/2021 Licensee's Proposed Date for POC Implementation

7/27/22 JK Not Implemented

227d - Support Plan Medical/Dental

Services

1. Requirements

Services (continued)

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

Resident #4 uses bilateral bed enablers for positioning; however, this is not indicated on the resident's most recent support plan, dated 4/28/21.

Plan of Correction

Directed

Resident #4’s Support Plan was updated to state bed enablers are used for positioning on 11-29-21. A form for reporting any changes occurring in Residents was made to include things such as mobility change, new apparatus needed, decline of any kind etc. was made by Executive Director. It was reviewed with Administration to implement into practice. Administration will include it in the individual training with DCS 12-13 to 12-17-21. (DIRECTED: Documentation of the education shall be kept. LM 12/13/21). DCS will be made aware of the form and when to use during their training. It will be in the Med room, and if any form is used it will be put in Administration basket to be addressed. All other Support plans will be reviewed for accuracy and updated if needed by Administration. Due to Staffing, this review may take a little longer, but will be finished by 2-1-22  
Documentation available

DIRECTED: Within 10 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a system of communication to ensure all staff persons are aware of residents who may display inappropriate behaviors, such as touching other residents, as well ensuring all staff persons are aware of any residents who are exit-seeking. All staff persons shall be educated on the new system. Documentation of the education shall be kept. LM 12/13/21

Completion Date: 02/01/2022 Licensee’s Proposed Date for POC Implementation

7/27/22 JK

Not Implemented

15a - Resident Abuse Report

General Requirements

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 or around [redacted] /21 or [redacted] /21, between approximately 5:30pm and 6:00pm, resident #1 rubbed [redacted] hands across resident #2’s [redacted] in the common dining room, and resident #2 screamed, 'Stop! Don't touch me! Get away from me!'. This incident was observed by staff person A; however, this incident was not reported to the local Area Agency on Aging.

REPEAT VIOLATION: 9/2/2020

General Requirements (continued)

Plan of Correction

Directed

On 12-11-21 the incident involving Resident #1 and Resident #2 was reported on an Act 13 form to Older Adult Protective Services. A training was done by Administration on 12-6-21. This training included what mandatory reporting is and why it is so important. Administration will do individual training with Med Techs the week of 12-13/12-17-21. They will be trained on how to report abuse immediately to DHS and Older Adult Protective Services. (DIRECTED: Documentation of the education shall be kept. LM 12/13/21). This will ensure that if Administration is unavailable, everything will still get reported in a timely manner. Administration will still review and investigate all reports as warranted. Documentation available

DIRECTED: Within 5 calendar days of receipt of the plan of correction: A designated staff person shall review all internal incidents and conditions daily, to ensure all allegations of abuse or neglect are reported timely to the Department in accordance with 2600.16c, and the local Area Agency on Aging in accordance with the Older Adult Protective Services Act. LM 12/13/21

Completion Date: 12/17/2021 Licensee's Proposed Date for POC Implementation

7/27/22 JK Not Implemented

16c - Written Incident Report

General Requirements

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 or around [redacted] 21 or [redacted] /21, between approximately 5:30pm and 6:00pm, resident #1 rubbed [redacted] hands across resident #2's [redacted] in the common dining room, and resident #2 screamed, 'Stop! Don't touch me! Get away from me!'. This incident was observed by staff person A; however, this incident was not reported to the Department.

REPEAT VIOLATION: 9/2/2020

Plan of Correction

Directed

A training was done by Administration on 12-6-21. This training included what mandatory reporting is and why it is so important. Administration will do individual training with Med Techs the week of 12-13/12-17-21. They will be trained on how to report abuse immediately to DHS and Older Adult Protective Services. (DIRECTED: Documentation of the education shall be kept. LM 12/13/21). This will ensure that if Administration is unavailable, everything will still get reported in a timely manner. Administration will still review and investigate all reports as warranted. Documentation available

DIRECTED: Within 5 calendar days of receipt of the plan of correction: A designated staff person shall review all internal incidents and conditions daily, to ensure all allegations of abuse or neglect are reported timely to the Department in accordance with 2600.16c, and the local Area Agency on Aging in accordance with the Older Adult Protective Services Act. LM 12/13/21

Completion Date: 12/17/2021 Licensee's Proposed Date for POC Implementation

7/27/22 JK Not Implemented -

## 42b - Abuse

## Resident Rights

## 1. Requirements

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 or about [REDACTED]/21 or [REDACTED]/21 between approximately 5:30pm and 6:00pm, resident #1 was observed rubbing [REDACTED] hands across resident #2's [REDACTED] and resident #2 screamed out, 'Stop! Don't touch me! Get away from me!'

