

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ELIZABETH ROSE LOWRY
LEGAL ENTITY

To operate CARE
NAME OF FACILITY OR AGENCY

Located at P.O. BOX 190, MAINESBURG, PA 16932
(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 18
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 March 5, 2010 until September 5, 2010,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 203261

Robert E. Robinson

ISSUING OFFICER

Kenneth T. 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
 MAILING DATE:**

MAR 05 2010

Ms. Elizabeth Rose Lowry, Owner
 CARE
 P.O. Box 190
 Mainesburg, Pennsylvania 16932

Dear Ms. Lowry:

As a result of the Department of Public Welfare's (Department) licensing inspections on October 26, 2009 and February 10, 2010 of the above personal care home, the violations specified on the enclosed Violation Reports were found.

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

All violations specified on the 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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268, the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
103i	III	15	\$3	\$45	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Financial Operations with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

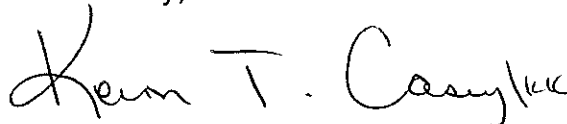
Once you receive your invoice from the Bureau of Financial Operations, if you disagree with the amount of the penalty, you have the right to appeal through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare. If you decide to appeal, a written request to appeal the fine must be received, along with the assessed daily fine, not to exceed \$500, in accordance with 55 Pa.Code § 2600.263 (relating to appeal of penalty). All appeal requests must be sent to the address indicated on the invoice you will receive from the Bureau of Financial Operations.

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
Seventh and Forster Streets
Harrisburg, Pennsylvania 17120

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,



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 C A R E, P.O. Box 190, Mainesburg, Pennsylvania, 16932		CURRENT LICENSE NUMBER 203260	
INSPECTION DATE(S) (Include all dates of the inspection) October 26, 2009		REGIONAL REPRESENTATIVE Leslie Patton and Tom Shopay	
SIGNATURE OF LEGAL ENTITY <i>Ryan Long</i>	DATE 11/10/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Bob Buegnoni</i>	DATE 2/4/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
<p>16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.</p>	<p>The home's policy regarding reportable incidents did not specify how the home will prevent reportable incidents from occurring, how incidents will be reported to the administrator and who will be responsible for reporting incidents to the regional office, investigative methods, and management of reportable incidents.</p>	<p>11/10/09</p> <p>3/20/10</p>	<p><i>POLICY & PROCEDURE ON REPORTABLE INCIDENTS WAS RE-WROTE</i></p> <p><i>SEE ATTACHMENT 1</i></p> <p><i>The Administrator will review all required written policies and procedures to ensure that all required elements are included in them. The Administrator will maintain all policies and procedures for the home in a binder that is accessible</i></p>	<p><i>Steps have been taken to correct violation; full compliance is not verifiable</i></p> <p>Date _____ Initials (DPW) _____</p>

RECEIVED

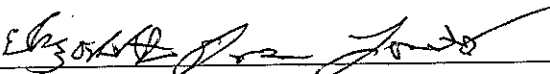
NOV 16 2009

SCRANTON FIELD OFFICE
Adult Residential Licensing

to the designee in their absence.


