

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to GUARDIAN ELDER CARE AT TYRONE I, LLC

LEGAL ENTITY

To operate EPWORTH MANOR

NAME OF FACILITY OR AGENCY

Located at 925 SOUTH LINCOLN AVENUE, TYRONE, PA 16686

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

ADDRESS OF SATELLITE SITE \_\_\_\_\_ ADDRESS OF SATELLITE SITE \_\_\_\_\_

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 54  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 12

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 1, 2012 until August 1, 2013,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 328420

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

AUG 09 2012

Mr. Eddy J. Inzana, President/CEO  
Guardian Elder Care at Tyrone I, LLC  
8796 Route 219, P.O. Box 240  
Brockway, Pennsylvania 15824

RE: Epworth Manor  
925 South Lincoln Avenue  
Tyrone, Pennsylvania 16686

Dear Mr. Inzana:

As a result of the Department of Public Welfare's licensing inspection on June 27, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 32842 - 06/27/2012 - Gensil, Lori  
 PCH Name: EPWORTH MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**2. DESCRIPTION OF VIOLATION**

The office next to the pantry on the second floor was unlocked and accessible with two medical evaluations located on the desk. There was also shift ADL notes left unattended, which contained blood pressure readings at the 2nd floor Nurse's station.

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

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

1. Office next to pantry on the second floor has been locked.  
 Education provided to staff on patient record confidentiality.  
 Door will remain locked at all times.
2. Shift ADL notes that were found unattended on the second floor nurses station were placed in a cabinet above the computer, out of sight from public.  
 Education provided to staff on location of ADL notes and on patient record confidentiality.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Patti Stockley*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Patti Stockley</i>	Date <i>7/12/12</i>
---	---------------------

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

The above plan of correction is approved as of <u><i>7-25-12</i></u> (Date)	Verification of Legal Entity Representative Signature <u><i>7-25-12</i></u> (Date)
The above plan of correction was approved by <u><i>PS</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32842 - 06/27/2012 - Gensil, Lori  
 PCH Name: EPWORTH MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:
  - (1) Training that includes a demonstration of job duties, followed by supervised practice.
  - (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
  - (3) Initial direct care staff person training to include the following: (i) through (xvi)
  - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - (vi) Implementation of the initial assessment, annual assessment and support plan.
  - (vii) Nutrition, food handling and sanitation.
  - (viii) Recreation, socialization, community resources, social services and activities in the community.
  - (ix) Gerontology.
  - (x) Staff person supervision, if applicable.
  - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
  - (xii) Safety management and hazard prevention.
  - (xiii) Universal precautions.
  - (xiv) The requirements of this chapter.
  - (xv) Infection control.
  - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**2. DESCRIPTION OF VIOLATION**

Direct care staff person A, hired on 6/11/12, began providing unsupervised ADL services on 6/25/2012. The staff person completed the DPW training and competency test on 6/27/2012.

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

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

- 1. Direct care staff person A had completed the competency test at her prior employment and was awaiting transfer of test from prior PCH.
- 2. To ensure compliance, using a new hire checklist, all new hires will complete the competency test on-line prior to providing unsupervised ADL services.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Patti Stockley*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *PATTI STOCKLEY* Date *7/12/12*

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

The above plan of correction is approved as of <u>7-25-12</u> (Date)	Verification of Legal Entity Representative Signature <u>7-25-12</u> (Date)
The above plan of correction was approved by <u>JS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32842 - 06/27/2012 - Gensil, Lori  
 PCH Name: EPWORTH MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

**2. DESCRIPTION OF VIOLATION**

There is no door knob for the interior door that opens from the SDU's private dining room into the hallway. The door is metal and the hole has sharp edges.

There were flaking paint chips 1/4-1/2 inch in size over the range hood and side in the second floor kitchen. This was next to a shelf holding cookie sheets, pots and pans.

