DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES				PRINTED:7/25/2018 FORM APPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER 205142	(X2) MULTIPLE CONSTRUCT A. BUILDING B. WING	TION	(X3) DATE SURVEY Completed 03/09/2018
NAME OF PROVIDER OF SU	395142 PPL JER		STREET ADDRESS, CITY, STA	ATE ZIP
GARDENS AT BLUE RIDGE		3625 NORTH PROGRESS AVE HARRISBURG, PA 17110		
For information on the nursing	home's plan to correct this deficient	cy, please contact the nursing hon	ne or the state survey agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF D OR LSC IDENTIFYING INFORM		ENCY MUST BE PRECEDED B	Y FULL REGULATORY
F 0600	Protect each resident from all ty physical punishment, and negle		nental, sexual abuse,	
Level of harm - Actual harm	Based on observation, review of c	linical records, facility documenta		
Residents Affected - Few	with staff, it was determined that sexual harassment and sexual abu			nich resulted in
Residents Affected - Few	sexual harassment and sexual abu Findings include: Review of the facility's Abuse Rep policies and procedures have beer residents. Our abuse prevention p staff/orientation programs that inc management, dealing with violen and as needed. Review of Resident 1's 14-day MI 26, (YEAR), revealed Resident 1' impairment. Review of a facility event report d p.m. revealed that Resident 1 con amputation site, and touching his also revealed Employee 1 has ma Review of a Physical Therapy Tre Gentle massage was given on his Review of a Physical Therapy Tre Patient expressed concerns over v statement was written. Educated p needs to be self massaging residu limb). Educated patient on correc day. Review of Resident 2's annual MI status is moderately impaired. Review of a facility event report da revealed that Resident 2 complair he juggled them, stretched it, and over a period of about four weeks 2 stated that he didn't report the in happened all the time, I knew wh Review of a physician report date told around 1440 (2:40 p.m.) by I told her that PT (Physical Therap Review of Employee 1's personne Employee 1 was provided therapy	se to two out of 56 residents revie porting and Investigation policy la n developed to aid our facility in p rogram provides policies and proc lude such topics as abuse prevent t behavior or catastrophic reaction DS (Minimum Data Set an assess s BIMS (brief interview for menta- lated (MONTH) 14, (YEAR), for uplained that Employee 1 has touc genitalia on multiple occasions w de inappropriate sexual comments atment Encounter Notes dated (M working with PT (Physical Therap patient this writer spoke with the 0 al (remaining) limb to de-sensitiz; t massage technique and to perfor DS dated (MONTH) 24, (YEAR), for an ed that Employee 1 has touched the asked me if it got bigger. Resided asked me if it got bigger. Resided ta sked me if it got bigger. Resided is bigger and the sensitiz; t massage thought at first at was up. d (MONTH) 9, (YEAR), prevealed icensed Practical Nurse 1 that the is prover to 54 different residents.	wed (Resident 1, 2), ast revised (MONTH) 28, (YEAR preventing abuse, neglect, or misticedures that govern, as a minimur tion, identification and reporting c as, etc. Training is provided at tim- ment of the functional status of the al status) was 11, which indicates an incident that occurred on (MO ched him inappropriately, by rubb hile giving personal care in the th s, such as Boy you have a big dicl IONTH) 7, (YEAR), at 3:52 p.m. on d/t (do to) skin dryness. IONTH) 13, (YEAR), at 3:55 p.m. ist/Employee 1). Informed RPM or Dribtic provider yesterday and the to improve tolerance to wear pre- m residual limb desensitization m revealed