

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CLARISES PERSONAL CARE RESIDENCE, INC.

LEGAL ENTITY

To operate CLARISES PERSONAL CARE RESIDENCE

NAME OF FACILITY OR AGENCY

Located at 514 EAST ROOSEVELT BOULEVARD, PHILADELPHIA, PA 19120

(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

9

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

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 February 23,

2010

until August 23,

2010

unless sooner revoked for non-compliance with applicable laws and regulations.

No: 134092

Robert E. Robinson

ISSUING OFFICER

Kenneth Casey

DEPUTY SECRETARY

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 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
FAX: (717) 783-5662

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: FEB 23 2010

Ms. J. Allison Almarales, Administrator
Clarises Personal Care Residence, Inc.
Clarises Personal Care Residence
514 East Roosevelt Boulevard
Philadelphia, Pennsylvania 19120

Dear Ms. Almarales:

As a result of the Department of Public Welfare's (Department) licensing inspection on October 8, 2009 and January 16, 2010 of the above personal care home, we found that violations specified for your previous PROVISIONAL license have not been corrected and we found new violations not found during our previous inspection.

A SECOND PROVISIONAL license is being issued based on substantial compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

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.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

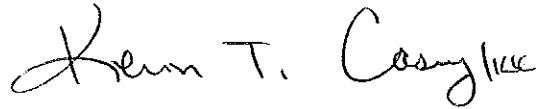
Karen E. Kroh, Director
Adult Residential Licensing
Department of Public Welfare
423 Health and Welfare Building
7th and Forster Streets
Harrisburg, Pennsylvania 17120

Ms. J. Allison Almarales

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This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.



Sincerely,

A handwritten signature in black ink that reads "Kevin T. Casey". The signature is written in a cursive style with a large, stylized "K" and "C".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME Clarise's Personal Care Residence 514 East Roosevelt Boulevard, Philadelphia, PA 19120		CURRENT LICENSE NUMBER 134091	
INSPECTION DATE(S) (Include all dates of the inspection) October 8, 2009		REGIONAL REPRESENTATIVE Chevon Mitchell and Kimberli Foulkes	
SIGNATURE OF LEGAL ENTITY 	DATE Nov 8TH 2009	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/15/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
3c The personal care home shall post the current license, a copy of the current Violation Report (VR) issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.	The home did not have a copy of the most recent violation report or the chapter 2600 regulations posted.	10/8/09	THE VIOLATION REPORT AND THE 2600 REG WAS TAKEN FROM THE OFFICE, AND IS NOW POSTED IN A PUBLIC PLACE. THE ADMINISTRATOR AND STAFF WILL ASSURE THEY WILL NOT BE REMOVE.	1/16/2010 JLU



VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

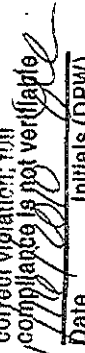
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SIGNATURE OF LEGAL ENTITY <i>J.P. [Signature]</i>	DATE Nov 8th 2009	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Laura [Signature]</i>	DATE 1/22/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
25c1 The contract shall specify that each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure.	-Resident #1's contract dated 11-12-08 states that the resident will only retain \$60.00 for the personal needs allowance. -Resident #2's contract dated 9-1-09 states that the resident will only retain \$50.00 for the personal needs allowance. <i>violation withdrawn 1/22/10</i>	OCT 12th 2009	Resident #1 Contract Now Reflects The \$85.00 Personal Needs Allowance PLEASE NOTE: THE RESIDENT #1 IS RECEIVING \$85.00 AS OF THE EFFECTIVE DATE. Resident #2 * RESIDENT DO NOT RECEIVE SSI Contract States \$50.00 Monthly Allowance, But Financial Statements Shows Gets OVER 1K IN SPENDING FOR THE YEAR BY PACE. Review Residents CHRRS on a Monthly Basis	<i>[Signature]</i> Date Initials (DPW)

1/22/10 All new residents that receive SSI supplement will have a contract that specifies the current rate for the personal needs allowance. *1/22/10*

