



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 09 2017

Mr. Daniel Guill, Authorized Representative
Grainger AID OPCO, LLC
10960 Frankstown Road
Penn Hills, Pennsylvania 15235

RE: Allegheny Place
License #: 444890

Dear Mr. Guill:

As a result of the Department of Human Services' annual licensing inspection on August 12, 2016 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 56 Pa.Code Chapter 2600**

PCH Name: ALLEGHENY PLACE		License Number: 44489
Address: 10960 FRANKSTOWN ROAD, PENN HILLS, PA 15235		County: Allegheny
Administrator: Robert Ross		Region: WEST
Legal Entity Name: GRAINGER AID OPCO LLC		
Legal Entity Address: 10960 FRANKSTOWN ROAD, PENN HILLS, PA 15235		
Certificate(s) of Occupancy C-2 LP 08/24/1997 Labor & Industry		
Staffing Hours Resident Support: N/A Total Daily Staff: 52 Working Staff: 39		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal, Incident		
On-Site Inspections Dates and Department Representatives On-Site 08/12/2016: Sulherland, Brent, Park, Both		
Off-Site Inspection Dates and Inspectors, If Applicable 08/26/2016: Sulherland, Brent		
<p>RECEIVED</p> <p>OCT 27 2016</p> <p>WEST REGION FIELD OFFICE Human Services Licensing</p>		
Other Details Partial or Full Triggers: Random Indicators:		
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 47 Number of Residents Served: 39 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, If Applicable: Number of Residents Served in Secured Dementia Care Unit, If applicable: Number of Current Hospice Residents: 7 Number of Hospice Residents in past year: 16	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 39 Have Mental Illness: 3 Have an Intellectual Disability: 0 Have a Mobility Need: 13 Have a Physical Disability: 0	

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Violation Report: 44409 - 08/12/2016 - Sultherland, Brent
PCH Name: ALLEGHENY PLACE

WEST VIRGINIA STATE OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2000
2000.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
(2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
(3) Resident rights.
(4) The Older Adult Protective Services Act (36 P. S. §§ 10225.101-10225.5102).
(5) Falls and accident prevention.
(6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION
Staff persons A and B did not receive annual training on resident rights during the 2015 training year.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Page 2A of 12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Robert L. Ross Jr*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Robert L. Ross Jr* Date *10.27.16*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11/8/16
(Date)

Plan of correction implementation status as of 11/8/16
(Date)

The above plan of correction was approved by *R*
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *A*
- Partially Implemented - Inadequate Progress
- Not Implemented

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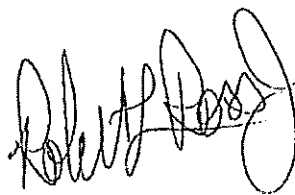
Page 2A of 12

WEST VIRGINIA LEGISLATIVE OFFICE
Human Services Licensing

2600.65(g) Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually according to the 6 requirements.

Staff person A and B did not receive annual training on resident rights during the 2015 training year.

- New employees to our facility will complete hire documentation which is required before they are able to attend orientation. We provide a 4 hour orientation which reviews the resident's rights.
- Concierge and Executive Director will assure the new employees have had the review and then sign off on the resident's rights document. This will be then entered into the employees file and kept on site.
- Executive Director and Concierge reeducated staff person A and B on resident's rights. Both staff persons signed off on the training. Executive Director and Concierge will review all personnel files by November 4th, 2016.



10.27.16

Immediately: The administrator or designated staff person shall develop and implement a system to ensure all staff members receive all required trainings specified in 2600.65g during each established training year. Documentation of the system shall be kept.

for
11/8/16

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Violation Report: 44489 - 08/12/2016 - Sutherland, Brent
PCH Name: ALLEGHENY PLACE

OCT 27 2016

1. REGULATION 65 Pa.Code §2800
2600.65(a) - Sanitary conditions shall be maintained.

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
Resident #1, who resides in bedroom # [redacted] has a cat. A very strong and unidentifiable odor was present in the resident's room.
Chunks of unidentifiable matter, approximately 12" x 8", was present on the carpet in bedroom #122. Also, numerous dirty dishes were in the resident's sink in the bedroom.
No soap with a dispenser or sanitary means of hand drying were present at the dining room sink.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Page 3A of 12

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Robert L. Ross Jr		10-27-16

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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WEST VIRGINIA STATE OFFICE
Human Services Licensing

2600.85(a) Sanitary conditions shall be maintained.

Resident #1 in room [REDACTED] has strong odor.

Resident room #122 had unidentifiable matter on carpet and dirty dishes in sink/bedroom.