Resident 2's BIMS was n incident that occurred on (MON him inappropriately, he became to at 2 went on to say this has occurr H) 21, (YEAR), starting at appro- it was just part of changing me, b Resident 2 is seen today to follow e pt (patient) was self propelling i aphim. ined on (MONTH) 11, (YEAR), a policy.), revealed comprehensive reatments of our n: Training-Mandated of abuse, stress te of hire, annually e resident) dated (MONTH) moderate cognitive NTH) 13, (YEAR), at 5:00 ing his leg above the terapy gym. Resident 1 c. signed by Employee 1 revealed, (Rehab Program Manager) and tey reported patient osthetic (artificial tassage several times per 12, which indicates cognitive (TH) 9, (YEAR), at 5:00 p.m., of amiliar with my junk, ted multiple times ximately 2:15 p.m., Resident ut when it w up on his condition. I was n the hallway when he and there was no evidence that G of less than eight
	Indicating severe cognitive impair is cognitively intact; 8-12 is mode Resident 1's BIMS was coded as a Resident 2's BIMS was coded as a Resident 2's BIMS was coded as a Resident 3's BIMS was coded as a Resident 5's BIMS was coded as a Resident 5's BIMS was coded as a Resident 7's BIMS was coded as a Resident 10's BIMS was coded as a Resident 11's BIMS was coded as a Resident 11's BIMS was coded as Resident 15's BIMS was coded as Resident 18's BIMS was coded as Resident 18's BIMS was coded as Resident 19's BIMS was coded as Resident 20's BIMS was coded as Resident 21's BIMS was coded as Resident 23's BIMS was coded as Resident 23's BIMS was coded as Resident 24's BIMS was coded as Resident 24's BIMS was coded as Resident 24's BIMS was coded as	rment. The BIMS score indicates rately impaired; 0-7 is severe imp in 11, out of a possible 15, on a 14 12, out of a possible 15, on a 14 14, out of a possible 15, on a 10 14, out of a possible 15, on a Qui 100, out of a possible 15, on a Qui 103, out of a possible 15, on a Qui 104, out of a possible 15, on a Qui 105, out of a possible 15, on a Qui 100, out of a possible 15, on a Qui 100, out of a possible 15, on a Qui 100, out of a possible 15, on a Qui 11, out of a possible 15, on a Qui 12, out of a possible 15, on a Qui 13, out of a possible 15, on a Qui 14, out of a possible 15, on a Qui 15, out of a possible 15, on a Qui 16, a 13, out of a possible 15, on a Qui 17, out of a possible 15, on a Qui 18,	the following about a resident's co pairment. 4-day MDS assessment dated (MC nnual MDS assessment dated (MC arterly MDS assessment dated (I uarterly MDS assessment dated (I uarterly MDS assessment dated (I arterly MDS assessment dated (I arterly MDS assessment dated (I annual MDS assessment dated (I annual MDS assessment dated (I arterly MDS assessment dated (I o on the standard assessment dated (Admission MDS assessment dated (I arterly MDS assessment dated (I	ognitive status: 13-15 DNTH) 26, (YEAR). DNTH) 24, (YEAR). IONTH) 31, (YEAR). IONTH) 26, (YEAR). IONTH) 26, (YEAR). IONTH) 26, (YEAR). IONTH) 26, (YEAR). IONTH) 26, (YEAR). IONTH) 26, (YEAR). MONTH) 29, (YEAR). MONTH) 29, (YEAR). MONTH) 29, (YEAR). MONTH) 12, (YEAR). IONTH) 29, (YEAR). MONTH) 01, (YEAR). I (MONTH) 01, (YEAR). I (MONTH) 01, (YEAR). I (MONTH) 26, (YEAR). I (MONTH) 31, (YEAR). I (MONTH) 31, (YEAR). I (MONTH) 34, (YEAR). I (MONTH) 34, (YEAR). I (MONTH) 35, (YEAR). I (MONTH) 31, (YEAR). I (MONTH) 31, (YEAR). I (MONTH) 26, (YEAR). MONTH) 26, (YEAR). MONTH) 26, (YEAR). MONTH) 26, (YEAR). MONTH) 26, (YEAR). MONTH) 26, (YEAR).
	Resident 27's BIMS was coded as Resident 27's BIMS was coded as Resident 28's BIMS was coded as	a 14, out of a possible 15, on a Q	uarterly MDS assessment dated (1	MONTH) 26, (YEAR).