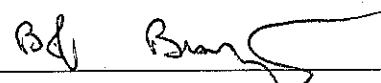
Bob B 2/4/10

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

NAME AND ADDRESS OF PERSONAL CARE HOME C A R E, P.O. Box 190, Mainesburg, Pennsylvania, 16932		CURRENT LICENSE NUMBER 203260	
INSPECTION DATE(S) (Include all dates of the inspection) October 26, 2009		REGIONAL REPRESENTATIVE Leslie Patton and Tom Shopay	
SIGNATURE OF LEGAL ENTITY 	DATE 11/11/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Bob Benjamin	DATE 2/4/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
<p>22a1 The following admission document shall be completed for each resident - Preadmission screening completed prior to admission on a form specified by the Department.</p> <p>224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.</p>	<p>The preadmission screening in the record of resident #3 (admitted 3/31/09) dated 3/31/09 did not address special care needs and behavioral needs, if any.</p> <p>The preadmission screening in the record of resident #8 (admitted 3/31/09) dated 3/31/09 did not address special care needs and behavioral needs, if any.</p>	<p>10/27/09</p> <p>3/25/10</p>	<p>THE PREADMISSION SCREENINGS FOR RESIDENT #3 & #7 WERE CORRECTED.</p> <p>STAFF WAS REMINDED TO FILL THESE IN.</p> <p>SEE ATTACHMENT 2</p> <p>The Administrator will review the preadmission screening forms for all new admissions to ensure they are filled out correctly and in their entirety. 2/4/10 Bob B.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>2/4/10 2/4 Date Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME C A R E, P.O. Box 190, Mainesburg, Pennsylvania, 16932		CURRENT LICENSE NUMBER 203260	
INSPECTION DATE(S) (Include all dates of the inspection) October 26, 2009		REGIONAL REPRESENTATIVE Leslie Patton and Tom Shopay	
SIGNATURE OF LEGAL ENTITY 	DATE 11/14/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2/4/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
25c6 The contract shall specify the conditions under which refunds will be made, including the refund of admission fees and refunds upon a resident's death.	The home's resident contract does not specify the refund policy in the event of the death of a residents under the age of 60.	11/2/09	ADDED REFUND POLICY TO ADDENDUM C OF THE CONTRACT ALL RESIDENTS INITIALED CHANGES SEE ATTACHMENT 3	2/4/10 B.B.
63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation shall be present in the home at all times.	On 10/21/09 and 10/22/09, the home served 15 residents. The home's schedule indicates that on 10/21/09 from 2:30pm- 8:30pm and on 10/22/09 from 10:30pm- 6:30am staff person A worked alone. Staff person A is not certified in CPR and first aid.	11/1/09	STAFF ^A WAS RECERTIFIED IN CPR. STAFF A GAVE HER NOTICE BEFORE FIRST AID TRAINING WAS COMPLETED WILL KEEP TRACK OF CPR + FIRST AID TRAINING AS IT IS NEEDED. SEE ATTACHMENT 4	2/4/10 B.B.

3/1/10 The Administrator will review the staff schedule on a weekly basis to ensure that there is at least one staff with current first aid / CPR training on all shifts. Bob B. 2/4/10

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

NAME AND ADDRESS OF PERSONAL CARE HOME C A R E, P.O. Box 190, Mainesburg, Pennsylvania, 16932		CURRENT LICENSE NUMBER 203260	
INSPECTION DATE(S) (Include all dates of the inspection) October 26, 2009		REGIONAL REPRESENTATIVE Leslie Patton and Tom Shopay	
SIGNATURE OF LEGAL ENTITY <i>Elizabeth Rose Young</i>	DATE 11/11/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>B.D. Brangman</i>	DATE 2/4/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
64c An administrator shall have at least 24 hours of annual training relating to the job duties.	Staff person B, who is the administrator, completed 23 of the required 24 hours of annual training for the 8/1/08- 7/31/09 training year.	10/27/09	TRAINING FOR STAFF B WAS COMPLETED. TRAINING CALENDAR YEAR WAS CHANGED, AS REQUESTED, SO IT WILL BE EASIER TO TRACK ALL TRAINING SEE ATTACHMENT 5	2/4/10 B.B.
65e Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	Staff person A completed 4 of the required 12 hours of annual training for the 8/1/08- 7/31/09 training year. Staff person C completed 9 of the required 12 hours of annual training for the 8/1/08- 7/31/09 training year.	10/28/09	TRAINING FOR STAFF A+C WAS COMPLETED. TRAINING CALENDAR YEAR WAS CHANGED, AS REQUESTED, SO IT WILL BE EASIER TO TRACK ALL TRAINING. SEE ATTACHMENT 6	2/4/10 B.B.

