

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

June 3, 2016

Ms. Mona Karia, Manager
Single Steps
62 Barre Street
Montpelier, VT 05602-3508

Dear Ms. Karia:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 11, 2016**. 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

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0153	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/11/2016
--	--	--	---

NAME OF PROVIDER OR SUPPLIER SINGLE STEPS	STREET ADDRESS, CITY, STATE, ZIP CODE 62 BARRE STREET MONTPELIER, VT 05602
--	--

(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:

R100

An unannounced onsite re-licensing survey and complaint investigation was conducted on 05/11/16 by the Division of Licensing and Protection. The following are Residential Care Home regulatory findings.

R136 V. RESIDENT CARE AND HOME SERVICES
SS=D

R136

5.7. Assessment

5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition.

This REQUIREMENT is not met as evidenced by:
The RN (Registered Nurse) failed to reassess 1 of 3 residents in the sample after a change in the mental and physical condition for Resident #2. Findings include

Resident # 2 had a change in the mental, as well as physical status, in which only the mental assessment was obtained. The Resident was returned the RCH by the police stating the resident reported being in a car accident. The Crisis screeners were called on 01/17/16 "due to presentation" by the resident. The resident described feeling worried and anxious. The mental health worker assessed for thought process and safety. Documentation demonstrates injuries as a small laceration on the face, and abrasions on arm and wrist. Also noted that the resident was limping. The resident refused to go to the emergency room. There was a note that

In the event a resident has a significant change in mental and/or physical status, the RN will conduct an assessment. If the RN is unavailable the DNS will be paged. The screeners will be contacted for mental assessment and EMT will be contacted for physical. Staff will notify RN and Manager via phone and email if an incident has occurred.

6/17/16

Manager will follow up on the next business day.

Protocol of when to call the RN will be posted and reviewed with all staff. A read and sign will be created to monitor compliance.

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE *Manager* (X6) DATE 5/24/16

R136 - R137a POCs accepted 6/21/16 *Sammons/RJ/pma*

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0153	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/11/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER SINGLE STEPS	STREET ADDRESS, CITY, STATE, ZIP CODE 62 BARRE STREET MONTPELIER, VT 05602
---	--

(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
--------------------	--	---------------	---	--------------------

R136 Continued From page 1

the on-call nurse had not returned a call to see if the medications could be given late, and there is no nursing documentation that the nurse responded to the call or gave guidance for the injuries. On 1/18/16, Single Steps staff noted resident was having extreme difficulty walking, was given an analgesic and after some time, the resident agreed to go to the hospital. The hospital found a fractured right foot and severe frostbite on the other foot. Per The Policy and Procedure for Management and Documentation of General Medical Emergencies, #5. states - If there is no apparent need for immediate medical care but it is unclear as to the danger of waiting for regular M.D. visit, staff should call the residential nurse for guidance, if she is not available call the DNS or the resident's primary care MD office for the on-call for advice on how to handle the situation. Per interview the RN stated confirmed that the expectation would be that the nurse assess this condition.

R136

R145 V. RESIDENT CARE AND HOME SERVICES
SS=D

R145

5.9.c (2)

Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being;

This REQUIREMENT is not met as evidenced by:
Based upon 1 of 3 applicable records reviewed and confirmed by the manager, the resident care plan was not revised to reflect the resident's

When an identified problem arises, a meeting will be scheduled with the resident's team to create a treatment plan to reflect the current need that is related to the behavior. Documentation will be kept in the Residential Treatment Plan folder accessible to all staff.

7/15/16

 5/24/16

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0153	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/11/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SINGLE STEPS	STREET ADDRESS, CITY, STATE, ZIP CODE 62 BARRE STREET MONTPELIER, VT 05602
--	--

(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
--------------------	--	---------------	---	--------------------

R145 Continued From page 2

current needs and identified problems to maintain well-being for Resident #2 Findings include:

1. Review of the Treatment Plan shows Resident #2 was working on finding employment, spending time with family, finding a dietician, focusing on self and participating in the Single Step community. There is no treatment plan noted for delusional and bizarre behaviors. The Treatment Summary note for January 2016 demonstrates that although there was many discussions with the resident and staff expressing concern for this behavior, no treatment plan with interventions were identified. The Treatment summary states (Resident) bought a car at some point and showed up with it very early in the morning 01/01/16 and spoke to staff at later dates that (his/her) voices were telling [resident] to leave the planet on a spaceship and to do so would need transportation to the spaceship. Although there was a meeting on 01/12/16 with the case manager and house manager regarding coping strategies, the resident continued to spend a lot of nights leaving in the car and returning very late in the night or early morning hours. On 01/13/16 the resident 'hung out with staff' to distract the voices. On 01/17/16 the resident was returned to the home very late in the evening by police and was later hospitalized. The Manager acknowledged that although there were discussions, there was no treatment plan to reflect the current need related to behaviors.