			(¥6) D	

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete If continuation sheet Page 1 of 4 Event ID: YL1011 Facility ID: 395142

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE			PRINTED:7/25/2018 FORM APPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER 395142	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 03/09/2018
NAME OF PROVIDER OF SU	JPPLIER	STREET ADDRESS, CITY	
GARDENS AT BLUE RIDG	E, THE	3625 NORTH PROGRES HARRISBURG, PA 1711	
For information on the nursing (X4) ID PREFIX TAG	1	cy, please contact the nursing home or the state survey agency DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDI	
	OR LSC IDENTIFYING INFOR		ED DT FOLE REGOLATORT
F 0600 Level of harm - Actual harm	Resident 30's BIMS was coded as	a 10, out of a possible 15, on a Quarterly MDS assessment da a 03, out of a possible 15, on a Quarterly MDS assessment da a 13, out of a possible 15, on an Admission MDS assessment	tted (MONTH) 05, (YEAR).
Residents Affected - Few	Resident 32's BIMS was coded as Resident 33's BIMS was coded as Resident 34's BIMS was coded as Resident 36's BIMS was coded as Resident 36's BIMS was coded as Resident 36's BIMS was coded as Resident 37's BIMS was coded as Resident 40's BIMS was coded as Resident 40's BIMS was coded as Resident 41's BIMS was coded as Resident 41's BIMS was coded as Resident 43's BIMS was coded as Resident 44's BIMS was coded as Resident 44's BIMS was coded as Resident 46's BIMS was coded as Resident 51's BIMS was coded a	a 02, out of a possible 15, on an Admission MDS assessment , unable to complete the interview on the standard assessment Annual MDS assessment dated (MONTH) 26, (YEAR). a 15, out of a possible 15, on a Quarterly MDS assessment da a 14, out of a possible 15, on an Admission MDS assessment da a 15, out of a possible 15, on a nAnnual MDS assessment da a 15, out of a possible 15, on a Annual MDS assessment da a 15, out of a possible 15, on a Annual MDS assessment da a 03, out of a possible 15, on a Annual MDS assessment da a 13, out of a possible 15, on a Quarterly MDS assessment da a 14, out of a possible 15, on a Quarterly MDS assessment da a 13, out of a possible 15, on a Quarterly MDS assessment da a 14, out of a possible 15, on a Quarterly MDS assessment da a 13, out of a possible 15, on a Quarterly MDS assessment da a 13, out of a possible 15, on a Quarterly MDS assessment da a 15, out of a possible 15, on a Quarterly MDS assessment da a 15, out of a possible 15, on a Quarterly MDS assessment da a 15, out of a possible 15, on a Quarterly MDS assessment da a 15, out of a possible 15, on a Quarterly MDS assessment da a 15, out of a possible 15, on a Quarterly MDS assessment da a 15, out of a possible 15, on a Quarterly MDS assessment da a 15, out of a possible 15, on a Quarterly MDS assessment da a 15, out of a possible 15, on a Quarterly MDS assessment da a 15, out of a possible 15, on a Quarterly MDS assessment da a 15, out of a possible 15, on a Quarterly MDS assessment da a 15, out of a possible 15, on a Quarterly MDS assessment da a 14, out of a possible 15, on a Significant Change MDS assessing Home Administrator on (MONTH) 1, (YEAR), at 8:00 a. YEAR), with the police detective doing the incident investigat at Employee 1 gave a confession stating, he touched residents ective also disclosed that charges were going to be filed again (R), charges were filed for indecent assault without the consert of an abuse training prior to starting, in accordance with Garden owner and the contract agency should have noti	dated (MONTH) 05, (YEAR). , the staff coded the resident ted (MONTH) 26, (YEAR). ted (MONTH) 03, (YEAR). ted (MONTH) 12, (YEAR). ted (MONTH) 12, (YEAR). ted (MONTH) 14, (YEAR). ted (MONTH) 08, (YEAR). ted (MONTH) 08, (YEAR). ted (MONTH) 08, (YEAR). ted (MONTH) 08, (YEAR). ted (MONTH) 26, (YEAR). ted (MONTH) 12, (YEAR). sement dated (MONTH) 1, (YEAR). sement dated (MON
