

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

October 31, 2011

Mr. Francis Cheney, Administrator
Pine Knoll Community Care Home
601 Red Village Road
Lyndonville, VT 05851

Dear Mr. Cheney:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 20, 2011**. Please post this document in a prominent place in your facility.

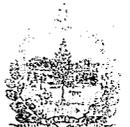
We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl



OCT 18 2011

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0171	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/20/2011
NAME OF PROVIDER OR SUPPLIER PINE KNOLL COMMUNITY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 601 RED VILLAGE ROAD LYNDONVILLE, VT 05851		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site re-licensing survey was completed by the Division of Licensing and Protection on 9/20/11. The following are regulatory findings:	R100		
R104 SS=C	V. RESIDENT CARE AND HOME SERVICES 5.1 Admission 5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy. (1) In addition to general resident agreement requirements, agreements for all ACCS participants shall include: the ACCS services, the specific room and board rate,	R104	<i>please refer to attachments for details</i>	<i>10/15/11</i>

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

BV6S11

TITLE

Administrator

(X6) DATE

10-13-11

If continuation sheet 1 of 8

Division of Licensing and Protection

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R104	Continued From page 1 the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the home failed to assure that the current Residential Care Home Admission Agreement meets all regulatory requirements. Findings include: 1. Per record review on 9/20/11, the home 's current admission agreement indicated that a resident might be discharged with a 14-day notice for non-payment of funds. During interview that afternoon, the Business Office Manager confirmed that the currently used agreement indicated a 14-day notice rather than the required 30-day notice for involuntary discharge.	R104		
R128 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the home failed to assure that all medications for 1 applicable resident (Resident #2) were consistent with physician orders. Findings include: 1. Per observation on 9/20/11, Resident #2 had	R128	<i>Please refer to attachments for details</i>	<i>10/15/11</i>

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R128	Continued From page 2 a bottle of Zaditor eye drops on the nightstand. During interview at 2:25 PM, Resident #2 stated that staff assists with the administration of eye drops each morning. Per record review, there was no physician order for Zaditor. During interview that afternoon, the Supervisor confirmed that the resident is assisted with the administration of Zaditor, that it is kept at the bedside, and that there is no physician for this medication. 2. Per record review on 9/20/11, Resident #2 had an order for ' Tums 2 tabs every shift PRN (as needed) ' transcribed to the MAR (Medication Administration Record from the physician signed standing orders. This medication was administered on 9/1/11, 9/2/11, 9/4/11, 9/5/11, and 9/11/11 for ' heartburn ' . According to the standing orders this medication is to be administered for ' upper gastric distress ' . During interview at 1:30 PM, the Supervisor confirmed that Resident #2 had received this medication on the dates identified for ' heartburn ' , that the order had been initiated from the standing orders, and that the medication was given for a reason not specified by the physician order.	R128		
R147 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (4) Maintain a current list for review by staff and physician of all residents' medications. The list shall include: resident's name; medications; date medication ordered; dosage and frequency of administration; and likely side effects to monitor; This REQUIREMENT is not met as evidenced	R147	<i>Please refer to attachments for details</i>	<i>10/15/11</i>

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R147	Continued From page 3 by: Based on staff interview and record review, the home failed to maintain a current list of the medications for 1 applicable resident (Resident #2). Findings include: 1. Per record review on 9/20/11, Resident #2 's MAR (Medication Administration Record) stated ' Tums 2 tabs every shift PRN (as needed) ' and ' Deep Sea 0.65% nasal spray to each nostril every hour PRN-may keep at bedside ' . Neither order on the MAR identified a reason for which the resident would use these medications. A review of the physician signed standing orders indicated that the Tums should be administered for ' upper gastric distress ' . There was no reason for the use of ' Deep Sea ' . During interview, the Supervisor confirmed that the Tums order was incorrectly transcribed to the MAR and that the Deep Sea Nasal spray order did not indicate a reason for use.	R147		
R171 SS=C	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.g Homes must establish procedures for documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include: (1) Documentation that medications were administered as ordered; (2) All instances of refusal of medications, including the reason why and the actions taken by the home; (3) All PRN medications administered, including	R171	<i>please refer to attachments for details</i>	<i>10/15/11</i>

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R171	Continued From page 4 the date, time, reason for giving the medication, and the effect; (4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and (5) For residents receiving psychoactive medications, a record of monitoring for side effects. (6) All incidents of medication errors. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to maintain a current list of delegated staff currently administering medication to residents of the home. Findings include: 1. Per record review on 9/20/11 and confirmed during interview with the Director of Nursing, there is no list of currently delegated staff who administer medication within the Residential Care Home.	R171			
R175 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h (3) Residents who are capable of self-administration may choose to store their own medications provided that the home is able to provide the resident with a secure storage space to prevent unauthorized access to the resident's medications. Whether or not the home is able to provide such a secured space must be explained to the resident on or before admission. This REQUIREMENT is not met as evidenced	R175	<i>please refer to attachments for details</i>		<i>10/15/11</i>

