

Department of Human Services
Bureau of Human Service Licensing

April 28, 2022

[REDACTED] ADMINISTRATOR
JENNER'S POND INC
2000 GREENBRIAR DRIVE
WEST GROVE, PA, 19390

RE: RUSTON RESIDENCE
100 SYCAMORE DRIVE
WEST GROVE, PA, 19390
LICENSE/COC#: 13889

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/08/2021, 11/09/2021 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: *RUSTON RESIDENCE* License #: *13889* License Expiration: *07/04/2022*
Address: *100 SYCAMORE DRIVE, WEST GROVE, PA 19390*
County: *CHESTER* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *6108696700* Email: [REDACTED]

Legal Entity

Name: *JENNER'S POND INC*
Address: *2000 GREENBRIAR DRIVE, WEST GROVE, PA, 19390*
Phone: *6108696700* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/06/1998* Issued By: *COPA L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *91* Waking Staff: *68*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *11/09/2021*

Inspection Dates and Department Representative

11/08/2021 - On-Site: [REDACTED]
11/09/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *70* Residents Served: *53*

Special Care Unit

In Home: *Yes* Area: *Lavender Lane* Capacity: *12* Residents Served: *11*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *53*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *38* Have Physical Disability: *0*

Inspections / Reviews

11/08/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/24/2021*

Inspections / Reviews (*continued*)

01/04/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *01/07/2022*

01/05/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *01/15/2022*

04/28/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

15a Resident abuse report

1. Requirements

2800.

15.a. The residence 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 [REDACTED], at [REDACTED] am, the home received an email reporting resident abuse and neglect. This incident was reported to staff person A on [REDACTED] at [REDACTED] am. However, this allegation of abuse was not reported to the local Area Agency on Aging.

Plan of Correction

Accept

The facility had determined the allegation was unsubstantiated and not willful neglect, as staff person A had been busy with another resident and unable to answer the resident's call bell. The Administrator has developed an internal form to document each step in reporting any allegations of abuse or neglect, including reporting to the local Area Agency on Aging, to ensure reporting is completed as required. The forms will be reviewed by the interdisciplinary team at the weekly incident report review meeting to ensure compliance.

Completion Date: 12/31/2021

Document Submission

Implemented

Attached is the abuse investigation form, including documentation of the report to the Local Area Agency on Aging.

15c Supervision plan submission

1. Requirements

2800.

15.c. The residence shall immediately submit to the Department's assisted living residence office a plan of supervision or notice of suspension of the affected staff person.

Description of Violation

On [REDACTED], at [REDACTED] am, the home received an email reporting an allegation of resident abuse and neglect perpetrated by Staff person B. This incident was reported to staff person A on [REDACTED] at [REDACTED]. Staff person B was permitted to return to work in the home providing direct care services without supervision. The home did not submit a plan of supervision to the Department.

Plan of Correction

Accept

The facility had determined the allegation was unsubstantiated and not willful neglect, as staff person A had been busy with another resident and unable to answer her call bell. The Administrator has developed an internal form to document each step in reporting any allegations of abuse or neglect, including developing and submitting a plan of supervision for any team member alleged to have perpetrated the offense, to ensure reporting is completed as required. The forms will be reviewed by the interdisciplinary team at the weekly incident report review meeting to ensure compliance.

Completion Date: 12/31/2021

Document Submission

Implemented

Attached is the abuse investigation form, including documentation of the plan of supervision for any team member alleged to have perpetrated the offense.

25a Resident - residence contract

1. Requirements

25a Resident - residence contract (*continued*)

2800.

25.a. Prior to admission, or within 24 hours after admission, a written resident-residence contract between the resident and the residence must 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, admitted [REDACTED], did not have a resident-home contract completed.

Plan of Correction**Accept**

The Resident- Residence Agreement has been reviewed with and provided to Resident #1. Each current resident's file has been reviewed to ensure the completed and signed agreement is in their record. The Care Coordinator will be responsible to review the Resident-Residence Agreement with each new resident and his/her responsible party (if applicable) prior to or within 24 hours of admission. The Administrator will monitor for compliance and track completion on a tracking log. The Administrator will report compliance at the Quality Assurance Performance Meeting.

Completion Date: 12/31/2021

Document Submission**Implemented**

Resident #1 continues to refuse to sign the Resident to Residence Contract despite repeated attempts to obtain [REDACTED] signature, several documented attempts are attached. Also attached is a sample audit sheet to ensure signatures are obtained.