F 0607 Level of harm - Actual harm Residents Affected - Few	**NOTE- TEMS IN BRACKET Based on review of policies and e ensure that abuse training was co Findings include: Review of the facility's Abuse Re policies and procedures have bee residents. Our abuse prevention p staff/orientation programs that in management, dealing with violen and as needed. Review of Resident 1's clinical re Review of Resident 1's clinical re Review of Resident 1's l4-day MI 26, (YEAR), revealed Resident 1 impairment. Review of a facility event report 0 p.m. revealed that Resident 1 con amputation site, and touching his also revealed Employee 1 has ma Review of a Physical Therapy Tre Gentle massage was given on his Review of a Physical Therapy Tre Gentle massage was given on his Review of a Physical Therapy Tre dentle massage was given on his Review of a Physical Therapy Tre Gentle massage was given on his Review of a Physical Therapy Tre Gentle massage was given on his Review of a Physical Therapy Tre dentle massage was given on his Review of a Physical Therapy Tre dentle massage was given on his Review of a Physical Therapy Tre dentle massage was given on his Review of a Physical Therapy Tre dentle massage was given on his Review of a facility event report of revealed that Resident 2's Annual M cognitive impairment.	and procedures to prevent abuse, neglect, and theft. IS HAVE BEEN EDITED TO PROTECT CONFIDENTIALI mployee files, as well as staff interviews, it was determined the mpleted upon hire for one of 67 employee files reviewed (Em- porting and Investigation policy last revised (MONTH) 28, (Y n developed to aid our facility in preventing abuse, neglect, or orogram provides policies and procedures that govern, as a mi- clude such topics as abuse prevention, identification and repor- t behavior or catastrophic reactions, etc. Training is provided cord revealed [DIAGNOSES REDACTED]. DS (Minimum Data Set an assessment of the functional status 's BIMS (brief interview for mental status) was 11, which indi- lated (MONTH) 14, (YEAR), for an incident that occurred on nplained that Employee 1 has touched him inappropriately, by genitalia on multiple occasions while giving personal care in de inappropriate sexual comments, such as Boy you have a bi- eatment Encounter Notes dated (MONTH) 13, (YEAR), at 3:52 right stump and was rub with lotion d/t (do to) skin dryness. atment Encounter Notes dated (MONTH) 13, (YEAR), at 3:32 attent this writer spoke with orthotic's provider yesterday and al (remaining) limb to de-sensitize to improve tolerance to we at massage technique and to perform residual limb desensitizat DS dated (MONTH) 24, (YEAR), for an incident that occurred on (ned that Employee 1 has touched him inappropriately, he beca asked me if it got bigger. Resident 2 went on to say this has oc so urning an interview on (MONTH) 21, (YEAR), starting at a neidents because I thought at first it was just part of changing at was up.	at the facility failed to ployee 1). "EAR), reveals comprehensive mistreatments of our imum: Training-Mandated ting of abuse, stress at time of hire, annually, of the resident) dated (MONTH) cates moderate cognitive (MONTH) 13, (YEAR), at 5:00 rubbing his leg above the the therapy gym. Resident 1 g dick. p.m. signed by Employee 1 revealed, 5 p.m. signed by Employee 2 revealed, RPM (Rehab Program Manager) and l they reported patient ar prosthetic (artificial ion massage several times per S was 12, which indicates moderate MONTH) 9, (YEAR), at 5:00 p.m. me too familiar with my junk, wecurred multiple times pproximately 2:15 p.m., Resident