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

NAME AND ADDRESS OF PERSONAL CARE HOME C A R E, P.O. Box 190, Mainesburg, Pennsylvania, 16932		CURRENT LICENSE NUMBER 203260	
INSPECTION DATE(S) (Include all dates of the inspection) October 26, 2009		REGIONAL REPRESENTATIVE Leslie Patton and Tom Shopay	
SIGNATURE OF LEGAL ENTITY <i>Elizabeth Ann Joudy</i>	DATE 11/11/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Bob Brown</i>	DATE 2/4/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
<p>65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas:</p> <p>(3) Resident rights (under these regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention.</p>	<p>Staff persons A, C, and E did not receive training regarding falls and accident prevention during the 8/1/08- 7/31/09 training year.</p> <p>Staff person D did not receive training regarding Older Adult Protective Services Act, resident rights, or falls and accident prevention during the 8/1/08- 7/31/09 training year.</p>	<p>10/29/09</p> <p>3/25/10</p>	<p>TRAINING FOR STAFF A, C, E, D WAS COMPLETED.</p> <p>TRAINING CALENDAR YEAR WAS CHANGED, AS REQUESTED, SO IT WILL BE EASIER TO TRACK ALL TRAINING.</p> <p>SEE ATTACHMENT 7</p> <p>The Administrator will review the calendar/staff training plan on a monthly basis to ensure that all staff are scheduled to attend and complete all of the required trainings outlined under this regulation</p> <p>Bob B. 2/4/10</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>3/5</p> <p>Date _____ Initials (DPW) _____</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME C A R E, P.O. Box 190, Mainesburg, Pennsylvania, 16932		CURRENT LICENSE NUMBER 203260	
INSPECTION DATE(S) (Include all dates of the inspection) October 26, 2009		REGIONAL REPRESENTATIVE Leslie Patton and Tom Shopay	
SIGNATURE OF LEGAL ENTITY <i>Elizabeth Rose Jondy</i>	DATE 11/11/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ed Orsay</i>	DATE 2/4/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
65i A record of training including the direct care staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.	Staff training records for the 8/1/08-7/31/09 training year did not indicate the location and length of course for each of the following training subjects: <ul style="list-style-type: none"> - Emergency preparedness - Fire Safety - Documentation - Resident care 	11/10/09 2/1/10	IN THE FUTURE WE WILL USE THE DEPARTMENTS RECORD OF TRAINING FORM SO ALL INFORMATION WILL BE INCLUDED. The Administrator will review all training record forms after training is conducted to ensure that all required information is recorded for each training session. Bob B. 2/4/10	Steps have been taken to correct violation; full compliance is not verifiable. 2/5/10 B.B. Date Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME C A R E, P.O. Box 190, Mainesburg, Pennsylvania, 16932		CURRENT LICENSE NUMBER 203260	
INSPECTION DATE(S) (Include all dates of the inspection) October 26, 2009		REGIONAL REPRESENTATIVE Leslie Patton and Tom Shopay	
SIGNATURE OF LEGAL ENTITY <i>Elyse Rose Jredy</i>	DATE 11/11/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Bob Brown</i>	DATE 2/4/10

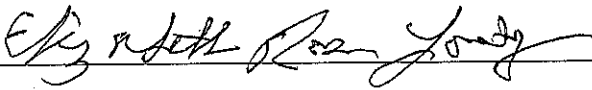
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
66b The staff training plan shall include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan shall include the following: (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.	The annual training plan for 8/1/09-7/31/10 did not indicate anticipated dates for scheduled training.	10/30/09 3/1/10	ANTICIPATED DATES WERE FILLED IN IN THE FUTURE, THIS WILL BE COMPLETED SEE ATTACHMENT 8 The Administrator will review the training calendar/plan on a monthly basis to ensure that any changes for anticipated training dates are documented and all required information is recorded on the plan. Bob B. 2/4/10	2/4/10 B.B.