- Resident #1 the Executive Director on 8/15/16, spoke to the daughter about the odor and [REDACTED] cat. Daughter has arranged a cleaning person to come into the building once a week to assist with the cleanliness of [REDACTED] apartment.
- On 8/15/16, staff has been instructed to assist with the cat care and to straighten [REDACTED] room and report any structural concerns.
- Executive Director and/or the Maintenance Director will walk the community regularly and resolve any sanitary issues as they arise.

Resident in room # [REDACTED] on 8/15/2016, Director of Maintenance used our extractor to clean the carpet.

- On 8/15/2016, staff has been instructed to remove any dirty dishes in any area of [REDACTED] apartment as throughout the building.
- Executive Director and/or the Maintenance Director will walk the community regularly and resolve any sanitary issues as they arise

Facility had no soap with a dispenser or sanitary means of hand drying were present at the dining room sink.

- On 10/27/2016, Maintenance Director installed soap dispenser and a towel dispenser at the dining room sink. Housekeeping will be more observant to identify any areas in need of these items.

Robert [REDACTED] 10/27/16

Immediately: A designated staff person shall inspect the home daily to ensure sanitary conditions are maintained.

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Violation Report: 44489 - 09/12/2016 - Sutherland, Brent
PCH Name: ALLEGHENY PLACE

WEST VIRGINIA TELE OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
Both lids to the home's exterior dumpster were open, which contained 3 bags of trash.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Page 4A of 12

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Robert L. Ross Jr.* Date *10-27-16*

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WEST VIRGINIA POLICE OFFICE
Public Services Bureau

2600.85(e) Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Both lids to the home's exterior dumpster were open, which contained 3 trash bags.

- The Executive Director placed a call on 8/16/2016 to the waste management company asking the drivers to not push dumpster back so far against the building.
- Maintenance Director on 8/23/2016 built a wooden frame behind the dumpster so the driver could not push dumpster back to far. See attachment # 1.
- A scheduled staff meeting on 10/27/2016 the Executive Director will review the regulation and educate the staff to close the lids on the dumpster.

Robert [Signature]

10-27-16

Immediately, A designated staff person shall inspect all outside trash receptacles to ensure all trash is inside the receptacles with the lids closed.

[Signature]

11/8/16

Violation Report: 44489 - 09/12/2016 - Sulhorland, Brent
 PCH Name: ALLEGHENY PLACE

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1. REGULATION 56 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

OCT 27 2016

2a. DESCRIPTION OF VIOLATION
 The top-right drawer front of resident #3's dresser was missing.

WEST VIRGINIA POLICE OFFICE
 (Human Services Lic) (Residing)

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Page 5A of 12

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VICTIM SERVICES OFFICE
Domestic Violence Liaison

2600.95 Furniture and equipment must be in good repair, clean and free of hazards.

Resident #3 dresser had a missing drawer.

- On 8/16/2016 Maintenance Director rebuilt the drawer and then replaced it in the dresser.
- The resident moved out of Allegheny Place shortly after the annual inspection.
- On 8/29/2016 Maintenance Director cleaned and touched up the drawer with paint. See Attachment #2
- 8/16/2016 Executive Director and Maintenance Director will look for any furniture in apartments or throughout the facility which may need replaced or repaired.
- Executive Director and/or the Maintenance Director will walk the community regularly to assure repair and/or replacement of any furniture in apartments or throughout the facility is in good repair.

Walk thru's shall be at least weekly.

11/8/16

Robert Ross

10-27-16

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Violation Report: 44489 - 08/12/2016 - Sutherland, Brent
PCH Name: ALLEGHENY PLACE

1. REGULATION 55 Pa.Code §2800
2800.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
No operable lamp or other source of lighting was present at resident #4's bedside.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Page 6A of 12

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Robert L. Ross Jr*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 10-27-16
Robert L. Ross Jr

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VICTOR W. BROWN, JR. OFFICE
Housing and Community Development

2600.101(j)(7) Each resident shall have the following in the bedroom. An operable lamp or other source of lighting that can be turned on at bedside.

Resident room #4 did not have a lamp at the bedside.

- The day of the inspection, 8/12/16 Maintenance Director immediately took a working lamp and placed it by the bed.
- Executive Director reviewed the regulation with the Maintenance Director on 8/12/2016 and reviewed with him the importance of the regulation and to review the facility for any other apartments that do not meet this regulation.
- Executive Director and/or the Maintenance Director will walk the community regularly to assure all residents have appropriate bedroom furniture per regulation.

