

Department of Human Services
Bureau of Human Service Licensing

August 18, 2022

[REDACTED], PRESIDENT
[REDACTED]
[REDACTED]

RE: SACRED HEART SENIOR LIVING BY
SAUCON CREEK II
4801 SAUCON CREEK ROAD
CENTER VALLEY, PA, 18034
LICENSE/COC#: 22080

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/01/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: SACRED HEART SENIOR LIVING BY SAUCON CREEK II License #: 22080 License Expiration: 08/03/2023
Address: 4801 SAUCON CREEK ROAD, CENTER VALLEY, PA 18034
County: LEHIGH Region: NORTHEAST

Administrator

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

Legal Entity

Name: SACRED HEART ASSISTED LIVING BY SAUCON CREEK LLC
Address: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 03/20/2009 Issued By: Upper Saucon Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 34 Waking Staff: 26

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 06/03/2022

Inspection Dates and Department Representative

06/01/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 36 Residents Served: 17

Secured Dementia Care Unit

In Home: Yes Area: Entire Home Capacity: 36 Residents Served: 17

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 17
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 17 Have Physical Disability: 0

Inspections / Reviews

06/01/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/06/2022

Inspections / Reviews (*continued*)

07/20/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/26/2022*

07/29/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/28/2022*

08/18/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

29a SOPb10 - Hospice Care: Resident Assessment and Support Plan

1. Requirements

2600.

29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

10. The resident's assessment and support plan are to be kept current and specify the requirements of this section as it relates to the specific resident.

Description of Violation

Resident #1 has a physician's certification stating that the resident is actively dying and can not safely be evacuated during fire drills. The home simulated evacuation of this resident during fire drills held on 4/22/22 and 5/20/22. The resident's support plan dated [REDACTED] was not updated to reflect this.

Resident #2 has a physician's certification stating that the resident is actively dying and can not safely be evacuated during fire drills. The home simulated evacuation of this resident during the fire drill held on 4/22/22. The resident's support plan dated [REDACTED] was not updated to reflect this.

Plan of Correction

Accept

For both Resident #1 and Resident #2: The resident assessment and support form was immediately updated on inspection date June 1st, 2022 to reflect the simulation of evacuation in a fire drill. The Physician certification and Hospice license were immediately added to the resident record and the fire drill at the time of inspection on June 1st, 2022. Attachment labeled WW POC 2600.29 a.b 10 and 11 shows the assessment support plan for Resident #1 and #2, hospice care and services form for Resident #1 and #2, and the hospice license for current year 2021-2022 and for upcoming year 2022-2023, and the fire drill log showing Administrator initials acknowledging paper work and fire drill log have been reviewed monthly and the Plan of correction for 2600.29 a.b 10 and 11 and review and signatures from Administrator and Resident Care Directors

Completion Date: 06/01/2022

Update: 07/20/2022

Please send current RASP for resident 1 and 2.

Document Submission

Implemented

For both Resident #1 and Resident #2: The resident assessment and support form was immediately updated on inspection date June 1st, 2022 to reflect the simulation of evacuation in a fire drill. The Physician certification and Hospice license were immediately added to the resident record and the fire drill at the time of inspection on June 1st, 2022. Attachment labeled WW POC 2600.29 a.b 10 and 11 shows the assessment support plan for Resident #1 and #2, hospice care and services form for Resident #1 and #2, and the hospice license for current year 2021-2022 and for upcoming year 2022-2023, and the fire drill log showing Administrator initials acknowledging paper work and fire drill log have been reviewed monthly and the Plan of correction for 2600.29 a.b 10 and 11 and review and signatures from Administrator and Resident Care Directors

29a SOPb11 - Hospice Care: Records

1. Requirements

2600.