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

NAME AND ADDRESS OF PERSONAL CARE HOME CARE, P.O. Box 190, Mainesburg, Pennsylvania, 16932		CURRENT LICENSE NUMBER 203260	
INSPECTION DATE(S) (Include all dates of the inspection) October 26, 2009		REGIONAL REPRESENTATIVE Leslie Patton and Tom Shopay	
SIGNATURE OF LEGAL ENTITY <i>Elizabeth Rose Zandy</i>	DATE 11/10/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Bob Brangman</i>	DATE 2/14/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
85e Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.	The home's dumpster was uncovered and filled beyond capacity. In addition, trash was also located on the ground adjacent to the dumpster.	10/27/09 3/1/10	DUMPSTER WAS EMPTIED. WILL MAKE SURE THE DUMPSTER IS COVERED AND NOT FILLED BEYOND CAPACITY The Administrator will designate a staff to check the dumpster on a daily basis to ensure that it is not overfilled and the lid is closed. Bob B. 2/14/10	MM 02-12-10

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

NAME AND ADDRESS OF PERSONAL CARE HOME C A R E, P.O. Box 190, Mainesburg, Pennsylvania, 16932		CURRENT LICENSE NUMBER 203260	
INSPECTION DATE(S) (Include all dates of the inspection) October 26, 2009		REGIONAL REPRESENTATIVE Leslie Patton and Tom Shopay	
SIGNATURE OF LEGAL ENTITY 	DATE 11/16/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Bd Bisognin	DATE 2/4/10

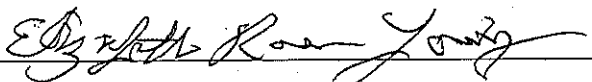
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
<p>95 Furniture and equipment shall be in good repair, clean and free of hazards.</p>	<p>The wall paneling behind the door leading into the freezer/smoking room was broken above an electrical receptacle and in the area where the door knob struck the wall, exposing wall studs.</p> <p>The door to the interior smoking room had two holes below the door knob, each measuring approximately 2.5 inches in diameter.</p> <p>The lower section of the door leading into room O occupied by resident #9 had three holes in the outer covering in the lower section.</p> <p>The baseboard in front of the shower stall located in the bathroom adjacent to the foyer was damaged from dry rott.</p>	<p>11/16/09</p>	<p>ALL REPAIRS WERE COMPLETED.</p> <p>WILL CONTINUE TO KEEP UP ON REPAIRS</p> <p>SEE ATTACHMENT 9</p>	<p>2/4/10 G.B.</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME C A R E, P.O. Box 190, Mainesburg, Pennsylvania, 16932		CURRENT LICENSE NUMBER 203260	
INSPECTION DATE(S) (Include all dates of the inspection) October 26, 2009		REGIONAL REPRESENTATIVE Leslie Patton and Tom Shopay	
SIGNATURE OF LEGAL ENTITY <i>Elizabeth Rose Jontz</i>	DATE <i>11/02/09</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>of Benjamin</i>	DATE 2/4/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
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 contain scissors or adhesive tape.	<i>10/27/09</i>	<i>THE SCISSORS AND ADHESIVE TAPE WERE ADDED TO THE FIRST AID KIT. MED. SUPERVISOR WILL CHECK FIRST AID KIT WEEKLY FOR NEEDED ITEMS.</i>	<i>MM 2-12-10</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME C A R E, P.O. Box 190, Mainesburg, Pennsylvania, 16932		CURRENT LICENSE NUMBER 203260	
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SIGNATURE OF LEGAL ENTITY 	DATE 11/20/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Bd. Brueggeman	DATE 2/4/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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																
101j2 Each resident shall have the following in the bedroom: A chair for each resident that meets the resident's needs.	The following residents utilize a folding chair. The residents' records do not contain documentation that the residents requested or approved of a folding chair or the residents ability to easily set up and access the chair. <table border="0"> <tr> <td><u>Resident #</u></td> <td><u>Room #</u></td> </tr> <tr> <td>Resident #2</td> <td>room #2</td> </tr> <tr> <td>Resident #6</td> <td>room #8</td> </tr> <tr> <td>Resident #7</td> <td>room #4</td> </tr> <tr> <td>Resident #10</td> <td>room #6</td> </tr> <tr> <td>Resident #11</td> <td>room #5</td> </tr> <tr> <td>Resident #12</td> <td>room #5</td> </tr> <tr> <td>Resident #13</td> <td>room #4</td> </tr> </table>	<u>Resident #</u>	<u>Room #</u>	Resident #2	room #2	Resident #6	room #8	Resident #7	room #4	Resident #10	room #6	Resident #11	room #5	Resident #12	room #5	Resident #13	room #4	11/3/09	RESIDENTS READ AND SIGNED A FORM OF APPROVAL FOR FOLDING CHAIRS. WILL HAVE NEW INCOMING RESIDENTS SIGN APPROVAL FORM WHEN ADMITTED. IF a resident does not request or approve of a folding chair, a non folding chair will be provided. SEE ATTACHMENT 10 RESIDENT #2,5,6,9,10,11,12	2/4/10 B.B. Bob B. 2/4/10
<u>Resident #</u>	<u>Room #</u>																			
Resident #2	room #2																			
Resident #6	room #8																			
Resident #7	room #4																			
Resident #10	room #6																			
Resident #11	room #5																			
Resident #12	room #5																			
Resident #13	room #4																			

