



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [jwharton@npseniorliving.com](mailto:jwharton@npseniorliving.com)

MAILING DATE: May 7, 2024

[REDACTED]  
Washington Ops LLC  
[REDACTED]

RE: Hawthorne Woods AL  
791 Locust Avenue  
Washington, Pennsylvania 15301  
License/COC #: 454090

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on August 10, 2023, August 14, 2023, and September 6, 2023, of the above facility, we have determined that your submitted plan of correction is not implemented.

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

Sincerely,

[REDACTED]

Enclosure  
Licensing Inspection Summary

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

**Facility Information**

Name: *HAWTHORNE WOODS AL* License #: *45409* License Expiration: *10/31/2024*  
Address: *791 LOCUST AVENUE, WASHINGTON, PA 15301*  
County: *WASHINGTON* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *WASHINGTON OPS LLC*  
Address: [REDACTED]  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *73* Waking Staff: *55*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Complaint* Exit Conference Date: *09/06/2023*

**Inspection Dates and Department Representative**

08/10/2023 - On-Site: [REDACTED]  
08/14/2023 - On-Site: [REDACTED]  
09/06/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *81* Residents Served: *58*

**Special Care Unit**

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

**Hospice**

Current Residents: *10*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *58*  
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *15* Have Physical Disability: *1*

**Inspections / Reviews**

**08/10/2023 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/14/2023*

10/27/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/23/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 11/03/2023

04/04/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/06/2023

Reviewer: [REDACTED]

Follow-Up Type: Exception

## 23a ADL assistance

**1. Requirements**

2800.

23.a. A residence shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

**Description of Violation**

Resident # 1's most recent annual assessment completed 5/26/22 and support plan "closed" 11/25/22 indicate that the resident requires moderate assistance from Resident Assistant to transfer in and out of bed. However, the resident reports that on an evening in June 2023, █████ was not feeling well and used █████ call bell pendant between 6:30 p.m. and 6:45 p.m. to request assistance to go to bed. Resident was informed by the direct care staff person that responded to the call bell that the staff person was directed not to put resident #1 to bed before 7:00 p.m.

**Plan of Correction**

Accept █████ - 04/02/2024)

This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in this Statement of Deficiencies. Any changes to the Community's policies and procedures made because of its receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

55 Pa. Code § 2800.23. Activities (a) A residence shall provide each resident with assistance with ADLs and appropriate cueing for ADLs as indicated in the resident's assessment and support plan.

Direct care team members will receive retraining on responding to requests for ADL services identified in the assessment or service plan that differ from the scheduled time in the assessment or service plan. This training will specifically include that a resident may go to bed or get up any time of day they prefer. Direct care staff will be retrained on responsiveness to resident requests for unscheduled care through in-person training by the Executive Director or Care Team Manager with training completion no later than 11/20/23. Training documentation will be maintained.

The Care Team Manager or designee will conduct a refresher training for all direct care staff as it relates to each resident's service plans and care needs. This will be completed by 11/20/2023. Training will be documented.

New direct care team members will receive the above-referenced training from the Executive Director or designee. Training documentation will be maintained.

The Care Team Manager or designee will conduct a sampling of 10% of the residents to audit the delivery of ADLs services per assessment and service plan. The sampling of residents' services will be audited for four weeks beginning the week of 11/01/2023, as a means to audit compliance with the regulation. Additional weekly audits will be conducted until there are four weeks of consistent compliance with this regulation.

Licensee's Proposed Overall Completion Date: 11/20/2023

Implemented (█████-4/4/24)

## 54a Direct care staff quals

**2. Requirements**

2800.

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

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

**Description of Violation**

Direct care staff person A, hired [REDACTED]/22, does not have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. However, staff person A has been providing direct care services to residents to include the following dates/times:

\* 6/29/23 from 10:30 p.m. through 6/30/23 at 7:00 a.m.

\* 7/4/23 from 10:30 p.m. through 7/5/23 at 7:00 a.m.

\* 7/25/23 from 10:30 p.m. through 7/26/23 at 7:00 a.m.

\* 7/26/23 from 10:30 p.m. through 7/27/23 at 7:00 a.m.

\* 8/4/23 from 10:30p.m. through 8/5/23 at 7:00 a.m.

\* 8/5/23 from 10:30 p.m. through 8/6/23 at 7:00 a.m.

**Plan of Correction****Accept ( [REDACTED] - 11/07/2023)**

This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in this Statement of Deficiencies. Any changes to the Community's policies and procedures made because of its receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

55 Pa. Code § 2800.54. Qualifications for direct care staff persons. (a) Direct care staff persons shall have the following qualifications: (2) Have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Staff person A presented a copy of a high school diploma which appeared in order and authentic.