25b Contract signatures and renewal

1. Requirements

2800.

25b . 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. The contract must run month-to-month with automatic renewal unless terminated by the resident with 14 days notice or by the residence with 30 days notice in accordance with § 2800.228 (relating to transfer and discharge).

Description of Violation

The contract for resident #1 was not signed by the resident.

Plan of Correction**Accept**

The Resident- Residence Agreement has been reviewed with and provided to Resident #1. Resident #1 has refused to sign the Agreement on 4 attempts. [REDACTED] refusal has been documented. [REDACTED] has appointed a new Power of Attorney who currently has the Agreement and is expected to sign and return the agreement to the community. Each current resident's file has been reviewed to ensure the fully executed Agreement is in their record. The Care Coordinator will be responsible to review the Resident-Residence Agreement with each new resident and responsible party (if applicable) prior to or within 24 hours of admission and ask the resident to sign the document. The Care Coordinator will document if the resident refuses to sign the Agreement. The Administrator will monitor for compliance and track completion on a tracking log. The Administrator will report compliance at the Quality Assurance Performance Meeting.

Completion Date: 12/31/2021

Document Submission**Implemented**

Please see attached QAPI meeting minutes and previous documentation.

25c2 Fee schedule

1. Requirements

25c2 Fee schedule (continued)

2800.

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

2. A fee schedule that lists the actual amount of allowable resident charges for each of the home's available services.

Description of Violation

The resident-residence contract was not completed, for resident #1 does not include a fee schedule that list the actual amount of charges for each of the assisted living services that are include in the resident's core service package.

Plan of Correction**Accept**

The fee schedule is included in the Resident-Residence Agreement as Addendum A. The Resident- Residence Agreement, including the fee schedule, has been reviewed with and provided to Resident #1. Each current resident's file has been reviewed to ensure the fully executed Agreement is in their record. The Care Coordinator will be responsible to review the Resident-Residence Agreement with each new resident and responsible party (if applicable) prior to or within 24 hours of admission and ask the resident to sign the document. The Administrator will monitor for compliance and track completion on a tracking log. The Administrator will report compliance at the Quality Assurance Performance Meeting.

Completion Date: 12/31/2021**Document Submission****Implemented**

Please see previous attachments. Attached is a sample contract with fee schedule included. Resident #1 has a copy but refuses to sign it.

25c11 List of rates**1. Requirements**

2800.

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

11. A list of assisted living 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-residence contract was not completed, for resident #1 does not include a list of the actual rates that the resident will be periodically charged for food, shelter and services , how, when and by whom payment is to be made.

Plan of Correction**Accept**

The actual rates the resident will be periodically charged for food, shelter, and services, how, when and by whom payment is to be made, is included in the Resident-Residence Agreement in items A and B and Addendums A and B. Each current resident's file has been reviewed to ensure the documentation is in their record. The Resident- Residence Agreement, including the fee schedule, has been reviewed with and provided to Resident #1. The Care Coordinator will be responsible to review the Resident-Residence Agreement with the resident and responsible party (if applicable) prior to or within 24 hours of admission and ask the resident to sign the document. The Administrator will monitor for compliance and track completion on a tracking log. The Administrator will report compliance at the Quality Assurance Performance Meeting.

Completion Date: 12/31/2021**Document Submission****Implemented**

The sample contract is included in the above documentation and includes the fee schedule. Resident #1 has a copy but refuses to sign it.

28d Refund - no notice

1. Requirements

2800.

28.d. If the residence does not require a written notice prior to a resident's departure, the administrator shall refund the remainder of previously paid charges to the resident within 30 days of the date the resident moved from the residence.

Description of Violation

Resident # 2 moved from the residence on [REDACTED] and was due [REDACTED] in refund for 3 of days of previously paid charges. The residence failed to refund the balance until [REDACTED]. The residence does not require prior notice of a resident's departure from the residence.

Plan of Correction

Accept

An audit of accounts for any discharged residents has been completed and any unpaid refunds beyond 30 days will be immediately refunded. The Business Office Manager will be responsible to ensure any refunds are issued within 30 days of discharge from the Assisted Living residence and to communicate this to the Administrator. The Administrator and/or [REDACTED] designee will monitor the timeliness of the refund and place documentation of such in the discharged person's record.