DEPARTMENT OF HEALTH CENTERS FOR MEDICARE				PRINTED:7/25/2018 FORM APPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	1	(X3) DATE SURVEY COMPLETED 03/09/2018
CORRECTION	NUMBER			
NAME OF PROVIDER OF SU	395142 PPLIER	STR	EET ADDRESS, CITY, STA	ATE, ZIP
GARDENS AT BLUE RIDGE	, THE		5 NORTH PROGRESS AV	E
For information on the nursing	home's plan to correct this deficien	[HA] cy, please contact the nursing home or	RRISBURG, PA 17110	
(X4) ID PREFIX TAG	· · ·	DEFICIENCIES (EACH DEFICIENCY		Y FULL REGULATORY
()	OR LSC IDENTIFYING INFORM			
F 0607	(continued from page 2) Review of a physician report dated	d (MONTH) 9, (YEAR), revealed Resi	ident 2, is seen today to follo	w up on his condition. I
Level of harm - Actual harm	was told around 1440 (2:40 p.m.) when he told her that PT (Physica	by Licensed Practical Nurse 1 that the al Therapist) Employee 1 has been mol 1 file revealed the employee was hired	e pt (patient) was self propelli lesting him.	ing in the hallway
Residents Affected - Few	Employee 1 was provided with A Employee 1 has provided therapy	buse Training as per the facility policy services to 54 different residents. 11 o	7. f those residents had a BIMS	of less than eight
	expectation that the alleged perpe Gardens at Blue Ridge abuse poli her when a contract employee is s any form of sexual abuse includir genitals without residents' consen The facility failed to ensure Emply sexual harassment and sexual abu 42 CFR 483.12(b)(1)-(3) Develop Previously cited 6/27/17. 28 Pa. Code 201.14(a) Responsibi Previously cited 12/24/17, 8/3/17, 6 28 Pa. Code 201.18(b)(3) Manage Previously cited 12/27/17, 6/27/17 28 Pa. Code 201.18(b)(3) Manage Previously cited 5/26/17, 1/26/17. 28 Pa. Code 201.18(e)(1) Manage Previously cited 6/27/17. 28 Pa. Code 201.19 Personnel pol 28 Pa. Code 201.19 Personnel pol 28 Pa. Code 201.10(c) Resident c: Previously cited 8/3/17, 1/26/17, 1 28 Pa. Code 211.10(c) Resident c: Previously cited 8/3/17, 1/26/17, 1 28 Pa. Code 211.10(d) Resident c: Previously cited 8/3/17, 1/26/17, 1 28 Pa. Code 211.10(d) Resident c:	sing Home Administrator dated on (MC trator should have been given abuse tr cy. She also expected that the (facility starting work at the facility. She expect g verbal inappropriate comments about t. oyee 1 was trained on abuse, in accord se to two residents (Resident 1, 2). /Implement/Abuse/Neglect Policies. lity of licensee. 5/27/17, 5/26/17. ment. , 5/26/17, 1/26/17. ment. ment. icies and procedures. opment. are policies. 11/8/16, 7/15/16. are policies.	aining prior to starting, in accovery and (contract agency ts all residents at the facility at resident genitals or physical	cordance with) should have notified to be free from Illy touching residents'
F 0835 Level of harm - Actual harm	Administer the facility in a man efficiently. **NOTE- TERMS IN BRACKET	services. 5/26/17, 2/8/17, 1/26/17, 11/8/16, 7/1: ner that enables it to use its resource TS HAVE BEEN EDITED TO PROTE licy review, staff interview and residen	es effectively and CCT CONFIDENTIALITY**	
Residents Affected - Few	abuse. This failure resulted in sex residents reviewed (Resident 1, 2 Findings include: Review of the facility's Abuse Rej policies and procedures have beer residents. Our abuse prevention p staff/orientation programs that im management, dealing with violen and as needed. Review of Resident 1's clinical rec Review of Resident 1's 14-day MI 26, (YEAR), revealed Resident 1 impaired. Review of a facility event report d p.m. revealed that Resident 1 con	in an effective manner regarding the in ual harassment and sexual abuse by ar). porting and Investigation policy last re in developed to aid our facility in preve rogram provides policies and procedur clude such topics as abuse prevention, t behavior or catastrophic reactions, et cord revealed [DIAGNOSES REDAC] DS (Minimum Data Set an assessment 's BIMS (brief interview for mental sta lated (MONTH) 14, (YEAR), for an in uplained that Employee 1 has touched i genitalia on multiple occasions while	agency staff person (Emplo vised (MONTH) 28, (YEAR nting abuse, neglect, or misth identification and reporting c c. Training is provided at tim FED]. of the functional status of the tus) was 11, which indicates cident that occurred on (MO him inappropriately, by rubb	yee 1) to two out of 56), reveals comprehensive reatments of our n: Training-Mandated of abuse, stress e of hire, annually, e resident) dated (MONTH) cognitive moderately NTH) 13, (YEAR), at 5:00 ing his leg above the
	Review of a Physical Therapy Tre Gentle massage was given on his Review of a Physical Therapy Tre Patient expressed concerns over v statement was written. Review of Resident 2's clinical ree Review of Resident 2's clinical ree Review of a facility event report d revealed that Resident 2 complain he juggled them, stretched it, and over a period of about four weeks 2 stated that he didn't report the in happened all the time, I knew wh Review of a physician report date was told around 1440 (2:40 p.m.) when he told her that PT (Physica Review of Employee 1's personne Employee 1 was provided with A During an interview with the Nurs expectation that the alleged perpe at Blue Ridge abuse policy. She a contract employee is starting wor sexual abuse including, verbal in without residents' consent.	d (MONTH) 9, (YEAR), revealed Resi by Licensed Practical Nurse 1 that the al Therapist) Employee 1 has been mol 1 file revealed the employee was hired buse Training as per the facility's polit ing Home Administrator dated on (Md trator should have been given abuse tr Iso expected that the facility owner an k at the facility. She expects all residen pypropriate comments about resident g oyee 1 was trained on abuse, in accord tse to two out of 54 residents reviewed lity of licensee. 5/27/17, 5/26/17. ment. 7, 5/26/17, 1/26/17. ment.	FH) 7, (YÉAR), at 3:52 p.m. t (do to) skin dryness. T(H) 13, (YEAR), at 3.55 p.m mployee 1). Informed RPM (FED].)) ealed Resident 2's BIMS was ident that occurred on (MON nappropriately, he became to vent on to say this has occurr 1, (YEAR), starting at appro: is just part of changing me, b ident 2, is seen today to follo pt (patient) was self propelli esting him. on (MONTH) 11, (YEAR), i zy. ONTH) 9, (YEAR), at 11:10 aining prior to starting in acc d contract agency should hav at at the facility to be free fr enitals or physically touching ance with their facility policy	signed by Employee 1 revealed, . signed by Employee 2 revealed, (Rehab Program Manager) and 12, which indicates cognitive TH) 9, (YEAR), at 5:00 p.m. o familiar with my junk, ed multiple times simately 2:15 p.m., Resident ut when it w up on his condition. I ng in the hallway and there was no evidence that a.m. it was disclosed the ordance with Gardens e notified her when a om any form of g residents' genitals

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NAME OF PROVIDER OF SU	395142		STREET ADDRESS, CITY, ST	ATE ZID
GARDENS AT BLUE RIDGE			3625 NORTH PROGRESS AV	
		1	HARRISBURG, PA 17110	
(X4) ID PREFIX TAG	home's plan to correct this deficien SUMMARY STATEMENT OF I			Y FULL REGULATORY
F 0835	OR LSC IDENTIFYING INFORM (continued from page 3)	MATION)		
Level of harm - Actual harm	Previously cited 6/27/17. 28 Pa. Code 201.19 Personnel pol 28 Pa. Code 201.20(b) Staff devel	icies and procedures.		
Residents Affected - Few	28 Pa. Code 211.12(d)(1) Nursing Previously cited 12/27/17, 8/3/17, 28 Pa. Code 211.12(d)(5) Nursing	services. 1/26/17, 11/8/16, 7/15/16. services.		
	Previously cited 12/27/17, 8/3/17,	, 5/26/17, 2/8/17, 1/26/17, 11/8/16	5, 7/15/16.	