The Licensing Representative contacted the high school to verify the authenticity of the diploma and was informed that the document for Staff person A was not authentic.

Staff person A was suspended pending review of the matter until the Community could confirm the Licensing Representative's findings. Staff person A was terminated upon the Community's verification that Staff person A provided a falsified high school diploma.

The Executive Director or designee will conduct an audit of all current direct care staff qualifications. This will be completed by 11/30/2023.

The Executive Director or designee will continue the practice of reviewing the application for employment as it relates to education and collecting proof of education consistent with regulations and RCG. These steps are completed during the interview process and documentation is requested during new hire orientation.

54a Direct care staff quals (*continued*)

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [REDACTED] 4/4/24)

## 58 Awake staff

**3. Requirements**

2800.

58. Awake Staff Person - Direct care staff on duty in the residence shall be awake at all times.

**Description of Violation**

*On 7/5/23 at approximately 3:00 a.m., direct care staff person A and direct care staff person B were observed to be sleeping in the second-floor sitting room across from the activity room.*

*On 7/12/23 at approximately 3:30 a.m., direct care staff person A and direct care staff person B were observed to be sleeping in the second-floor sitting room across from the activity room.*

*On 7/15/23 at approximately 3:00 a.m., direct care staff person A was observed to be sleeping in the second-floor sitting room across from the activity room.*

**Plan of Correction**

Accept [REDACTED] 11/07/2023)

*This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in this Statement of Deficiencies. Any changes to the Community's policies and procedures made because of its receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.*

*55 Pa. Code § 2800.58 Awake staff persons. Direct care staff on duty in the residence shall be awake at all times.*

*Staff person A no longer works at the community. Staff person B is a current employee.*

*The Executive Director or designee will retrain all staff on regulation 2800.58- Direct care staff persons on duty in the residence shall be awake at all times. The retraining will be completed no later than 10/23/2023. Documentation of training will be maintained.*

*Starting the week of 10/22/2023, the Executive Director or designee will conduct two (2) random weekly walk-throughs on the 3rd shift for four (4) weeks. Upon successful completion of four (4) consecutive weeks of twice-a-week visit with no staff found sleeping, the Executive Director or designee will conduct one random walk-through per week for eight (8) weeks. The random weekly walk throughs will continue until there is a period of eight (8) weeks of demonstrated compliance.*

*Any staff member found to be sleeping during their shift will be disciplined immediately, up to and including termination.*

Licensee's Proposed Overall Completion Date: 11/06/2023

Implemented [REDACTED] -4/4/24)

69 Dementia training

4. 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 C, the residence's administrator was hired [REDACTED] 22. However, on 9/6/23, staff person C's additional 4 hours of initial dementia-specific training was dated 12/13/2023. Additionally, staff person C indicated that the training form was completed on 9/6/23 and dated the future date of 12/13/23.

Plan of Correction

Accept [REDACTED] 11/07/2023)

This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in this Statement of Deficiencies. Any changes to the Community's policies and procedures made because of its receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

55 Pa. Code § 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.

Staff person C's Dementia-Specific Training documentation was misplaced at the time of the survey, however, was completed upon hire the week of [REDACTED] 2021.

Staff person C informed the Licensing Representative of the cause for the incorrect date during review of the training report document. The Executive Director or designee will review with team members that complete training documents how to manage a misplaced document going forward. A notation of the initial training dates with statements from the trainer and trainee will be corrective measure for misplaced documents.

The Executive Director or designee will strive to upload training documents within a week of completion to include for new hires at time of hire to reduce the potential for misplacing evidence of training. Likelihood of missing paperwork.

The Executive Director or designee will audit all current team member files for completion of the 4-hour course specific to dementia training within 30 days of hire. The audit begins on 11/01/2023 and to be completed by 12/06/2023.

Licensee's Proposed Overall Completion Date: 12/06/2023

Not Implemented [REDACTED] -4/4/24)

85a Sanitary conditions

5. Requirements

2800.  
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 8/10/23 at 2:10 p.m., resident room # [REDACTED] was very dirty. The carpet had food and food particles over much of floor including crushed potato chips and a chocolate cookie on the floor under the kitchen cabinet near the toe kick. There was a dried, whitish food substance smeared and dried on the carpet at the bottom of the refrigerator. There was a pungent odor of urine that could be smelled from the hallway outside of the closed door to the resident's room.