Completion Date: 12/31/2021

Document Submission

Implemented

Please see the attached communication form utilized to ensure timely refunds.

41e Signed statement

1. Requirements

2800.

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

Resident #1's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept

The Resident- Residence Agreement contains the Resident Rights and a copy of the complaint procedure which has been reviewed with and provided to Resident #1. The signature on the contract acknowledges receipt of both. Each current resident's file has been reviewed to ensure the signed agreement is in their record. The Care Coordinator will be responsible to review the Resident-Residence Agreement with the resident and his/her responsible party prior to or within 24 hours of admission. The Administrator will monitor for compliance and track completion on a tracking log. The Administrator will report compliance at the Quality Assurance Performance Meeting.

Completion Date: 12/31/2021

Document Submission

Implemented

Please see previously attached Resident to Residence Contract which includes the complaint procedure in Addendum D.

54a Direct care staff quals

1. Requirements

2800.

54.a. Direct care staff persons shall have the following qualifications:

54a Direct care staff quals (*continued*)

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person C does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction**Accept**

Staff person C's high school diploma is now in his/her personnel file. All direct caregivers' personnel files have been reviewed to ensure a high school diploma, GED or active registry status is on file. The HR Director is responsible to ensure the documented qualifications are contained in the file of every new direct care team member. The HR Director will complete a checklist with the required documentation indicated. The Administrator will review the file for completion upon hire.

Completion Date: 12/31/2021

Document Submission**Implemented**

Attached is the checklist completed to ensure qualifications are verified.

65g Initial direct care training

1. Requirements

2800.

65.g. Direct care staff persons may not provide unsupervised assisted living services until completion of 18 hours of training in the following areas:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with mental illness, neurological impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - vi. Implementation of the initial assessment, annual assessment and support plan.
 - vii. Nutrition, food handling and sanitation.
 - viii. Recreation, socialization, community resources, social services and activities in the community.
 - ix. Gerontology.
 - x. Staff person supervision, if applicable.
 - xi. Care and needs of residents with special emphasis on the residents being served in the residence.
 - xii. Safety management and hazard prevention.
 - xiii. Universal precautions.
 - xiv. The requirements of this chapter.
 - xv. The signs and symptoms of infections and infection control.
 - xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the residence.
 - xvii. Behavioral management techniques.
 - xviii. Understanding of the resident's assessment and how to implement the resident's support plan.
 - xix. Person-centered care and aging in place.

Description of Violation

Direct care staff person C provided unsupervised assisted living services on 01/20/21. Direct care staff person C did not complete 18 hours of training as required by 2800.65g (1-3).

65g Initial direct care training (*continued*)**Plan of Correction****Accept**

Staff person C will complete the 18 hours of required training as required by regulation. All direct caregivers' records have been reviewed to ensure the required training has been completed and documented. The HR Director is responsible to ensure the training has been completed for all new hires and documentation is in the personnel file before the direct care staff person is permitted to provide unsupervised assisted living services. The HR Director will complete a checklist with completion of the required training documented. The Administrator will review the file for completion upon hire.

Completion Date: 12/31/2021

Document Submission**Implemented**

Attached is the checklist for the required training for new hires.

69 Dementia training

1. Requirements

2800.

69. Additional Dementia-Specific Training - Administrative staff, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall receive at least 4 hours of dementia-specific training within 30 days of hire and at least 2 hours of dementia-specific training annually thereafter in addition to the training requirements of this chapter.

Description of Violation

Staff person D, date of hire 3/30/20, received 0 hours of dementia-specific training within 30 days of hire.

Plan of Correction**Accept**

Staff person D will complete the additional four hours of dementia-specific training. All direct caregivers' records have been reviewed to ensure the required training was completed. The HR Director is responsible to ensure the training has been completed for all new hires and documentation is in the personnel file before the direct care team member is permitted to provide unsupervised assisted living services. The HR Director will complete a checklist with completion of the required training documented. The Administrator will review the file for completion upon hire.

Completion Date: 12/31/2021

Document Submission**Implemented**

See checklist in 2800.65g

82c Locked poisons

1. Requirements

2800.

- 82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the residence are able to safely use or avoid poisonous materials.

Description of Violation

Sebastian Hair Spray with a manufacture's label indicating "Flammable", was unlocked, unattended, and accessible to residents. The location of the flammable materials were located in resident#3 bathroom on top of the sink in the Memory Care Unit. Not all the residents of the residence, including resident #3, have been assessed capable of recognizing and using poisons safely.