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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
25c2 The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services.	The following resident contracts did not include a list of charges: -Resident #1 dated 11-12-08 -Residents #2 and #4 both dated 9-1-09	OCT 12 TH 2009	THE ADMINISTRATOR WILL REVIEW ALL CONTRACTS FOR RESIDENT #1 AND RESIDENT #2 AND #4 AND MAKE THE NECESSARY CHANGES. ALL CONTRACTS WILL BE REVIEWED FOR COMPLETENESS BY THE ADMINISTRATOR ADMINISTRATOR IS NOW GOING TO USE A CHECKLIST SYSTEM TO ENSURE ALL RESIDENT CARES ARE COMPLETE	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p> Date Initials (DPW)</p>

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>J. R. [Signature]</i>	DATE Nov 8th 2009	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Lamaa Helms</i>	DATE 1/22/10


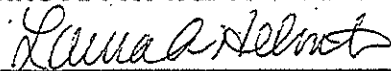
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
25c5 The contract shall specify the method for payment of charges for long distance telephone calls.	The following resident contracts did not include the method of payment for long distance telephone charges: -Resident #1 dated 11-12-08 -Resident #2 dated 9-1-09	OCT 12, 2009	THE METHOD FOR PAYMENT FOR CHARGES FOR L/D TELEPHONE CALLS SHOULD SAY N/C. RESIDENTS DO NOT PAY FOR L/D PHONE CALLS. THE RESIDENTS #1 AND #2 CONTRACTS WERE REVIEWED AND CORRECTED. ALL CONTRACTS WILL BE REVIEWED FOR COMPLETENESS BY THE ADMINISTRATOR THE ADMINISTRATOR HAS SPOKEN TO THE RESIDENTS AND NO CHARGES WILL BE MADE FOR TELEPHONE CALLS.	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Date (Initials (DPW))



VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>J. R. Davis</i>	DATE Nov 8th 2009	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Lamaal Williams</i>	DATE 1/22/10


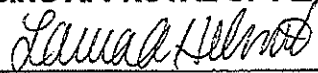
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
25d-2SOP If the home collects a resident's rent rebate, the resident-home contract must include the dollar amount or percentage of the rent rebate to be collected.	The following resident contracts do not include how much of the rent rebate the home will collect: -Resident #1 dated 11-12-08 -Resident #4 dated 9-1-09	OCT 12TH 2009	PLEASE NOTE: RESIDENTS DID NOT APPLY FOR THE REBATE. BOTH RESIDENT #1 AND #4 CONTRACTS WERE REVIEWED AND NOW INCLUDES THE PERCENTAGE THE HOME WILL COLLECT FOR RENT REBATE. ALL RESIDENTS AND ALL NEW RESIDENTS WILL HAVE SIGN THEIR RENT REBATE FORMS. ADMINISTRATOR HAS A CHECK LIST IN PLACE TO ENSURE THIS DOES NOT BE REPEATED.	Steps have been taken to correct violation; full compliance is not verifiable Date: 1/16/10 Initials (DPW): <i>JF</i>

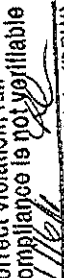
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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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25d-3SOP If the home collects a resident's rent rebate, the resident-home contract must include the home's intended use of the revenue collected from the rent rebate.	The following resident contracts do not include what the home plans on using their portion of the rent rebate for: -Resident #1 dated 11-12-08 -Resident #4 dated 9-1-09	OCT 12th 2009	Please Note: THE RESIDENT DID NOT APPLY FOR RENT REBATE BOTH RESIDENT # 1 AND # 4 CONTRACTS WERE REVIEWED AND NOW INCLUDES WHAT THE HOME PLANS TO USE THEIR PORTION OF THEIR RENT REBATE FOR. THE ADMINISTRATOR HAS DEVELOPED A CHECKLIST TO ENSURE THIS DOES NOT GET REPEATED.	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center">Date  Initials (DPW) </p>

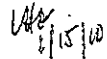
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25d-4SOP A statement signed by the resident, and the resident's designated person if applicable, at the time of admission, informing the resident that the information required in the rent rebate statement of policy is to be kept in the resident's record.	The following residents did not sign a statement explaining the home's policy on the rent rebate: -Resident #1 dated 11-12-08 -Resident #4 dated 9-1-09	OCT 12TH 2009	Resident # 1 Did Not Apply for Rent Rebate. After Explaining The Home's Policy on Rent Rebate Resident #1 Sign the Policy. Resident # 4 Policy was Sign on The Day of Your Visit A Copy is Attached Administrator will Review All Contracts for Completeness The Administrator has Develop A Checklist To Ensure This is Not Repeated.	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center"> Date _____ Initials (DPW) _____</p>