On [REDACTED]/21 or [REDACTED]/21, [REDACTED]/21, and [REDACTED]/21, a neighbor, [REDACTED] observed resident #6 walking unattended and heading towards the woods near the neighbor's house. The resident appeared confused, so the neighbor escorted resident #6 back to the home on all 3 occasions; however, resident #6's most recent assessment, dated [REDACTED]/21, indicates that the resident requires minimal supervision, and the resident's most recent support plan, dated [REDACTED]/21, indicates the resident "does very well in [REDACTED] surroundings here at the home but would need some supervision out in unfamiliar places."

REPEAT VIOLATION: 9/2/2020

**Plan of Correction****Directed**

Resident #6 is no longer residing in the Facility. Resident #1 denies intentionally touching Resident #2's [REDACTED]. They both still reside in the building. They are separated and observed when in the same room. A training was done by Administration with DCS on 12-6-21 on regulation 42b. (DIRECTED: Documentation of the education shall be kept. LM 12/13/21). All other Residents were discussed among all Staff to determine if there are any other exit seeking Residents residing in the building. There are none at this time. The doors have been checked by Administration to be sure alarms are working, and they are. Administration will review all other RASPS by 2-1-22, to be sure they have an accurate assessment. Individual training on paying attention to and responding to all door alarms, and the importance of always reporting any incidents involving Residents to Administration, will be done between 12-13 to 12-17-21. (DIRECTED: Documentation of the education shall be kept. LM 12/13/21). A new form for documentation will also be reviewed with DCS at time of training. Documentation available

DIRECTED: Within 72 hours of receipt of the plan of correction: Resident #1's support plan shall be updated to include the inappropriate behavior with increased supervision levels, as well as a plan to prevent the behavior from reoccurring. LM 12/13/21

DIRECTED: Within 10 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a system of communication to ensure all staff persons are aware of residents who may display inappropriate behaviors, such as touching other residents, as well ensuring all staff persons are aware of any residents who are exit-seeking. All staff persons shall be educated on the new system. Documentation of the education shall be kept. LM 12/13/21

DIRECTED: Within 10 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a system to ensure resident assessments and support plans are updated as resident care needs change, which includes inappropriate behaviors by residents, as well as residents who are exit-seeking. Documentation of

*Resident Rights (continued)*

*the system shall be kept. LM 12/13/21*

*DIRECTED: Within 7 calendar days of receipt of the plan of correction: The home shall create an interdisciplinary team to review and discuss levels of supervisions and resident behaviors, such as inappropriate touching, exit-seeking behaviors and other internal incidents to ensure residents are not neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. The interdisciplinary team shall meet at least monthly and consist of at least 2 direct care staff persons. Resident assessments and support plans shall immediately be updated as needed immediately following the monthly review. Documentation of the reviews shall be kept, which includes the date of the review, who attended the review and what was discussed. LM 12/13/21*

*DIRECTED: Within 5 calendar days of receipt of the plan of correction, then monthly thereafter: A designated staff person shall interview at least 3 residents in private to ensure residents are not neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. Documentation of the interviews shall be kept. LM 12/13/21*

**Completion Date:** 12/17/2021 **Licensee’s Proposed Date for POC Implementation** 7/27/22 JK  
Not Implemented

95 - Furniture and Equipment

Physical Site

1. Requirements

2600.