Plan of Correction

Accept ([REDACTED]-10/27/2023)

This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in this Statement of Deficiencies. Any changes to the Community's policies and procedures made because of its receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

55 Pa. Code § 2800.85.a. Sanitary conditions shall be maintained.

At the time of the inspection, resident room [REDACTED] was immediately cleaned, vacuumed, and deodorized. Since that time, the Care Team Manager or designee continued additional housekeeping to maintain sanitary conditions in the resident's apartment at a minimum weekly and as needed.

The Care Team Manager or designee will provide staff additional retraining on how to mitigate urine and trash odors by timely removing trash with food and disposable undergarments from the apartment. When possible, staff will be trained to remove malodorous items upon providing care or during trash collection for residents that manage their own needs. This training will be completed no later than 11/1/2023. Documentation will be maintained.

The Executive Director or designee will walk the community to identify any odors at least once weekly for four (4) weeks with checks continuing until there is demonstrated compliance for four (4) consecutive weeks.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented ([REDACTED]-4/4/24)

85d Trash cans – kitchen/bath

6. Requirements

2800.  
85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 8/10/23 at 9:55 a.m., there was no lid on the trash can in the first-floor common restroom near the elevator in the hall to the left upon entering the main entrance to the home.

Plan of Correction

Accept ([REDACTED] 10/27/2023)

This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in



85d Trash cans – kitchen/bath (continued)

this Statement of Deficiencies. Any changes to the Community’s policies and procedures made because of its receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

55 Pa. Code § 2800.85.d Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

On August 10, 2023, the executive director ordered a trash can with a lid while the survey was ongoing with the new trash can with lid confirmed in place upon revisit on August 14, 2023.

The Business Office Coordinator or designee will confirm the placement of the trash receptacle with lid during a once weekly inspection which will continue until demonstrated compliance for four (4) consecutive weeks.

The Executive Director or designee will provide training on regulation 2800.85.d for administrative team, housekeepers, and maintenance professionals with training completed by 10/31/2023. Training documentation will be maintained.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [redacted]-4/4/24)

95 Furniture & Equipment

7. Requirements

2800.

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

Description of Violation

On 8/10/23 at 12:55 p.m., one of the four washers in the second-floor laundry room was inoperable and both of the dryers in the first-floor laundry room were inoperable.

On 8/14/23 at 10:50 a.m., the florescent light under the upper cabinet over the kitchenette sink in resident room #114 was flickering on and off. It has reportedly been doing so since Saturday, 8/12/23.

Plan of Correction

Accept [redacted] 10/27/2023)

This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in this Statement of Deficiencies. Any changes to the Community’s policies and procedures made because of its receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

55 Pa. Code § 2800. 95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

95 Furniture & Equipment (continued)

On August 11, 2023, the maintenance professional contacted a service repair company to service the washer. The service company's next available appointment was on August 14, 2023. The service company was unable to repair the washer at a reasonable cost.

On August 15, 2023, the Executive Director ordered a new washer for the 2nd floor which was installed on or around August 23, 2023.

On August 23, 2023, the maintenance professional contacted a service repair company to service two dryers on the 1st floor. The repair company arrived on site August 24, 2023, repairing both dryers which the repair technician reporting both were operable on August 24, 2023.

On August 29, 2023, the Executive Director ordered a replacement dryer as one of the two dryers stopped working again with the new dryer installed on or around 10/3/2023.

On August 10, 2023, the maintenance professional repaired the light in apartment home 114.

The Executive Director or designee will train all team members in the process for completing a work order for items in common areas or in resident apartment homes that need repair with training to be completed by 11/20/2023.

The Executive Director or designee will audit the submission and completion of work orders for four (4) weeks with audits to continue until demonstrated compliance for four (4) consecutive weeks.

Licensee's Proposed Overall Completion Date: 11/20/2023

Implemented [REDACTED]-4/4/24)

105b Laundry service – Non-SSI

8. Requirements

2800.

105.b. Laundry service for bed linens, towels and personal clothing for the residents who are not recipients of SSI shall be provided by the residence unless otherwise indicated in the resident-residence contract. If a residence provides laundry facilities, there may not be a prohibition against residents doing their own laundry.

Description of Violation

Resident #2's contract signed 10/27/20 indicates that flat linen and towel laundering is provided by the residence weekly. In addition, the resident's contract includes an addendum for "Resident Specific Fees and Charges Schedule" that indicates resident will pay \$50 per month beginning 1/6/22 for personal laundry services. However, during the week of 7/16/23-7/22/23, the resident's bed linens had to be changed and taken home to be laundered by a family member because they hadn't been changed in two weeks.