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82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	<p>-A bottle of Max Block Sunscreen labeled, "if swallowed get medical help or contact a poison control center right away" was found in resident #1's 2nd floor front bedroom on the dresser. The resident's most current assessment dated 11-12-08 did not indicate if the resident can safely use poisonous materials.</p> <p>-A bottle of Vaseline labeled, "if swallowed get medical help or contact a poison control center right away" was found on the second shelf on the right in the home's second floor activity room. Residents #1, 2, and 4 assessments dated 11-12-08, 9-11-09 and 9-19-09 did not indicate if the residents can safely use poisonous materials.</p> <p>-Residents #1, 2, and 4</p>	OCT 9th 2009	<p>RESIDENTS WAS BRIEF AT OUR WEEKLY MEETINGS ABOUT HAVING POISONOUS MATERIAL IN THEIR ROOMS.</p> <p>WHEN STAFF IS PERFORMING THEIR DAILY HOUSEKEEPING WILL REMOVE ALL POISONOUS MATERIALS FOUND, FOR THE SAFETY OF ALL RESIDENTS.</p> <p>The identified items were placed in a locked area. </p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date <u>11/15/10</u> Initials (DPW) <u>JAH</u></p>

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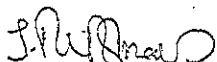
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82c – continued	<p>assessments dated 11-12-08, 9-11-09 and 9-19-09 did not indicate if the residents can safely use poisonous materials and the following items were found in the cabinet under the sink in the first floor rear bathroom:</p> <p>-A bottle of Comet Cleaner with bleach labeled, "if swallowed drink 1-2 glasses of water and contact a physician or poison control center immediately."</p> <p>-A bottle of nail polish remover labeled, "in case of accidental ingestion give fluids liberally and consult a physician or poison control center."</p>	OCT 12th 2009	<p>As Page 8:</p> <p>Residents were Brief At our Weekly Meetings About Having Poisonous Materials in Their Rooms</p> <p>When Performing Daily Housekeeping The Staff will Remove All Poisonous Materials And Place in A Lock Area in The House. For The Safety of All Residents</p>	

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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	In the second floor activity room 4 ceiling tiles in the back right hand corner had a 5 inch wide water damage stain that spanned the corners of the 4 tiles.	OCT 9th 2009	THE SECOND FLOOR ACTIVITY ROOM 4 CEILING TILES WERE REPAIRED 10/9/09. THE HOUSE MAINTENANCE PERSON WILL DO A WEEKLY CHECK TO MAINTAIN CLEAN WALLS AND CEILINGS.	Steps have been taken to correct violation; full compliance is not verifiable 1/18/10 JAH Initials (DPW) Date

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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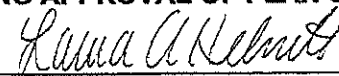
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91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	The telephone for residents in the home's kitchen did not have any of the required numbers posted.	OCT 9TH 2009	<p>THE REQUIRED NUMBERS ARE NOW POSTED IN THE KITCHEN AND THE ACTIVITY ROOM.</p> <p>STAFF WILL MONITOR THESE NUMBERS, AND ASSURE THEY ARE NOT TO BE REMOVE</p> <p>ADMINISTRATOR WILL ENSURE THAT THE EMERGENCY NUMBERS WILL STAY IN PLACE BY DOING DAILY CHECKS.</p>	1/22/10 JSH

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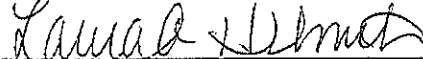
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92 Windows, including windows in doors, shall be in good repair and securely screened when doors or windows are open.	<p>-The following windows throughout the home had the ability to be opened and did not have screens in place:</p> <ul style="list-style-type: none"> -1st floor rear bedroom the left and right sides of the bay window. -Resident #4's middle bedroom the right side of the bay window. <p>-The the screen on the left side of the bay window in resident #4's middle bedroom has a 2 ½ inch tear in the lower left hand corner.</p>	OCT 15TH 2009	<p>^{WATER} All screens and windows throughout the home was repair or replace on 10/15/09 by our maintenance person.</p> <p>The maintenance person will do weekly checks and secure all windows.</p>	1/22/10 JSH