29.a.b. A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met:

11. Documentation of compliance with this section is to be kept in the fire drill record, as well as in the resident's record. The documentation is to include the following:

29a SOPb11 - Hospice Care: Records *(continued)*

- i. A copy of the Department of Health license for the hospice agency.
- ii. Written certification by the physician as specified in paragraph (1).
- iii. Written informed consent as specified in paragraph (2).
- iv. Written documentation of the home’s consideration of relocation of the resident’s bedroom as specified in paragraph (3)

Description of Violation

Resident #1 has a physician’s certification stating that the resident is actively dying and can not safely be evacuated during fire drills. The home simulated evacuation of this resident during fire drills held on 4/22/22 and 5/20/22. Resident #2 has a physician’s certification stating that the resident is actively dying and can not safely be evacuated during fire drills. The home simulated evacuation of this resident during the fire drill held on 4/22/22. The home did not keep documentation of written consent from the residents’ physicians to not evacuate during fire drills with the monthly fire drill logs and did not keep copies of the Department of Health license for the hospice agency with the monthly fire drill logs.

Plan of Correction

Accept

For both Resident #1 and Resident #2: The resident assessment and support form was immediately updated on inspection date June 1st, 2022 to reflect the simulation of evacuation in a fire drill. The Physician certification and Hospice license were immediately added to the resident record and the fire drill at the time of inspection on June 1st, 2022. Attachment labeled WW POC 2600.29 a.b 10 and 11 shows the assessment support plan for Resident #1 and #2, hospice care and services form for Resident #1 and #2, and the hospice license for current year 2021-2022 and for upcoming year 2022-2023, and the fire drill log showing Administrator initials acknowledging paper work and fire drill log have been reviewed monthly and the Plan of correction for 2600.29 a.b 10 and 11 and review and signatures from Administrator and Resident Care Directors

Completion Date: 06/01/2022

Update: 07/20/2022

Please send proof of Hospice license.

Document Submission

Implemented

For both Resident #1 and Resident #2: The resident assessment and support form was immediately updated on inspection date June 1st, 2022 to reflect the simulation of evacuation in a fire drill. The Physician certification and Hospice license were immediately added to the resident record and the fire drill at the time of inspection on June 1st, 2022. Attachment labeled WW POC 2600.29 a.b 10 and 11 shows the assessment support plan for Resident #1 and #2, hospice care and services form for Resident #1 and #2, and the hospice license for current year 2021-2022 and for upcoming year 2022-2023, and the fire drill log showing Administrator initials acknowledging paper work and fire drill log have been reviewed monthly and the Plan of correction for 2600.29 a.b 10 and 11 and review and signatures from Administrator and Resident Care Directors

125b - Combustible Restrictions

1. Requirements

- 2600.
- 125.b. Combustible materials shall be inaccessible to residents.

Description of Violation

An empty cardboard box for latex gloves was found on the floor behind the dryer located in the laundry room on 2nd floor.

Plan of Correction

Do Not Accept

On inspection, June 1st 2022, an empty glove box was found behind the dryer and was immediately removed.

125b - Combustible Restrictions (continued)

The Administrator/Director of Nursing of the Wedgewood Building and the Resident Care Directors instructed the staff to not place any items on the washer/dryer to prevent any items from falling behind the machines on June 1st, 2022.

Signage was created and posted in the laundry room immediately after inspection June 1st, 2022.

Plan of correction: attachment labeled WW POC 2600.125.b

All Med Techs will complete a walk through of the laundry room each shift (day, middle and night) and will sign off completion of walk through

POC, signature sheet of review of POC, signage and example of laundry room check sheet

Completion Date: 07/01/2022

Update: 07/20/2022

Please include in plan of correction:

Who is responsible for fixing the problem?

What action that person will take, and when that action will happen - (date).

Who will monitoring compliance?

Plan of Correction**Accept**

On inspection, June 1st 2022, an empty glove box was found behind the dryer and was immediately removed.

The Administrator/Director of Nursing of the Wedgewood Building and the Resident Care Directors instructed the staff to not place any items on the washer/dryer to prevent any items from falling behind the machines on June 1st, 2022.