Plan of Correction**Accept**

Daily for one week, every other week for one month and monthly on a ongoing basis.

Completion Date: 01/14/2022

82c Locked poisons (*continued*)**Document Submission****Implemented***Attached is a sample checklist including documentation of flammable material accessibility.*

88a Floors, walls, ceilings, windows, doors

1. Requirements

2800.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation*On 11/08/21 at 10:30 am, a headboard and 2 mattresses with bedframes were located outside room #210 inside the memory care laying against the wall. The furniture was unsecured and posed a tripping hazard.***Plan of Correction****Accept***Daily for one week, every other week for one month and monthly on a ongoing basis.***Completion Date:** 01/14/2022**Document Submission****Implemented***See checklist in 2800.82 c, which also includes a review of any obstructions to egress routes.*

121a Unobstructed egress

1. Requirements

2800.

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

Description of Violation*On 11/23/21, at 11 am, a patio sofa was against the exit door in the first floor common area, blocking egress from the building. The door was clearly marked as an exit.***Plan of Correction****Accept***Daily for one week, every other week for one month and monthly on a ongoing basis.***Completion Date:** 01/14/2022**Document Submission****Implemented***See checklist in 2800.82.c which includes a safety checklist of any items obstructing egress routes from the building.*

183d Current medications

1. Requirements

2800.

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

Description of Violation*On 11/09/21, [REDACTED] prescribed for resident #3, was in the residence's medication cart; however, the medication was discontinued.***Plan of Correction****Accept***Weekly on a ongoing basis.***Completion Date:** 01/04/2022

183d Current medications (continued)

Document Submission

Implemented

Attached is documentation of the training.

185a Storage procedures

1. Requirements

2800.

185.a. The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 11/09/21 at 11:15 am, resident #4's glucometer was not calibrated with the correct date and time. The date and time on the glucometer displayed 02/10/21 at 3:30 pm.

Resident #5 is prescribed [redacted] as needed. On 11/09/21, this medication was not available in the residence.

Plan of Correction

Accept

Weekly on a ongoing basis.

Completion Date: 01/14/2022

Document Submission

Implemented

See documentation of training in 2800.183.d

191 Resident right to refuse

1. Requirements

2800.

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

Resident #1, admitted [redacted], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Accept

The Resident- Residence Agreement, which includes education on the resident's right to question or refuse a medication if the resident believes there may be a medication error, has been reviewed with and provided to Resident #1. Each current resident's file has been reviewed to ensure the signed Agreement is in their record. The Care Coordinator will be responsible to review the Resident-Residence Agreement with each new resident and responsible party (if applicable) prior to or within 24 hours of admission. The Administrator will monitor for compliance and track completion on a tracking log. The Administrator will report compliance at the Quality Assurance Performance Meeting.

Completion Date: 12/31/2021

Document Submission

Implemented

The resident right to refuse or question medication if the resident believes there may be a medication area is

191 Resident right to refuse (continued)

included in the Resident to Residence Agreement which Resident #1 has received and refuses to sign. See copy of Agreement attached above.

220b Assisted living services

1. Requirements

2800.

220.b. Assisted living services. The residence shall, at a minimum, provide the following services:

- 9. 24-hour supervision, monitoring and emergency response.

Description of Violation

The residence is not providing the following required assisted living services; 24-hour supervision, monitoring, and emergency response. On 9/21/21 at 7:01 am and again at 7:51 am, resident #6 pressed a call bell for assistance. These requests were not answered, and the call bell system timed out.

Plan of Correction

Staff will be educated on timely response to call bells. The Administrator or [redacted] designee will review responsiveness weekly by reviewing the call bell report and she will follow up with team members on duty when a call light goes beyond 12 minutes. The Administrator will report compliance at the monthly Quality Assurance Performance Meeting.

Completion Date: 01/15/2022

Document Submission

See documentation of training in 2800.183.d

Accept

Implemented

227a Final support plan – 30 days

1. Requirements

2800.

227.a. Each resident requiring services shall have a written final support plan developed and implemented within 30 days after admission to the residence. The final support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #7 was admitted on [redacted]; however, the resident's final support plan was not completed until 05/12/21.

Plan of Correction

Each resident's record was audited for completed and updated support plans to ensure compliance. The Administrator has developed a tracking tool to ensure written final support plans are developed and implemented within 30 days after admission to the residence. The Administrator will report compliance at the Quality Assurance Performance Meeting.