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R175	Continued From page 5 by: Based on observation and staff interview, the home failed to assure that the medications of 1 applicable resident were securely stored. Findings include: 1. Per observation on 9/20/11 at 2:25 PM, Resident #2 had self-administered medications stored on top the bedside stand and a bedside table. The resident was observed at the nursing station at 2:40 PM and the medications remained unsecured, with the door to the room left open. During interview at 2:25 PM, the resident stated that medication was not locked. During interview at 3:25 PM, the Supervisor confirmed that medications are not secured for this self-administering resident.	R175		
R179 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with	R179	<i>please refer to attachments for details</i>	<i>10/18/11</i>

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R179	Continued From page 6 residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to assure that 3 of 5 applicable staff received all annual required training. Findings include: 1. Per record review on 9/20/11, three staff members in the survey sample had not completed all 7 mandatory training sessions during the past year or more. During interview that afternoon, the staff educator confirmed that the three staff had not completed the required annual trainings.	R179		
R234 SS=C	VII. NUTRITION AND FOOD SERVICES 7.1.a.(3) The current week's regular and therapeutic menu shall be posted in a public place for residents and other interested parties. This REQUIREMENT is not met as evidenced by: Based on staff interview and observation, the home failed to post a weekly menu in a public place. Findings include: 1. Per observation on 9/20/11, a menu for the current day 's food offering was posted on the dining room door. There was no weekly menu available for preview within the resident use areas of the home. During interview that afternoon, the	R234	<i>please refer to attachments for details</i>	<i>10/15/11</i>

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R234	Continued From page 7 Supervisor confirmed that there is no posted weekly menu.	R234			
R314	<p>XI. RESIDENT FUNDS AND PROPERTY</p> <p>11.2 If the home manages the resident's finances, the home must keep a record of all transactions, provide the resident with a quarterly statement, and keep all resident funds separate from the home or licensee's funds</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to provide quarterly statement of petty cash accounts for 1 applicable resident (Resident #1). Findings include:</p> <p>1. Per staff interview and record review on 9/20/11, Resident #1 has petty cash funds held by the home for incidental expenses. The Business Office Manager confirmed that there were no quarterly statements provided for this resident account.</p>	R314	<p><i>Please refer to attachments for details</i></p>	<p><i>10/15/11</i></p>	

Pine Knoll Community Care Home

Plan of Correction

Survey Completed on 9/20/2011

R104 V. Resident Care and Home Services

SS=C 5.1 Admission

Pine Knoll Community Care Home failed to assure that the current Residential Care Home Admission Agreement meets all regulatory requirements. The Admission Agreement indicated a 14day notice rather than the required 30day notice for involuntary discharge.

I. Action taken to correct the deficiency:

1. The old Admission Agreement was replaced with a new Admission Agreement that indicated 30day notice for involuntary discharge.
2. All the old blank unsigned Admission Agreements were thrown out so that they wouldn't be used by mistake.

II. Corrective Actions monitored so that deficient does not recur:

1. Will review Residents care regulations annually for updates.

All residents have the potential to be affected. Completion date is 10/15/2011.

Francis E. Cheney Jr. Administrator is responsible for the correction of this deficiency.

R104 POC accepted 10/20/11 Claway RN/PMetRN

R128 V. Resident Care and Home Services

SS=D 5.5 General Care

The home failed to assure that all medications for 1 applicable resident (#2) were consistent with physician standing orders.

I. Action taken to correct the deficiency:

1. An MD order was obtained for the OTC medication Zaditor.
2. A call was placed to resident #2's family to inform them that all OTC medications must be pre-approved by MD prior to use and cannot be brought in and left in resident's room.
3. Resident care staff was re-educated on OTC medications, storage, and MD orders including PSO's on 10/14/2011 by Diana LaFountain RN/DON.

4. The wording on the PSO's on the MAR for TUMS was changed from "heart burn" to "upper GI distress."

II. Corrective actions monitored so that deficient does not recur:

1. Resident care staff will check room for any medication that does not have a physician's order and report to DON
2. Letters will be sent to residents and their families about the expectations of medications brought in to the facility.
3. DON will check MARS weekly for next 3 months and then sporadically for correct use of PSO's.

All residents have the potential to be affected. Completion date 10/15/2011.

Diana LaFountain RN/DON is responsible for correction of this deficiency.