Signage was created and posted in the laundry room immediately after inspection June 1st, 2022.

Plan of correction: attachment labeled WW POC 2600.125.b

All Med Techs will complete a walk through of the laundry room each shift (day, middle and night) and will sign off completion of walk through

POC, signature sheet of review of POC, signage and example of laundry room check sheet

To answer the above questions:

The Administrator is responsible for fixing the problem with the following solution: the Med Tech from each shift is required to do a check of the laundry room prior to leaving their shift. If there is anything behind wither the washer or dryer, the med tech will remove immediately. Documentation of the check 3 times per day is documented on the SHSL Wedgewood Laundry room daily check sheet.

The Resident Care Director will be monitoring and reviewing the laundry room check sheets weekly for compliance.

Plan of Correction for 2600.125.b updated July 25 2022

INSPECTION: June 1st, 2022

Sacred Heart Senior Living

Combustible materials shall be inaccessible to residents

Laundry Room Wedgewood Building License #220800

1. All staff that uses the laundry room is instructed note to place any items on top of the washing machines/dryers to prevent items from falling behind the machines.

2. Med Tech Supervisors for each shift will check the laundry room at the end of their shift to ensure no items have fallen behind the machines and will document their initials on the daily laundry room checklist showing review of laundry room check completed.

3. Wedgewood Laundry Check sign off sheet is located in Wedgewood Med Tech Room.

125b - Combustible Restrictions (continued)

4. The above will be documented monthly at the time of the fire drill in the Fire Drill Log by the Administrator or Resident Care Director on duty at the time of the fire drill.
5. Any items found behind/near the machines will be removed immediately.
6. Evidence of completion will be the initials of the Med Tech Supervisors from each shift to show the required check of the laundry room prior to leaving their shift. If there is anything behind either the washer or dryer, the med tech will remove immediately. Documentation of the check 3 times per day is documented on the SHSL Wedgewood Laundry room daily check sheet.
7. Resident Care Director will be monitoring and reviewing the laundry room check sheets weekly for compliance.

Completion Date: 07/26/2022

Document Submission**Implemented**

On inspection, June 1st 2022, an empty glove box was found behind the dryer and was immediately removed. The Administrator/Director of Nursing of the Wedgewood Building and the Resident Care Directors instructed the staff to not place any items on the washer/dryer to prevent any items from falling behind the machines on June 1st, 2022.

Signage was created and posted in the laundry room immediately after inspection June 1st, 2022.

Plan of correction: attachment labeled WW POC 2600.125.b

All Med Techs will complete a walk through of the laundry room each shift (day, middle and night) and will sign off completion of walk through

POC, signature sheet of review of POC, signage and example of laundry room check sheet

To answer the above questions:

The Administrator is responsible for fixing the problem with the following solution: the Med Tech from each shift is required to do a check of the laundry room prior to leaving their shift. If there is anything behind wither the washer or dryer, the med tech will remove immediately. Documentation of the check 3 times per day is documented on the SHSL Wedgewood Laundry room daily check sheet.

The Resident Care Director will be monitoring and reviewing the laundry room check sheets weekly for compliance.

Plan of Correction for 2600.125.b updated July 25 2022

INSPECTION: June 1st, 2022

Sacred Heart Senior Living

Combustible materials shall be inaccessible to residents

Laundry Room Wedgewood Building License #220800

1. All staff that uses the laundry room is instructed note to place any items on top of the washing machines/dryers to prevent items from falling behind the machines.
2. Med Tech Supervisors for each shift will check the laundry room at the end of their shift to ensure no items have fallen behind the machines and will document their initials on the daily laundry room checklist showing review of laundry room check completed.
3. Wedgewood Laundry Check sign off sheet is located in Wedgewood Med Tech Room.
4. The above will be documented monthly at the time of the fire drill in the Fire Drill Log by the Administrator or Resident Care Director on duty at the time of the fire drill.
5. Any items found behind/near the machines will be removed immediately.
6. Evidence of completion will be the initials of the Med Tech Supervisors from each shift to show the required check of the laundry room prior to leaving their shift. If there is anything behind either the washer or dryer, the med tech will remove immediately. Documentation of the check 3 times per day is documented on the SHSL Wedgewood

125b - Combustible Restrictions (continued)

Laundry room daily check sheet.