R145

R165 V. RESIDENT CARE AND HOME SERVICES
SS=D

R165

- 5.10 Medication Management
- 5.10.d If a resident requires medication

 5/24/16

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0153	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/11/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER SINGLE STEPS	STREET ADDRESS, CITY, STATE, ZIP CODE 62 BARRE STREET MONTPELIER, VT 05602
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDEO 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
--------------------	--	---------------	---	--------------------

R165	<p>Continued From page 3</p> <p>administration, unlicensed staff may administer medications under the following conditions:</p> <p>(3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for:</p> <ul style="list-style-type: none"> i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications; iii. Assessing the resident's condition and the need for any changes in medications; and Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions. <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation record review and interviews, the home failed to insure that unlicensed staff are properly evaluated in the administering medications to 1 of 3 residents reviewed. (Resident #3) Findings include:</p> <p>1. During observation of medication administration for Resident #3, the unlicensed delegated staff used a 'med stick' (medication pre-poured into a pill box) to administer the noon medication. Per record review it is noted that the other residents had pre-package medications in "bubble-packs". During interview at 3:10 PM the RN, who is covering for the regular house nurse, said that the medications are delivered by the pharmacy in bubble packs. This resident who was admitted in April has a mixture of bubble pack and single bottle prescriptions. The nurse</p>	R165	<p>R165</p> <p>The RN will be responsible for monitoring and ensuring that all new staff are properly evaluated to administer medications prior to starting work. This will be monitored on a regular ongoing basis to ensure all staff is in compliance and staff will be recertified and re-delegated yearly. The delegation paperwork will be kept in the MAR folder in the med administration area. The Manager will monitor that staff have completed initial and ongoing trainings.</p>	7/15/16
------	---	------	---	---------

 5/24/16

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0153	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/11/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SINGLE STEPS	STREET ADDRESS, CITY, STATE, ZIP CODE 62 BARRE STREET MONTPELIER, VT 05602
--	--

(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
--------------------	--	---------------	---	--------------------

R165 Continued From page 4

stated "I am not sure if some staff would get it right, I am not comfortable, so I want them to use the med stick until the [single prescription] is packaged with the others in the bubble pack". When the nurse surveyor asked if the worry is about mixing up medication, how are staff evaluated to ensure proper medication administration, the nurse was unable to answer. It was also noted that not all staff who were identified as being delegated had documentation that they passed the training to perform medication administration and some staff were delegated greater two years ago.

Also see R-171.

R165

R167

The initial care plan developed within 2 weeks of admission will include the use of psychoactive PRNs addressing specific behaviors the medication is intended to correct or address. This will be reevaluated during monthly residential team meetings.

7/15/16

Psychoactive prn sheets will be implemented to include reasons for medication administration for specific behaviors, a field labeled "as evidenced by", and desired effects.

Psychoactive PRN orders will be reviewed with staff during the Single Steps staff meeting and ongoing basis. Documentation expectations and procedures will be discussed with staff. RN will monitor the use and compliance of PRN medications in monthly nursing notes. The Manager will monitor delegated staff to ensure that they are carrying out the RN's instructions.

R167 V. RESIDENT CARE AND HOME SERVICES
SS=D

R167

5.10 Medication Management

5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:

(5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use.

This REQUIREMENT is not met as evidenced by:

Maria 5/24/16

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0153	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/11/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER SINGLE STEPS	STREET ADDRESS, CITY, STATE, ZIP CODE 62 BARRE STREET MONTPELIER, VT 05602
---	--

(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
--------------------	--	---------------	---	--------------------

R167	Continued From page 5 Based on record review and staff interview, the home failed to ensure that the Registered nurse developed a written plan for delegated unlicensed staff for the use of PRN psychoactive medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use for 1 of 3 residents sampled (Resident #2). Findings include: 1. Per record review of Resident #2, there was an order for an antipsychotic medication Quetiapine 20 mg. as needed (PRN) every 4 hours, not to exceed 3 doses in 24 hours as needed for agitation. There was no written plan to guide staff in the appropriate use of this PRN antipsychotic medication, what specific circumstances or behaviors to address, and the desired effects or undesired side effects. Staff stated that agitation could mean 'hearing voices' or acting inappropriately. During interview the RN confirmed at 2:35 P.M. that there was no written care plan that described the specific behavior, circumstances, desired/undesired effects or results.	R167		
R171 SS=D	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	R171		

 5/24/16

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0153	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/11/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SINGLE STEPS	STREET ADDRESS, CITY, STATE, ZIP CODE 62 BARRE STREET MONTPELIER, VT 05602
--	--