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96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The home's first aid kit did not include a thermometer.	OCT 9th 2009	THE HOME'S FIRST AID KIT IS NOW EQUIPPED WITH ALL REQUIRED ITEMS IN 96a. STAFF WILL DO WEEKLY CHECKS TO ENSURE ALL ITEMS REMAIN IN THE FIRST AID KIT	1/16/10 JFC

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101j4 Each resident shall have the following in the bedroom: A storage area for clothing that includes a chest of drawers and a closet or wardrobe space with clothing racks or shelves accessible to the resident.	Resident #3's bedroom on the front of the first floor does not have a closet or wardrobe space inside the room. The resident uses the closet out in the hallway.	OCT 12TH 2009	Resident #3 was in the process of moving in and now has a chest in her room. We are requesting a waiver for the closet. The closet is 2 ft from her room. Waiver attach. Administrator will assure that the new resident prior to moving in have all their necessary furniture.	1/22/10 JSH
		2/1/10	A temporary closet or wardrobe will be provided to the resident until the waiver request can be approved or denied. 1/15/10	

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600.

NAME AND ADDRESS OF PERSONAL CARE HOME Clarise's Personal Care Residence 514 East Roosevelt Boulevard, Philadelphia, PA 19120		CURRENT LICENSE NUMBER 134091	
INSPECTION DATE(S) (Include all dates of the inspection) October 8, 2009		REGIONAL REPRESENTATIVE Chevon Mitchell and Kimberli Foulkes	
SIGNATURE OF LEGAL ENTITY 	DATE Nov 8th 2009	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1/15/10

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102k Use of a common towel is prohibited.	-An unlabeled wash cloth was found in the second floor resident bathroom. -An unlabeled towel was found in the first floor resident bathroom.	OCT 9TH 2009	STAFF WILL DO DAILY CHECKS TO ASSURE AFTER SHOWERS RESIDENTS TAKE ALL THEIR PERSONAL ITEMS WITH THEM, TO THEIR RESPECTIVE ROOMS The identified items were removed from the bathrooms VAF 1/15/10	Steps have been taken to correct violation; full compliance is not verifiable 1/15/10 Date JFH Initials (DPW)

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Clarise's Personal Care Residence 514 East Roosevelt Boulevard, Philadelphia, PA 19120		CURRENT LICENSE NUMBER 134091	
INSPECTION DATE(S) (Include all dates of the inspection) October 8, 2009		REGIONAL REPRESENTATIVE Chevon Mitchell and Kimberli Foulkes	
SIGNATURE OF LEGAL ENTITY <i>J. Al. Mercer</i>	DATE Nov 8th 2009	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Lamaa Nelson</i>	DATE 1/15/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
1021 Shelves or hooks for the resident's towel and clothing shall be provided.	The second floor front bedroom is occupied by two residents. There is only one towel rack in the room for resident use.	OCT 12TH 2009	A SECOND TOWEL RACK WAS INSTALLED IN RESIDENT ROOM ON 10/12/09 THE HOUSE MAINTANCE PERSON AND STAFF WILL CHECK ROOMS WEEKLY FOR ANY ITEMS THAT'S MISSING TO BE REPLACE. ALSO TO ENCOURAGE THE RESIDENTS TO INFORM THE STAFF WHEN ITEMS ARE MISSING OR BROKEN	1/22/10 JSH

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>J. R. [Signature]</i>	DATE Nov 8 TH 2009	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 1/15/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
103d Food shall be stored off the floor.	Quaker Oats, bread crumbs, instant potatoes, coffee, syrup and 2 liter bottles of soda were found being stored on the floor of the home's pantry across from the kitchen door.	OCT 12 TH 2009	SHELVES WERE BUILT BINS OFF THE FLOOR SO FOOD IS NOT EXPOSED TO SPASH, DUST OR OTHER CONTAMINATION.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>1/15/10 Date</p> <p>JRH Initials (DPW)</p>