7. Resident Care Director will be monitoring and reviewing the laundry room check sheets weekly for compliance.

132c - Fire Drill Records

1. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

Resident #1 was not evacuated to a designated fire safe area during fire drills held on 4/22/22 and 5/20/22.

Resident #2 was not evacuated to a designated fire safe area during the fire drill held on 4/22/22.

Both residents have a physician's certification that the residents are actively dying and cannot safely be evacuated during fire drills. The home did not accurately record on the fire drill log that 2 residents were not evacuated to fire safe areas during the drill held on 4/22/22 and 1 resident was not evacuated to a fire safe area during the drill held on 5/20/22.

Plan of Correction

Do Not Accept

For both residents #1 and #2: The required paperwork is placed in the fire drill log book at the time of inspection June 1st, 2022.

Fire Drill conducted 6/14/2022 shows fire drill log having correct number who actively participated in fire drill, which is 15, and 2 simulated evacuations for Resident 1# and #2

See attached POC labeled WW POC 2600.132c

The attachment contains a plan of correction, reviewed and signatures of POC by Administrator and Resident Care Directors, Monthly Fire Drill Log dated 6/14/2022 showing Administrator/Resident Care Director's initials next to June 14th, 2022 fire drill and the resident numbers showing participating/evacuation simulated

Completion Date: 06/14/2022

Update: 07/20/2022

Please include in plan of correction:

Who is responsible for fixing the problem?

What action that person will take, and when that action will happen - (date).

Who will monitoring compliance?

Plan of Correction

Accept

For both residents #1 and #2: The required paperwork is placed in the fire drill log book at the time of inspection June 1st, 2022.

Fire Drill conducted 6/14/2022 shows fire drill log having correct number who actively participated in fire drill, which is 15, and 2 simulated evacuations for Resident 1# and #2

See attached POC labeled WW POC 2600.132c

The attachment contains a plan of correction, reviewed and signatures of POC by Administrator and Resident Care Directors, Monthly Fire Drill Log dated 6/14/2022 showing Administrator/Resident Care Director's initials next to June 14th, 2022 fire drill and the resident numbers showing participating/evacuation simulated

The POC has been updated and attached. Labeled as WW POC 2600.132c updated July 25, 2022

132c - Fire Drill Records (continued)

To answer the above questions:

The Administrator is responsible for fixing the problem and will be monitoring the compliance.

Review of fire drill logs will occur after the completion of the fire drill which occurs monthly.

Plan of Correction for 2600.132c

INSPECTION: June 1st, 2022

Sacred Heart Senior Living

Fire Drill Records: Simulated evacuations

Fire Drill Log Wedgewood Building License #220800

1. The Fire Drill Log will contain the correct information for any resident requiring evacuation simulation. The Administrator will ensure the Physician Hospice Care and Services document showing resident is under hospice care and actively dying is placed in the Fire Drill Log book upon receipt of form from physician.
2. The Director of Fire Drill will document the evacuation as the total residents who participated in the evacuation and those who are listed as part of the evacuation simulated.
3. The Administrator or Resident Care Director on duty for fire drill will review the fire drill logs immediately after completion of the scheduled monthly fire drill and initial the log showing that the numbers of residents who participate in the evacuation and those who were part of the evacuation simulation are correct.
4. The above will be documented monthly at the time of the fire drill in the Fire Drill Log by the Administrator or Resident Care Director on duty at the time of the fire drill.
5. Evidence of completion will be the initials of the Administrator or Resident Care Director on duty next to the completed fire drill for that month.
6. The monitoring of the Fire Drill Log for simulated evacuations will be completed by the Administrator.