(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 CRDSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

R171	<p>Continued From page 6</p> <p>medication regimen as ordered is appropriate and effective. At a minimum, this shall include:</p> <p>(1) Documentation that medications were administered as ordered;</p> <p>(2) All instances of refusal of medications, including the reason why and the actions taken by the home;</p> <p>(3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect;</p> <p>(4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and</p> <p>(5) For residents receiving psychoactive medications, a record of monitoring for side effects.</p> <p>(6) All incidents of medication errors.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the RCH failed to have sufficient documentation required for medication management. The finding is as follows:</p> <p>1. A current list of staff who administer medications to residents, to whom a nurse has delegated administration was not found. The Manager identified that there are currently 10 staff. The nurse who oversees the RCH was contacted later in the morning and five current staff delegation papers were located, although these were not sign by a registered nurse.</p> <p>2. Resident #2 has had multiple refusals of medications during the months of December 2015 and January 2016. Although written as 'refused' there are no specific reason why nor the actions taken by the home. In addition, the</p>	R171	<p>Current list of delegated staff will be in the front of the MAR. New staff delegation forms were developed that include the RN's signature. <i>7/1/16</i></p> <p>When a resident has had multiple med refusals, the home shall document discussions with the resident, monitor and document a change in status (if applicable), notify the case manager and provider and address it in the care plan. <i>7/15/16</i></p> <p>A reminder will be posted in the medication administration area for staff to document effects. Documentation will be monitored for compliance by RN and Manager. <i>5/24/16</i></p>	
------	--	------	--	--

M. Kama 5/24/16

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0153	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/11/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SINGLE STEPS	STREET ADDRESS, CITY, STATE, ZIP CODE 62 BARRE STREET MONTPELIER, VT 05602
---	--

(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
--------------------	--	---------------	---	--------------------

R171 Continued From page 7

resident received as needed (PRN) medication but the effects were not documented as effective or otherwise. The anti-psychotic (Quetiapine) 20 mg PRN agitation was given on 07/30/15, 08/05/15, 08/09/15, 10/16/15 without noted effects. Also, PRN Motrin 20 mg 2 tabs was given on 01/18/16 at 8:10 AM for pain and no effects noted.

The above findings were confirmed by the DNS and Manager during interview at 2:35 PM.

R171

R188 V. RESIDENT CARE AND HOME SERVICES
SS=B

R188

5.12.b.(2)

A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any.

This REQUIREMENT is not met as evidenced by:
Based on record review and staff interview, the home failed to assure that 2 of 3 resident records included all of the required information. (Resident #1 & #3) Findings include:

Manager will use outlook calendar as a reminder to complete the resident's admission agreement and recent photo in 14 days. The RN will document on the calendar to complete initial assessment within 14 days.

5/25/16

[Signature] *5/24/16*

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0153	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/11/2016
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SINGLE STEPS	STREET ADDRESS, CITY, STATE, ZIP CODE 62 BARRE STREET MONTPELIER, VT 05602
--	--

(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
--------------------	--	---------------	---	--------------------

R188 Continued From page 8

1. The missing information from the residents' chart are as follows:

a) Resident #1 was admitted on 04/01/16. This resident did not have a signed admission agreement, a recent photo nor whether the resident objected to a photo, and an Advance Directive. In addition the initial assessment was greater than 14 days after admission.

b) Resident #3 had no recent photo nor objection to the photo documented.

The Manager, during interview at 3:00 PM, confirmed the above.

R188

R232 VII. NUTRITION AND FOOD SERVICES
SS=B

R232

7.1.a.(1) Menus for regular and therapeutic diets shall be planned and written at least one (1) week in advance.

This REQUIREMENT is not met as evidenced by:
Based on record review and interview, the home did not provide completed menus for the current week. This could affect 7 current residents. Findings include:

Per observation during the initial tour on 05/11/16 at 9:30 AM, the menu for the current week had no meal planned on Tuesday other than 'water, milk'. In addition, the previous month's menus shows that at least weekly, and at times, up to three times, in which no supper items were noted. During interview at that time the Manager stated

Menu will reflect options for dinner such as soup, sandwiches, salad, leftovers.

6/10/16



5/24/16

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0153	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/11/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER SINGLE STEPS	STREET ADDRESS, CITY, STATE, ZIP CODE 62 BARRE STREET MONTPELIER, VT 05602
---	--

(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
--------------------	--	---------------	---	--------------------

R232	Continued From page 9 that the house meets on Sunday to plan the coming week. Sometimes residents do not follow through with a plan or staff will cook something. During interview that afternoon, the Manager confirmed the failure to meet the requirement to plan and post each week's completed menu, with specific foods listed for each meal.	R232		
------	--	------	--	--

 5/24/16