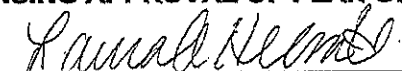
VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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INSPECTION DATE(S) (Include all dates of the inspection) October 8, 2009		REGIONAL REPRESENTATIVE Chevon Mitchell and Kimberli Foulkes	
SIGNATURE OF LEGAL ENTITY <i>J.R. Amer</i>	DATE Nov 8TH 2009	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Kamall Helms</i>	DATE 1/15/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
121b, 123a 121b Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority. 123a Exit doors shall be equipped	The following doors throughout the home are equipped with working key locking door knobs: -1 st floor door leading to the stairway from the foyer. -1 st floor rear bedroom that is used as the route for the second means of egress on the 1 st floor. -The hallway door on the second floor across from the activity room.	10/9/09 2/19/10	All Doors used for Egress Routes And Routes From Rooms WAS REPLACE WITHOUT ANY Key Locking Devices The door knob on the door leading to the stairway from the foyer will be replaced with a doorknob that does not have a locking device to allow	Steps have been taken to correct violation; full compliance is not verifiable <i>JRH</i> Date 1/22/10 Initials (DPW)

residents ~~to~~ access to their bedrooms. int 1/23/10

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost.		OCT-9TH 2009	Continue - All Doors used for Egress Routes And Routes from Rooms was Replace without Any Key Locking Devices	

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>J. M. [Signature]</i>	DATE Nov 27th 2009	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 1/22/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
123b Copies of the emergency procedures 107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.	The home's emergency procedures and the emergency procedures for the municipality were not posted in the home.	OCT 9th 2009	COPIES OF THE HOME'S EMERGENCY PROCEDURES FOR THE MUNICIPALITY IS NOW POSTED. THE ADMINISTRATOR AND STAFF WILL ASSURE THEY WILL NOT BE REMOVE THE STAFF WILL DO DAILY CHECKS TO ENSURE THE EMERGENCY PROCEDURES REMAIN IN PLACE	1/22/10 JDH

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SIGNATURE OF LEGAL ENTITY <i>J. R. Moore</i>	DATE Nov 8th 2009	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 1/15/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
124 The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.	The home did not notify the local fire department of the address of the home, the location of resident bedrooms and their needs during an emergency.	1/15/10 <i>WTF</i> 1/15/10	OUR LOCAL FIRE DEPT WAS NOTIFIED IN WRITING AND COPIES OF FLOOR PLANS WAS PROVIDED. AND FLOOR PLANS AND NEEDS OF RESIDENT IN AN EVENT OF A EMERGENCY * ATTACHED IS POST DATED LETTER AND RETURN CARD FROM THE POST OFFICE The home will immediately notify the fire department in writing if the evacuation assistance needs of the residents changes. <i>WTF 1/18/10</i>	1/16/2010 <i>ALC</i>



1/16/10

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>J. P. [Signature]</i>	DATE Nov 8th 2009	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Lumal Helms</i>	DATE 11/15/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
133a2 <u>If the home serves nine or more residents</u> , 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.	The egress routes from the home's first floor are through a TV room to the front door and through the rear bedroom. These routes are not labeled with appropriate signs.	OCT 9TH 2009	ADDITIONAL EXITS SIGNS ARE NOW PLACE THROUGH THE TV ROOM "1ST FLOOR" AND THROUGH THE REAR BEDROOM ON THE 1ST FLOOR MORE VISIBLE EXIT SIGNS WERE INSTALLED	

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171b5 If staff persons or volunteers of the home provide transportation for the residents, the vehicle shall have a first aid kit with the contents in 96.	The first aid kit in the home's vehicle did not include a thermometer, eye coverings and a CPR breathing shield.	OCT 9TH 2009	THE FIRST AID KIT FOR THE HOME'S VEHICLE IS NOW EQUIPPED WITH ALL REQUIRED ITEMS IN 96 - STAFF WILL DO MONTHLY CHECKS TO ENSURE THIS IS NOT REPEATED	1/16/2010 JF

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SIGNATURE OF LEGAL ENTITY <i>J. R. [Signature]</i>	DATE Nov 8th 2009	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Laura [Signature]</i>	DATE 11/15/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183c Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.	Resident #2's Lantus insulin was found stored in the home's unlocked kitchen refrigerator in a container that did not have a locking mechanism.	OCT 12TH 2009	A CONTAINER WITH A LOCKING DEVICE WAS PURCHASE, AND ALL INSULIN IS NOW PLACE IN THE REFRIGERATOR IN A LOCKED CONTAINER AT ALL TIMES. STAFF WILL DO DAILY CHECKS ASSURE CONTAINER IS LOCK AT ALL TIMES	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Date Initials (DPW)</p>