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

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INSPECTION DATE(S) (Include all dates of the inspection) October 26, 2009		REGIONAL REPRESENTATIVE Leslie Patton and Tom Shopay	
SIGNATURE OF LEGAL ENTITY <i>Elyse Rose Jones</i>	DATE 11/11/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>B.B. Brainerd</i>	DATE 2/4/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
103i Outdated or spoiled food or dented cans may not be used.	5 flats containing 24 eggs each, located in the home's kitchen refrigerator, were not labeled or dated. Repeated violation- 1/6/09	10/26/09 3/1/10	THE EGGS WERE DATED AND LABELED. STAFF WAS REMINDED ABOUT DATING AND LABELING ALL FOOD. The Administrator will check the refrigerator and freezer on a weekly basis for outdated foods.	Steps have been taken to correct violation; full compliance is not verifiable. 2/4/10 B.B. Date Initials (DPW)
107c The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.	The home did not have a 3- day supply of water for each of the 15 residents being served at the time of the inspection as the home had only 35 of the 45 required gallons of water.	11/2/09	HAD CULLIGAN DELIVER ENOUGH WATER FOR A CONSTANT 3 DAY SUPPLY WILL HAVE THIS SUPPLY ON HAND AT ALL TIMES SEE ATTACHMENT II	2/4/10 B.B.

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

NAME AND ADDRESS OF PERSONAL CARE HOME C A R E, P.O. Box 190, Mainesburg, Pennsylvania, 16932		CURRENT LICENSE NUMBER 203260	
INSPECTION DATE(S) (Include all dates of the inspection) October 26, 2009		REGIONAL REPRESENTATIVE Leslie Patton and Tom Shopay	
SIGNATURE OF LEGAL ENTITY <i>Edy State Room Young</i>	DATE 10/26/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Bob Bisognani</i>	DATE 2/14/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
126a A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.	The home's furnace was not inspected by a professional furnace cleaning company or trained maintenance staff person on an annual basis. The most recent inspection was conducted 4/10/08.	10/29/09	FURNACE WAS CLEANED AND INSPECTED. WILL CONTINUE TO HAVE THIS DONE WITHIN THE CALENDAR YEAR. SEE ATTACHMENT 12	2/14/10 B.B.
132g Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.	The home's fire drill record indicates sleeping-hour fire drills are being routinely conducted at the same time. The most recent sleeping-hour fire drills on 5/19/09 and 11/13/08 were both conducted at 11:00pm.	11/10/09 3/1/10	WILL START DOING THE OVERNIGHT FIRE DRILLS AT DIFFERENT TIMES. The Administrator will schedule an unannounced fire drill each month on different days of the week and different times of the day and night to ensure ongoing compliance of this regulation Bob B. 2/14/10	Steps have been taken to correct violation; full compliance is not verifiable 2/14/10 B.B. Date Initials (DPW)