Completion Date: 07/26/2022

Update: 07/29/2022

Please send proof of compliance - Fire Drill Log).

Document Submission

Implemented

For both residents #1 and #2: The required paperwork is placed in the fire drill log book at the time of inspection June 1st, 2022.

Fire Drill conducted 6/14/2022 shows fire drill log having correct number who actively participated in fire drill, which is 15, and 2 simulated evacuations for Resident 1# and #2

See attached POC labeled WW POC 2600.132c

The attachment contains a plan of correction, reviewed and signatures of POC by Administrator and Resident Care Directors, Monthly Fire Drill Log dated 6/14/2022 showing Administrator/Resident Care Director's initials next to June 14th, 2022 fire drill and the resident numbers showing participating/evacuation simulated

The POC has been updated and attached. Labeled as WW POC 2600.132c updated July 25, 2022

To answer the above questions:

The Administrator is responsible for fixing the problem and will be monitoring the compliance.

Review of fire drill logs will occur after the completion of the fire drill which occurs monthly.

Plan of Correction for 2600.132c

132c - Fire Drill Records (continued)

INSPECTION: June 1st, 2022

Sacred Heart Senior Living

Fire Drill Records: Simulated evacuations

Fire Drill Log Wedgewood Building License #220800

1. The Fire Drill Log will contain the correct information for any resident requiring evacuation simulation. The Administrator will ensure the Physician Hospice Care and Services document showing resident is under hospice care and actively dying is placed in the Fire Drill Log book upon receipt of form from physician.
2. The Director of Fire Drill will document the evacuation as the total residents who participated in the evacuation and those who are listed as part of the evacuation simulated.
3. The Administrator or Resident Care Director on duty for fire drill will review the fire drill logs immediately after completion of the scheduled monthly fire drill and initial the log showing that the numbers of residents who participate in the evacuation and those who were part of the evacuation simulation are correct.
4. The above will be documented monthly at the time of the fire drill in the Fire Drill Log by the Administrator or Resident Care Director on duty at the time of the fire drill.
5. Evidence of completion will be the initials of the Administrator or Resident Care Director on duty next to the completed fire drill for that month.
6. The monitoring of the Fire Drill Log for simulated evacuations will be completed by the Administrator.

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

14. Name and initials of the staff person administering the medication.

Description of Violation

The medications [redacted] and [redacted] for resident #3 were not initialed as administered on 5/21/22 for the 8pm doses.

Plan of Correction

Do Not Accept

On June 1st, 2022, Administrator/Director of Nursing conducted a coaching and counseling with med tech who administered the medication for Resident #3 but failed to initial the MAR for the medications given. The coach and counseling included the review of the Five Rights of Medication Administration/Dispensing with the med tech. A POC was created and reviewed with all Med Techs for the procedure for Med Techs to review Med Tech name, signature and initials on the MAR.

The attached POC is labeled WW POC 2600.187a and includes Plan of correction and signature sign off sheet for review of POC

This new POC is added to the Med Tech training and it will be reviewed with all new Med Techs and with each six month MAR review and Observation for all Med Techs.

Completion Date: 07/01/2022

Update: 07/20/2022

Please include in plan of correction:

Who is responsible for fixing the problem?

What action that person will take, and when that action will happen - (date).

Who will monitoring compliance?

187a - Medication Record (continued)

Plan of Correction**Accept**

On June 1st, 2022, Administrator/Director of Nursing conducted a coaching and counseling with med tech who administered the medication for Resident #3 but failed to initial the MAR for the medications given. The coach and counseling included the review of the Five Rights of Medication Administration/Dispensing with the med tech.

A POC was created and reviewed with all Med Techs for the procedure for Med Techs to review Med Tech name, signature and initials on the MAR.

The attached POC is labeled WW POC 2600.187a and includes Plan of correction and signature sign off sheet for review of POC

This new POC is added to the Med Tech training and it will be reviewed with all new Med Techs and with each six month MAR review and Observation for all Med Techs.