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

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

1. The door knob for the interior door in the SDU's private dining room has been ordered and will be replaced by 7-27-12. Tape is covering the hole for safety purposes at present until door knob is replaced.
2. The flaking paint chips in the second floor kitchen will be sanded and repainted by 7-27-12.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Patti Stockley*

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

*Patti Stockley*

Date *7/12/12*

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

The above plan of correction is approved as of 7-25-12  
 (Date)

Verification of Legal Entity Representative Signature 7-25-12  
 (Date)

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

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

Violation Report: 32842 - 06/27/2012 - Gensil, Lori  
 PCH Name: EPWORTH MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

**2. DESCRIPTION OF VIOLATION**

The water temperature in the second floor public restroom measured 127.9 degrees Fahrenheit at 12:45PM and 129 degrees Fahrenheit at 2:27PM.

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

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

1. To reach required temperature in the second floor public restroom, the hot water metering device / mixing valve will be lowered to desired temperature to maintain compliance.
2. Daily measurements will be taken daily for two weeks then bi-weekly using a hot water temperature log to ensure required safe water temperatures.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Patti Stockley*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Patti Stockley</i>	Date <i>7/12/12</i>
--	---------------------

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

The above plan of correction is approved as of 7-25-12  
 (Date)

Verification of Legal Entity Representative Signature 7-25-12  
 (Date)

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

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

Violation Report: 32842 - 06/27/2012 - Gensil, Lori  
 PCH Name: EPWORTH MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

**2. DESCRIPTION OF VIOLATION**

The wooden stair case in the lobby to the second floor does not have a non-skid surface.

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

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

- To maintain compliance, the wooden stair case in the lobby to the second floor will have non-skid strips placed on each step by 7-27-12.

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

Signature of Legal Entity Representative (Required on EVERY Page) Patti Stockley

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Patti Stockley</u>	Date <u>7/12/12</u>
---	---------------------

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

The above plan of correction is approved as of 7-25-12  
 (Date)

Verification of Legal Entity Representative Signature 7-25-12  
 (Date)

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

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

Violation Report: 32842 - 06/27/2012 - Gensil, Lori  
 PCH Name: EPWORTH MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**2. DESCRIPTION OF VIOLATION**

There was no thermometer in the refrigerator and the freezer located in the second floor pantry, next to the activities office.

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

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

1. A thermometer was placed in the second floor pantry next to the activities office.
2. To maintain compliance, a thermometer log will be kept on all refrigerators and freezers and will be checked to ensure required temperatures.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Patti Stockley*

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

*Patti Stockley*

Date *7/12/12*

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

The above plan of correction is approved as of *7-25-12*  
 (Date)

Verification of Legal Entity Representative Signature *7-25-12*  
 (Date)

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

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

Violation Report: 32842 - 06/27/2012 - Gensil, Lori  
 PCH Name: EPWORTH MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

**2. DESCRIPTION OF VIOLATION**

The hallway outside of the chapel facing north does not have a directional exit sign for the exit to the right at the end of the hallway.

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

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

1. A directional exit sign has been placed at the end of the hallway outside the chapel facing north to indicate the direction of travel.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Patti Stockley*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Patti Stockley</i>	Date <i>7/12/12</i>
---	---------------------

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

The above plan of correction is approved as of 7-25-12  
 (Date)

Verification of Legal Entity Representative Signature 7-25-12  
 (Date)

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

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

Violation Report: 32842 - 06/27/2012 - Gensil, Lori  
 PCH Name: EPWORTH MANOR

**1. REGULATION 55 Pa.Code §2600**

2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

**2. DESCRIPTION OF VIOLATION**

Resident #1's Lorazepam .5 mg 90 day mail order medication was repackaged by staff at the PCH into 30-day "pill boxes".  
 Resident #2's Oxycodone 325 mg 90 day mail order medication was repackaged by staff at the PCH into 30-day "pill boxes".

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

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

1. Resident #1's Lorazepam has been changed and will be kept in original mail order bottle.  
 Resident #2's Oxycodone has been changed to a "punch out" card system by the pharmacy.
2. All mail order medications will be kept in original bottle to ensure compliance.
3. Education provided to medication administrators not to repackage mail order medications.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Patti Stockley*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Patti Stockley</i>	Date <i>7/12/12</i>
---	---------------------

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

The above plan of correction is approved as of 7-25-12  
 (Date)

Verification of Legal Entity Representative Signature 7-25-12  
 (Date)

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

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