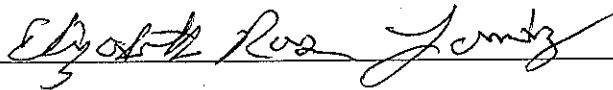
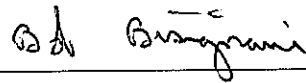
VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME C A R E, P.O. Box 190, Mainesburg, Pennsylvania, 16932		CURRENT LICENSE NUMBER 203260	
INSPECTION DATE(S) (Include all dates of the inspection) October 26, 2009		REGIONAL REPRESENTATIVE Leslie Patton and Tom Shopay	
SIGNATURE OF LEGAL ENTITY <i>Elizabeth Ruan Zondy</i>	DATE 11/10/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>B.B. Breyer</i>	DATE 2/14/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
144b The home rules shall specify whether the home is designated as smoking or non-smoking.	The home rules only specify that the home allows smoking in the indoor designated smoking room. The home also allows smoking outside in an area to the left rear of the facility.	11/2/09	ADDED TO OUR SMOKING POLICY IN THE CONTRACT, HOUSE RULES & POLICY & PROCEDURES THAT SMOKING IS ALLOWED AT THE OUTSIDE TABLE. SEE ATTACHMENT 13	2/14/10 B.B.
181a A home shall provide residents with assistance, as needed, with medication prescribed for the resident's self-administration. This assistance includes helping the resident to remember the schedule for taking the medication, storing the medication in a secure place and offering the resident the medication at the prescribed times.	The home did not have on-hand Albuteral saline nebulizer inhaler prescribed to resident #1.	10/27/09 3/11/10	THE MEDICATION FOR RESIDENT #1 WAS ORDERED & RECEIVED. MED SUPERVISOR WILL KEEP ALL PRN MEDICATIONS IN THE HOME The med supervisor will review all current and new medication orders on a	Steps have been taken to correct violation; full compliance is not verifiable 2/14/10 B.B. Date Initials (DPW)

medication orders on a monthly basis to ensure all medications for residents are on hand for administration
 Bob B. 2/14/10

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

NAME AND ADDRESS OF PERSONAL CARE HOME C A R E, P.O. Box 190, Mainesburg, Pennsylvania, 16932		CURRENT LICENSE NUMBER 203260	
INSPECTION DATE(S) (Include all dates of the inspection) October 26, 2009		REGIONAL REPRESENTATIVE Leslie Patton and Tom Shopay	
SIGNATURE OF LEGAL ENTITY 	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2/4/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
182b Prescription medication that is not self-administered by a resident shall be administered by one of the following: (4) A staff person who has completed the medication administration training in 190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.	The following staff persons administered medication during the month of October but are not properly trained to administer medication: Staff person A completed the initial medication administration training on 10/15/07. The staff person did not complete the initial annual practicum as only 2 of the required 3 medication administration observations were completed.	11/2/09	STAFF A WAS RETRAINED ON MEDICATION ADMINISTRATION FROM THE BEGINNING. OUR TRAIN THE TRAINER WILL KEEP TRACK OF WHEN TRAINING IS DUE AND FOLLOW UP. SEE ATTACHMENT 14	2/4/10 G.G.