Walk thru's shall be at least weekly. for 11/8/16

Robert Ross
10-27-16

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OCT 27 2016

Page 7 of 12

Violation Report: 44480 - 08/12/2016 - Sutherland, Brent
PCH Name: ALLEGHENY PLACE

1. REGULATION 66 Pa.Code §2600
2000.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION
Resident #4 was admitted to the home on 4/21/16; however, the resident's medical evaluation was completed on 2/8/16, which exceeds 60 days prior to admission.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Page 7A of 12

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Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Date 10-27-16

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(Date)

The above plan of correction was approved by _____
(Initials)

Plan of correction implementation status as of _____
(Date)

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- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

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STATE OF CALIFORNIA
HEALTH CARE AGENCY

2600.141(a)(1) A resident shall have a medical evaluation by a physician, physicians' assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Resident #4 was admitted on 4/21/2016 but the medical evaluation was completed on 2/18/2016.

- DME for resident #4 has been completed by the Care Service Manager on 4/21/2016. See attachment #4
- Executor Director and/or Care Service Manager will review each resident DME to make sure it is accurate by 11/4/2016.
- Re-education of the Care Service Manager will be done by 11/18/2016 from our Enlivant regional team. An audit by the Care Service Manager and/or the Executive Director within 1 week of move in will ensure the paperwork is completed and accurate within the allotted time frame according to the regulation.

Robert King
10.27.16

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OCT 27 2016

Page 8 of 12

Violation Report: 44489 - 08/12/2016 - Sutherland, Bront
PCH Name: ALLEGHENY PLACE

1. REGULATION 56 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
Resident #1's medical evaluation, dated 5/1/16, does not indicate the resident's height or weight.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Page 8A of 12

Repeat Violation: No Date(s) of Previous Violation(s):

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Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Date

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The above plan of correction was approved by LR (Initials)
Plan of correction implementation status as of 11/8/16 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

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VICTOR ...
...

2600.141(a)(2) The medical evaluation must include the all (10) requirements of this regulation.

Resident #1 medical evaluation dated 5/1/2016 does not indicate height or weight.

- Care Service Manager and/or Assistant Executive Director on 10/28/2016 developed a system and implemented to staff of the due dates for height and weights for residents on a monthly basis
- Executive Director and/or Care Service Manager will review current resident DMEs to assure the completeness and accuracy of the document to meet this regulation.
- Signed DMEs arriving from the physician's office will be reviewed by the CSM for completeness and accuracy.

Robert Ross
10-27-16

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OCT 27 2016

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Violation Report: 44480 - 08/12/2016 - Sutherland, Brent
PCH Name: ALLEGHENY PLACE

1. REGULATION 65 Pa.Code §2800
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
Resident #1 had a medical evaluation completed on 11/19/14; however, the next medical evaluation was not completed until 5/1/16.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Page 9A of 12

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Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 10-27-16

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>[Signature]</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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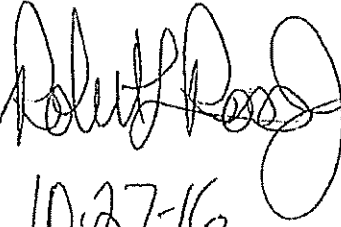
OCT 27 2016

WISCONSIN DEPARTMENT OF HEALTH SERVICES
Division of Health Care Regulation

2600.141(b)(1) A resident shall have a medical evaluation at least annually.

Resident #1 had a medical evaluation completed on 11/19/14; the next medical evaluation was not completed until 5/1/16.

- Executive Director and/or the Care Service Manager will review DMEs for current residents to assure they are compliant with the regulatory time frames by 11/4/2016.
- Care Service Manager has developed a list of current residents and DME due dates to assure they are completed in a timely manner going forward by 11/30/2016.


10.27-16

Violation Report: 44489 - 08/12/2016 - Sutherland, Brent
 PCH Name: ALLEGHENY PLACE

1. REGULATION 55 Pa.Code §2600
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 (1) The resident's name.
 (2) The name of the medication.
 (3) The date the prescription was issued.
 (4) The prescribed dosage and instructions for administration.
 (5) The name and title of the prescriber.

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 OCT 27 2016

2a. DESCRIPTION OF VIOLATION
 Resident #3 is prescribed, "Ibuprofen-800mg-Take 1 tablet by mouth every 6 hours as needed for mild pain;" however, the pharmacy label indicates, "Ibuprofen-800mg-Take 1 tablet by mouth 3 times daily."

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.


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Signature of Legal Entity Representative (Required on EVERY Page)


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 Robert L. Ross Jr 10.27.16

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2600.184(a) The original container for prescription medications shall be labeled with a pharmacy label that includes the following: Residents name, name of medication, date medication was issued, prescribed dosage and instructions for administration and name and title of the prescriber.

Resident #3 is prescribed Ibuprofen 800 mg one tablet by mouth every 6 hours as needed for mild pain. The pharmacy label indicates Ibuprofen 800 mg one tablet by mouth 3 times a day.