Plan of Correction

Accept [REDACTED]- 10/27/2023)

This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in this Statement of Deficiencies. Any changes to the Community's policies and procedures made because of its receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible

**105b Laundry service – Non-SSI (continued)**

*by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.*

*55 Pa. Code § 2800 105.b. laundry service for bed linens, towels and personal clothing for the residents who are not recipients of SSI shall be provided by the residence unless otherwise indicated in the resident-residence contract. If a residence provides laundry facilities, there may not be a prohibition against residents doing their own laundry.*

*The Executive Director or designee will establish and maintain a laundry schedule which will include all residents receiving flat linen and towel service. In addition, the executive director or designee will maintain a personal laundry schedule for residents that elect to have personal clothing laundered by the community for an extra fee. The schedule will be updated no later than 10/23/2023.*

*The Executive Director or designee will review the flat / linen and personal laundry schedule weekly for changes in occupancy.*

*The Executive Director or designee will audit 10 % of occupied apartment homes for completion of scheduled laundry services each week for four (4) weeks and will continue for four (4) weeks until consecutive compliance is demonstrated.*

Licensee's Proposed Overall Completion Date: 11/23/2023

Implemented (████) /4/24)

**227c Final support plan - revision****9. Requirements**

2800.

227.c. The final support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment. The residence shall review each resident's final support plan on a quarterly basis and modify as necessary to meet the resident's needs.

**Description of Violation**

*The most recent support plan for resident #1, admitted to the residence ██████ 21, was completed 11/25/22. However, there have been no quarterly reviews completed.*

*The most recent support plan for resident #2, admitted to the residence ██████ 20, was completed 10/6/22. However, no quarterly reviews have been completed.*

*The most recent support plan update/review for resident #3, admitted to the residence ██████ 20, was completed 10/14/22. However, there have been no quarterly reviews completed since 12/12/22.*

227c Final support plan - revision (continued)

Plan of Correction

Accept [REDACTED] 10/27/2023)

This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in this Statement of Deficiencies. Any changes to the Community's policies and procedures made because of its receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.

55 Pa. Code § 2800. 227.c. The final support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the assessment conducted with a change in condition. The residence shall review each resident's final support plan on a quarterly basis and modify as warranted to meet the resident's needs.

Service plans were updated for resident #1 and #3 on 9/18/2023 and #2 on 9/19/2023.

The Area Director of Clinical Services provided training to the Care Team Manager on service plan reviews and updates on 09/25/2023.

Care team meetings were conducted with community staff by Care Team Managers during the months of September and October. The service plans were updated as warranted based on those meetings and were completed by October 12, 2023.

Starting October 23, 2023, the Care Team Manager or designee will set calendar reminders to update service plan per regulation 227c.

The Executive Director will review 10% service plans per week for compliance with regulation 227c and with reviews continuing weekly until demonstrated compliance for twelve (12) consecutive weeks.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [REDACTED]-4/4/24)

252 Records – content

10. Requirements

2800.

252. Content of Resident Records - Each resident's record must include the following information:

- 3. A photograph of the resident that is no more than 2 years old.

Description of Violation

The residence's most recent photo of resident #1 was dated 6/7/21.

Plan of Correction

Accept [REDACTED] 10/27/2023)

This plan of correction is submitted as required under State law. The submission of this Plan of Correction does not constitute any admission of civil or criminal liability on the part of the named Community as to contents stated in this Statement of Deficiencies. Any changes to the Community's policies and procedures made because of its receipt of this Statement of Deficiencies are subsequent remedial measures as that concept is employed in Rule 407 of the

**252 Records – content (continued)**

*Federal Rules of Evidence and any corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The Community submits this plan of correction with the intention that it be inadmissible by any third party in any civil or criminal action against the Community or any employee, agent, officer, director, attorney, or shareholder of the Community or affiliated companies.*

*55 Pa. Code § 2800. 252. Content of Resident Records - Each resident's record must include the following information: 3. A photograph of the resident that is no more than 2 years old.*

*Resident #1 photo was taken and uploaded by the Executive Director on 09/20/2023.*

*An audit to verify photos were updated for all residents was completed by the Care Team Manager by 10/14/2023.*

*The Care Team Manager or designee will be responsible for monitoring and updating resident photos when reviewing quarterly service plans.*

**Licensee's Proposed Overall Completion Date: 10/31/2023**

**Implemented (██████████ 4/4/24)**