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

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INSPECTION DATE(S) (Include all dates of the inspection) October 26, 2009		REGIONAL REPRESENTATIVE Leslie Patton and Tom Shopay	
SIGNATURE OF LEGAL ENTITY <i>Elizabeth Rose Young</i>	DATE 11/11/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Bob Brainer</i>	DATE 2/4/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
<p>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.</p>	<p>Lithium Bicarbonate 300mg, prescribed to resident #3, was discontinued 7/7/09. The home had not destroyed or disposed of the medication, which remained in the home's medication cabinet.</p> <p>Miralax, prescribed to resident #4, was discontinued 9/12/09. The home had not destroyed or disposed of the (4) .5oz packets, which remained in the home's medication cabinet.</p>	<p>10/26/09</p>	<p>MEDICATIONS FOR RESIDENT #3 + #1 WERE DISPOSED OF.</p> <p>MED SUPERVISOR WILL DISPOSE OF ALL MEDICATIONS, AS SOON AS THEY ARE DISCONTINUED.</p>	<p>MM 2/12/10</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 26, 2009		REGIONAL REPRESENTATIVE Leslie Patton and Tom Shopay	
SIGNATURE OF LEGAL ENTITY <i>Elyse Patton</i>	DATE 11/11/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Bob Bisognani	DATE 2/4/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	The original container of Triamcinolone Acetonide, prescribed to resident #4, was not labeled with the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage and instructions, and the name of the prescriber.	10/26/09 3/25/10	MEDICATION FOR RESIDENT #2 WAS DISPOSED OF. MED SUPERVISOR WILL DOUBLE CHECK ALL MEDICATIONS TO MAKE SURE THEY ARE PROPERLY LABELED. The Administrator will designate the med supervisor or other staff to conduct weekly audits of the medication cart to ensure all meds are properly labeled. The weekly audits will be documented on	

a log sheet and maintained for review Bob B. 2/4/10

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

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INSPECTION DATE(S) (Include all dates of the inspection) October 26, 2009		REGIONAL REPRESENTATIVE Leslie Patton and Tom Shopay	
SIGNATURE OF LEGAL ENTITY <i>Elyse Rose Jandy</i>	DATE 11/10/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Bd Brangman</i>	DATE 2/11/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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
184b If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.	"Physician Recommended Nutraceuticals" brand Dry Eye Omega prescribed to resident #5 was not labeled with the resident's name.	10/26/09	THE OTC MEDICATION FOR RESIDENT #4 WAS PROPERLY LABELED WITH THE RESIDENTS NAME. MED SUPERVISOR WILL CONTINUE TO PROPERLY LABEL OTC MEDICATIONS	MM 2/12/10
184c Sample prescription medications shall have written instructions from the prescriber that include the components specified in 184a.	Namenda "Starter Kit" prescribed to resident #6, did not include instructions with the resident's name, name of the medication, date the medication was prescribed, prescribed dosage and instructions, and prescriber's name.	10/26/09	THE SAMPLE MEDICATION FOR RESIDENT #5 WAS PROPERLY LABELED WITH THE RESIDENTS NAME MED SUPERVISOR WILL CONTINUE TO PROPERLY LABEL SAMPLE MEDICATIONS	Steps have been taken to correct violation; full compliance is not verifiable 2/12/10 MM Date Initials (DPW)

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

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SIGNATURE OF LEGAL ENTITY <i>Edyette Rose Joubert</i>	DATE 11/11/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BA Brainerd</i>	DATE 2/4/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	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).	The medication administration record (MAR) of resident #7 did indicate the diagnosis or purpose of the following medications: Hydrocort 2.5 PC/OT, Carmol cream, Carbamazepine 100mg, Proventil APA, Furosemide, Ferrex 150mg, and Prednisone 80mg. The MAR of resident #8 did not indicate the diagnosis or purpose of the following medications: Divalproex ER 500mg, Benztropine .5mg, Singular 10mg, Trazodone 100mg, Risperidone 3mg, and Citalopram HPR 20mg.	11/25/09	ADDED DIAGNOSISES FOR MEDICATIONS IN MAR FOR RESIDENT #6 + #7 MED SUPERVISOR WILL SURE ALL DIAGNOSISES ARE IN THE MAR SEE ATTACHMENT 15	MM 2/12/10

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