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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183e Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.	The manufacture's instructions for resident #2's Lantus Insulin states that the medication should not be used after 28 days of being opened. The Lantus insulin found in the home's refrigerator for resident #2 was not dated when it was opened.	OCT 9th 2009 2/10/10	RESIDENT #2 LANTUS INSULIN IS NOW DATED ADMINISTRATOR IS RESPONSIBLE FOR DATING ANY LANTUS INSULIN WHEN OPEN. All staff that administer insulin will be trained on the proper storage and labeling of insulin. <i>1/15/10</i> <i>[Signature]</i> 1/16/10	Steps have been taken to correct violation; full compliance is not verifiable <i>1/16/2010</i> Date Initials (DPW) <i>[Signature]</i>

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>J.P. [Signature]</i>	DATE Nov 8th 2009	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 2/10/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183f Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.	Prescription medication clindamycin 1% lotion that was found in resident #2's bedroom expired 11-11-07.	OCT 9TH 2009	RESIDENT # 2 EXPIRED MEDICATION WAS DESTROYED IN A SAFE MANNER. AND ALL STAFF WAS INFORMED ABOUT EXPIRED MEDICATION TO BE DESTROYED IN A SAFE MANNER. ADMINISTRATOR WILL DO DAILY CHECKS TO ENSURE NO MEDICATION IS KEPT IN RESIDENTS ROOM / RESIDENTS WAS INFORMED AND WILL CONTINUE TO REMIND	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center"><i>[Signature]</i> Date Initials (DPW)</p>

RESIDENTS ABOUT SAFETY OF MEDICATIONS IN THEIR ROOMS.

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>J. A. Mercer</i>	DATE Nov 8th 2009	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Laura A. Belmont</i>	DATE 11/15/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (12) Diagnosis or purpose for the medication, including pro re nata (PRN).	-Resident #1's medication administration record did not include diagnoses for Zprexa 20mg, Simvastatin 80mg, Gemfibrozil 600mg and Docusate Sodium. -Resident #2's medication administration record did not include diagnoses for Calcium Carb with Vitamin D 600, Perphenazine 4mg and Buspirone 15mg.	OCT 9th 2009	RESIDENT #1 MAR IS NOW IDENTIFY WHAT EACH MEDICATION IS FOR / AND IS LISTED ON HIS OR HER MAR / EACH DIAGNOSES RESIDENT #2 MAR IS NOW IDENTIFY WHAT THE DIAGNOSES IS AND IS NOW LISTED ON MAR. IT IS THE RESPONSIBILITY OF THE ADMINISTRATOR TO CHECK ALL MAR'S DAILY FOR ERRORS	<i>1/16/2010 JAC</i>

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>J. P. Amico</i>	DATE Nov 8th 2009	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Lamaa Helms</i>	DATE 11/22/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
191 The home shall educate the resident of his/her right to question or refuse a medication if he/she believes there may be a medication error. Documentation of this resident education shall be kept.	Residents #1, 2, 3 and 4 have not been educated on their right to refuse medications if they believe there may have been an error.	OCT 9TH 2009	In our Weekly Meeting All Residents were Educated on His or Her Right to Question or Refuse Medication Docks of this Education is Attach in Each Resident File New Resident Rights was Updated for All New Residents Copies were Made and is now Place in our Room Package. Administrator will Now Check All New Room for Completeness.	Steps have been taken to correct violation; full compliance is not verifiable 11/6/2010 Initials (DPW) <i>[Signature]</i> Date

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>J.R. [Signature]</i>	DATE Nov 8th 2009	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Laura [Signature]</i>	DATE 1/29/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
252 Each resident's record shall include the following information: (3) A photograph of the resident that is no more than 2 years old.	The records for residents #2, 3 and 4 did not include a picture of the resident.	OCT 12TH 2009	All Residents Files Are Now Updated With New Pictures. Administrator To Ensure Every 2 YRS New Pictures Will Be Added To Files Administrator Has Now Develop A Checklist To Ensure Ensure Every Two Yrs New Pictures Will Be Added To Resident Files.	1/16/2010 [Signature]