- Resident #3 is no longer a resident of Allegheny Place as of 9/11/2016.
- Effective 11/4/2016, Care Service Manager will review current medications that come into the facility. She will check the label and the MAR for accuracy, completeness and verify the documentation meets the regulation.

Robert Ross
10/27/16

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OCT 27 2016

WEST VIRGINIA UNIVERSITY
HOSPITAL

Within 30 days of receipt of the plan of correction: A designated staff person qualified to administer medications shall review all pharmacy labels monthly to ensure accuracy in accordance with the prescriber's orders.

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11/8/16

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Violation Report: 44488 - 08/12/2016 - Sutherland, Brent
 PCH Name: ALLEGHENY PLACE

1. REGULATION 56 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

OCT 27 2016

WEST VIRGINIA STATE POLICE
 Human Services Division

2a. DESCRIPTION OF VIOLATION
 Resident #1 is prescribed, "Lantus Solostar Pen-100u/1ml-Inject 28 units subcutaneously every morning" and also prescribed, "Novolog 100u/1ml sliding scale-accuchecks 3 times a day-200-260=4u; 261-300=6u; 301-350=8u; 351-400=10u; >400-12u. Call MD if >400 or <60." On 10/19/16 at approximately 6:30am, resident #1 was administered 28 units of Novolog instead of the prescribed 28 units of Lantus Solostar Pen, resulting in resident #1 being transported to the emergency room.
 On 8/8/16, resident #3 was prescribed, "Nortriptyline-25mg capsule-Take 1 capsule by mouth nightly for 30 days;" however, the medication was not present in the home until it was delivered on 8/12/16 at 2:30pm.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Page 11A of 12

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OCT 27 2016

Page 11A of 12

WISCONSIN STATE BOARD OF NURSING
(Health Services Administration)

2600.187(d) The home shall follow the direction of the prescriber.

Resident #1 is prescribed Lantus Solostar Pen 100u/1ml inject 26 units subcutaneously every morning. Also, Resident #1 is prescribed Novolog 100/u/1ml sliding scale accuchecks 3 times a day, 200-250=4u, 251-300=6 u, 301-350=8u, 351-400=10u, Over 400=12 u Doctor is to be called if it is more than 400 or if it is less than 60. On 10/19/2015 at approximately 6:30a, resident #1 was administered 26units of Novolog instead of the prescribed 26units of Lantus Solostar Pen, resulting in resident #1 being transported to the emergency room.

On 8/18/2016, resident #3 was prescribed Nortriptyline-25mg capsule of one capsule at night for 30 days. The home did not have the medication until 8/12/16.

- Resident #1 concern, we removed the med tech from this responsibility immediately and removed her permanently passing medications on 7/14/2016.
- Resident #3 concern the Care Service Manager will review current medications that come into the facility. She will check the label and the MAR for accuracy, completeness and verify the documentation meets the regulation. Orders coming into the facility will get processed immediately. Then she confirms the accuracy of the MAR and the label on the orders received.
- Care Service Manager contacted the pharmacy to assure promptness of receiving the order and accurately delivering to our facility.

Robert Reed
10/27/16

Immediately: A designated staff person shall review all prescriber orders monthly to ensure all prescriber orders are current and accurately reflected on resident medication administration orders. *f 11/8/16*

Violation Report: 44480 - 08/12/2016 - Sutherland, Broni
 PCH Name: ALLEGHENY PLACE

1. REGULATION 55 Pa.Code §2000

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

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2a. DESCRIPTION OF VIOLATION

Resident #3's Initial assessment was completed [redacted] 14; however, the annual assessment was not completed until [redacted] 16.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Page 12A of 12

Repeat Violation: Yes Date(s) of Previous Violation(s): 07/29/2015

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *ROBERT L. ROSS JR* Date *10-27-16*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11/8/16</u> (Date)	Plan of correction implementation status as of <u>11/8/16</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Handwritten Mark]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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WASHINGTON STATE DEPARTMENT OF SOCIAL & HEALTH SERVICES

2600.225(c) The resident shall have additional assessments annually, if the condition of the resident significantly changes before the annual assessment and upon the request of the Department if there is cause to believe that an update is required.

Resident #3's initial assessment was completed on [redacted] 2014; however, the annual assessment was not completed until [redacted] 16.

- Care Service Manager has developed and implemented a list of current residents by DME due dates by 9/30/2016. A tracking system shall be developed and implemented to include resident assessment dates. *11/8/16*
- Executive Director and/or Care Service Manager will review this list by due dates and complete the documentation to assure compliance with regulatory time lines by 9/30/2016.

Robert Rong
10-27-16

Within 30 days of receipt of the plan of correction: A designated staff person shall review all current resident assessments to ensure each resident has an assessment, completed in its entirety, at least annually. Documentation of the audit shall be kept. *11/8/16*