Completion Date: 12/31/2021

Document Submission

See audit form for support plan due dates.

Accept

Implemented

227h Support plan – refusal sign

1. Requirements

2800.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

227h Support plan – refusal sign (*continued*)**Description of Violation**

Resident #1 participated in the development of his/her support plan on [REDACTED]. The resident refused to sign the support plan. The residence did not make a notation regarding the resident's refusal to sign.

Resident #3 participated in the development of his/her support plan on [REDACTED]. The resident refused to sign the support plan. The residence did not make a notation regarding the resident's refusal to sign.

Resident #6 participated in the development of his/her support plan on [REDACTED]. The resident refused to sign the support plan. The residence did not make a notation regarding the resident's refusal to sign.

Plan of Correction**Accept**

The administrator and [REDACTED] designee will complete this task weekly on an ongoing basis.

Completion Date: 01/14/2022

Document Submission**Implemented**

See documentation for training on the importance of obtaining resident signatures on the support plan or documenting refusal.

231c1 Preadmit screening

1. Requirements

2800.

231.c.1. Special care unit for residents with Alzheimer's disease or dementia.

- i. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's cognitive preadmission screening form shall be completed for each resident within 72 hours prior to admission to a special care unit.

Description of Violation

Resident #2 was admitted to the special care unit on [REDACTED]. However, resident #2's written cognitive preadmission screening was not completed.

Plan of Correction**Accept**

The written cognitive preadmission screening has been completed for Resident #2. All other active resident records in the SCDU have been audited for completion of the screening form. The Administrator or [REDACTED] designee will utilize a tracking system to ensure written cognitive screening forms are completed for each resident within 72 hours prior to admission to the SCDU. The Administrator will report compliance at the Quality Assurance Performance Meeting.

Completion Date: 12/31/2021

Document Submission**Implemented**

See attached resident record audit sheet which includes completion of the screening form.

234a Admission – support plan

1. Requirements

2800.

234.a.1. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the special care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #3 was admitted to the special care unit on [REDACTED]. However, the resident's initial support plan was completed on 07/09/21.

234a Admission – support plan (*continued*)**Plan of Correction****Accept**

All active resident records in the SCDU have been audited for completion of the support plan. The Administrator or [REDACTED] designee will utilize a tracking system to ensure support plans are completed for each resident within 72 hours prior to admission to the SCDU. The Administrator will report compliance at the Quality Assurance Performance Meeting.

Completion Date: 12/31/2021

Document Submission**Implemented**

See documentation attached to 2800.231c.1

234d Support plan - review

1. Requirements

2800.

234.d.1. The support plan for a resident of a special care unit for residents with Alzheimer's disease or dementia shall be reviewed, and if necessary, revised at least quarterly and as the resident's condition changes.

Description of Violation

A support plan for resident #3 was completed on [REDACTED]; however a quarterly review was not completed.

Plan of Correction**Accept**

All active resident records in the SCDU have been audited for quarterly reviews of the support plan and past due reviews have been completed. The Administrator or her designee will utilize a tracking system to ensure support plans are reviewed for each resident quarterly. The Administrator will report compliance at the Quality Assurance Performance Meeting.

Completion Date: 12/31/2021

Document Submission**Implemented**

See attachment in 2800.227.a

234e Involvement & participation

1. Requirements

2800.

234.e. Resident involvement in development of plan. The resident, the resident's designated person or the resident's family shall be involved in the development and the revisions of the support plan and if applicable, the rehabilitation plan.

Description of Violation

Resident #3's support plan and rehabilitation plan was developed on [REDACTED] 1. Neither the resident nor the resident's designated person were involved in the development.

Plan of Correction**Accept**

Resident #3's support plan will be reviewed and updated with the resident and responsible party's input. All active resident records in the SCDU have been audited for review of the support plan with the resident and responsible party. Any that have not been reviewed with the resident and responsible party will be reviewed with them. The Administrator or [REDACTED] designee will utilize a tracking system to ensure support plans are developed and reviewed with the resident and responsible party (if applicable) for each resident in the SCDU. The Administrator will report compliance at the Quality Assurance Performance Meeting.

Completion Date: 12/31/2021

234e Involvement & participation (*continued*)**Document Submission*****Implemented****See attachment in 231.c.1.*