To answer the above questions:

The Resident Care Director will be responsible for monitoring for compliance weekly and making corrections with the Med Techs.

The Med Techs will be checking the MARS at the end of each shift for signatures and initials three times a day. If there is a missed signature or initials, they will contact the Resident Care Director immediately. The Resident Care Director will immediately speak with Med Tech(s) who missed signature/initials and correct MARs.

Plan of Correction for 2600.187a updated July 25 2022

INSPECTION: June 1st, 2022

Sacred Heart Senior Living

Procedure for Med Tech to review Name, Initials and Signatures on the MAR

Wedgewood Building License #220800

1. Continue with the daily MAR reviews per their Med Tech training by all three shifts (day, middle and night shift) by the Med Tech Supervisors.

2. All Med Techs to review Med Tech Signatures, initials at the change of each shift ensuring there are no missed signatures or initials for medication given on the prior shift for proper documentation of paper MAR (per Med Tech training). The MARs will be check three times a day at the change of each shift.

3. The Resident Care Directors have reviewed the plan of correction procedure and observed the Med Techs to ensure the plan of correction is being implemented.

a. The above plan of correction has been implemented into the training of all new Med Techs and to be reviewed at the time of Med Tech MAR review and Med Tech observation which occurs every six months with the Med Tech Trainer and/or Med Tech Practicum Observer.

4. Should a missed signature, and/or initials be detected by the Med Techs, they will inform the Resident Care Director immediately for review and correction of MARs.

5. Resident Care Director will be monitoring and reviewing MARs weekly for compliance.

Completion Date: 07/26/2022

Update: 07/29/2022

Please send proof of staff training.

Document Submission**Implemented**

On June 1st, 2022, Administrator/Director of Nursing conducted a coaching and counseling with med tech who administered the medication for Resident #3 but failed to initial the MAR for the medications given. The coach and counseling included the review of the Five Rights of Medication Administration/Dispensing with the med tech.

187a - Medication Record (continued)

A POC was created and reviewed with all Med Techs for the procedure for Med Techs to review Med Tech name, signature and initials on the MAR.

The attached POC is labeled WW POC 2600.187a and includes Plan of correction and signature sign off sheet for review of POC

This new POC is added to the Med Tech training and it will be reviewed with all new Med Techs and with each six month MAR review and Observation for all Med Techs.

To answer the above questions:

The Resident Care Director will be responsible for monitoring for compliance weekly and making corrections with the Med Techs.

The Med Techs will be checking the MARS at the end of each shift for signatures and initials three times a day. If there is a missed signature or initials, they will contact the Resident Care Director immediately. The Resident Care Director will immediately speak with Med Tech(s) who missed signature/initials and correct MARs.

Plan of Correction for 2600.187a updated July 25 2022

INSPECTION: June 1st, 2022

Sacred Heart Senior Living

Procedure for Med Tech to review Name, Initials and Signatures on the MAR

Wedgewood Building License #220800

1. Continue with the daily MAR reviews per their Med Tech training by all three shifts (day, middle and night shift) by the Med Tech Supervisors.
2. All Med Techs to review Med Tech Signatures, initials at the change of each shift ensuring there are no missed signatures or initials for medication given on the prior shift for proper documentation of paper MAR (per Med Tech training). The MARs will be check three times a day at the change of each shift.
3. The Resident Care Directors have reviewed the plan of correction procedure and observed the Med Techs to ensure the plan of correction is being implemented.
 - a. The above plan of correction has been implemented into the training of all new Med Techs and to be reviewed at the time of Med Tech MAR review and Med Tech observation which occurs every six months with the Med Tech Trainer and/or Med Tech Practicum Observer.
4. Should a missed signature, and/or initials be detected by the Med Techs, they will inform the Resident Care Director immediately for review and correction of MARs.
5. Resident Care Director will be monitoring and reviewing MARs weekly for compliance.