R128 POC accepted 10/20/11 Claraway RN / P. Mota RN

R147 V. Resident care and Home Services

SS=D 5.9.c (4)

The home failed to monitor a current list of the medications for 1 applicable resident (#2)

I. Action taken to correct the deficiency:

1. Resident #2's MAR was corrected to state: TUMS 2 tabs q shift PRN for gastric distress; and Deep Sea 0.65% nasal spray to each nostril q hr. PRN for nasal congestion.
2. Resident care staff was reminded to use exact wording on PSO's (even though heartburn is upper gastric distress per definition!) to assure correct usage.
3. Resident care staff was provided an in-service on 10/14/2011 on PSO's, PRN's, medicine storage, and OTC's.
4. A MD order was obtained for the 'identified reason' for use of Deep Sea nasal spray.

II. Corrective action monitored so that deficient does not recur:

1. DON will check MARS weekly for next 3 months and then sporadically for correct use of PRN's and PSO's.

All resident have the potential to be affected. Completion date 10/15/2011.

Diana LaFountain RN/DON is responsible for the correction of this deficiency.

R147 POC accepted 10/20/11 Claraway RN / P. Mota RN

R171 V. Resident Care and Home Services

SS=C 5.10 Medication Management

The home failed to maintain a current list of delegated staff currently administering medications to residents of the home.

I. Action taken to correct the deficiency:

1. A list was posted inside the MAR of all staff currently administering medications to residents.

II. Corrective actions monitored so that deficient does not recur:

1. Resident care supervisor will review list monthly for changes on an ongoing basis.

All residents have the potential to be affected. Completion date 10/15/2011.

Diana LaFountain RN/DON is responsible for the correction of this deficiency.

R171 POC accepted 10/20/11 Claraway RN/DMusta RN

R175 V. Resident Care and Home Services

SS=D 5.10 Medication Management

5.10.h (3)

The home failed to assure that medications of 1 applicable resident were securely stored.

I Actions taken to correct the deficiency:

1. A secure locked box was attached to the residents (#2) closet. The resident (#2) and the staff have a key.

2. Staff was educated on storage of medications on 10/14/2011.

II. Corrective actions monitored so that deficient does not recur:

1. Resident care staff will check room every shift to assure medications are in locked box for resident #2.

2. Resident care staff will remove and report any unlocked medications found in other resident's rooms to be addressed by DON on an ongoing basis.

All residents have the potential to be affected. Completion date 10/15/2011.

Diana LaFountain RN/DON is responsible for correction of this deficiency.

R175 POC accepted 10/20/11 Claraway RN/DMusta RN

R179 V. Resident Care and Home Services

SS=D 5.11 Staff Services

5.11b

The home failed to assure that 3 of 5 applicable staff received all annual required training.

I. Action taken to correct deficiency:

1. All resident care staff's in-service hours have been reviewed and all are now up to date including the 3 staff that was in arrears for training.

II. Corrective actions monitored so that deficient does not recur:

1. All resident care staff in-service hours will be posted in the resident care unit communication book as a reminder of the number of in-service hours each staff member needs

2. The resident care supervisor will report to DON at end of each month those that are not up to date.

3. Staff that are not current will not be allowed to work until in-services are up to date.

All residents have the potential to be affected. Completion date 10/15/2011.

Diana LaFountain RN/DON is responsible for the correction of this deficiency.

R179 POC accepted 10/20/11 Claraway RN / Diana LaFountain RN

R234 VII. Nutrition and Food Services

SS=C 7.1.a. (3)

The home failed to post a weekly menu in a public place.

I. Action taken to correct the deficiency:

1. A weekly menu was posted that afternoon (instead of the daily menu).

II. Corrective actions monitored so that deficient does not recur:

1. DON will check for weekly menu postings every week.

All residents have the potential to be affected. Completion date 10/14/2011.

Diana LaFountain RN/DON is responsible for correction of this deficiency.

R234 POC accepted 10/20/11 Claraway RN / Diana LaFountain RN

R314 XI. Resident Funds and Property

11.2

The home failed to provide quarterly statements of petty cash accounts for 1 applicable resident.

I. Action taken to correct deficiency:

1. An invoice book with duplicate receipts has been started for resident #1 for future transactions- nothing can be done about the past.

II. Corrective actions monitored so that deficient does not recur:

1. Resident care supervisor will check with resident and Social Services to confirm that there is no one else who has petty cash held by the facility without a quarterly statement.

2. All new residents and family will be informed of petty cash policy.

3. Resident care supervisor will check with residents and Social Services monthly for possible changes in handling of petty cash.

All residents have the potential to be affected. Completion date 10/15/2011

Francis E. Cheney Jr. Administrator is responsible for the correction of this deficiency.

R314 POC accepted 10/20/11 Claraway RN / P. Mustard RN

Francis Cheney Jr

Admin.
10/13/11