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

**Description of Violation**

*On 11/2/21, approximately 20% of the fabric covering the seat of the blue chair in the hallway across from bedroom #206 was saturated with an unknown dark stain.*

*On 11/2/21, a steady, moderate flow of water was leaking from the point where the shower head pipe and wall meet in the the shower of the 200 wing common bathroom.*

REPEAT VIOLATION: 7/21/2021

**Plan of Correction**

**Directed**

*The chair in hallway across from bedroom #206 was disposed of. On 12-2-21, Maintenance Person replaced the shower head and hose in the 200 wing common bathroom. Administration will do individual training with DCS between 12-13 and 12-17-21, to include the need to report any items in need of repair or cleaning. (DIRECTED: Documentation of the education shall be kept. LM 12/13/21). A new form was made to serve as a checklist to turn into Administration. These forms will be kept in each break area and med room. Administration will do weekly walkthroughs of the Facility to look for any items that may need attention. Documentation available*

**Completion Date:** 12/17/2021 **Licensee’s Proposed Date for POC Implementation** 7/27/22 JK  
Not Implemented

183b - Meds and Syringes Locked

Medications

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 11/16/21 at 11:33am, a medication cup containing 1 Oxycarbazepine-300 mg tablet, 1 Metoprolol Tartrate-25mg tablet and 1 Glipizide-5 mg tablet was unlocked, unattended and accessible on resident #4's dresser.

On 11/16/21 at 11:20am, a medication cup containing a 1/2 Oxybutynin-5mg tablet, 1 multivitamin tablet, and 1 Levothyroxine-100mcg tablet was unlocked, unattended and accessible on resident #5's bedside table.

REPEAT VIOLATION: 1/20/2021; 10/31/2019

Plan of Correction

Directed

Medication was removed from rooms immediately day of inspection, 11-16-21. A training was done for DCS by Administration on 12-6-21 on Proper Medication Administration. (DIRECTED: Documentation of the education shall be kept. LM 12/13/21). On 12-14-21 Executive Director will be at the Facility & discuss with Administration a plan to observe how medications are being passed. Administration will observe 2 med passes (not informing Med Tech), for all Med Techs over the next 2 weeks to be sure all meds are administered to Resident in the correct way, being sure the Resident takes the medication in front of Med Tech to ensure no meds are left unattended. (DIRECTED: Documentation of the medication administration observations shall be kept, which includes the date and time of the observation, the name of the med tech being observed, who conducted the observation and if any issues were present. LM 12/13/21). Administration will check 6 random rooms daily or 1 month, and weekly thereafter. If any meds are found unattended, the med tech on that shift will be held responsible and have extra observations and training by Administration. Documentation available

Completion Date: 12/31/2021 Licensee's Proposed Date for POC Implementation

7/27/22 JK  
Not Implemented

225c - Additional Assessment

Services

1. Requirements

2600.

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

- 1. Annually.

Description of Violation

On [redacted] 21 or [redacted] 21, [redacted] 21, and [redacted] 21, a neighbor, [redacted] observed resident #6 walking unattended and heading towards the woods near the neighbor's house. The resident appeared confused, so the neighbor escorted resident #6 back to the home on all 3 occasions. However, resident #6's

1. (continued) Annually.

most recent assessment, dated 3/15/21, indicates that the resident requires minimal supervision.

REPEAT VIOLATION: 7/21/2021; 4/16/2021; 9/2/2020

### Plan of Correction

*Directed*

Resident #6 no longer resides in Facility. A form for reporting any changes occurring in Residents was made to include things such as mobility change, new apparatus needed, decline of any kind etc. was made by Executive Director. It was reviewed with Administration to implement into practice. Administration will include it in the individual training with DCS 12-13-12-17. (DIRECTED; Documentation of the education shall be kept. LM 12/13/21). DCS will be made aware of the form and when to use. It will be in the Med room, and if any form is used it will be put in Administration basket to be addressed. All other Support plans will be reviewed for accuracy and updated if needed by Administration. Due to Staffing, this review may take a little longer, but will be finished by 2-1-22 Documentation available

DIRECTED: Within 10 calendar days of receipt of the plan of correction: A designated staff person shall develop and implement a system of communication to ensure all staff persons are aware of residents who may display inappropriate behaviors, such as touching other residents, as well ensuring all staff persons are aware of any residents who are exit-seeking. All staff persons shall be educated on the new system. Documentation of the education shall be kept. LM 12/13/21

**Completion Date:** 02/01/2022 Licensee's Proposed Date for POC Implementation

7/27/22 JK  
Not Implemented