

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **SHARON AHEARN**

LEGAL ENTITY

To operate **ADULT PERSONAL CARE HOME**

NAME OF FACILITY OR AGENCY

Located at **44 BROAD STREET, PITTSTON, PA 18640**

(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 **8**
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 26, 2010** until **February 26, 2011**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **243860**

Robert E. Robinson

ISSUING OFFICER

Kevin J. 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

FEB 18 2010

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

Ms. Sharon Ahearn, Owner
Adult Personal Care Home
44 Broad Street
Pittston, Pennsylvania 18640

Dear Ms. Ahearn:

As a result of the Department of Public Welfare's licensing inspection on October 29, 2009 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 cursive script that reads "Kevin T. Casey".

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 Adult Personal Care Home, 44 Broad Street, Pittston, Pennsylvania, 18640		CURRENT LICENSE NUMBER 243860	
INSPECTION DATE(S) (Include all dates of the inspection) October 29, 2009		REGIONAL REPRESENTATIVE Ann O'Haire	
SIGNATURE OF LEGAL ENTITY <i>Sharon Ahearn</i>	DATE 11-25-09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Valencia</i>	DATE 1-28-10

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>Resident # 1 (DOA 6/3/08) did not have documented on the preadmission screening form that the resident's needs could be met in the facility.</p> <p align="center"><i>Original</i></p> <p align="center">RECEIVED</p> <p align="center">DEC 02 2009</p>	10-29-09	<p><i>Resident #1 preadmission form: The box was checked as it was brought to my attention the day of inspection. I will review this form as I periodically do all the other forms for completion as per regulations. I have added a note to a Quality Management log I have to recheck the form to assure it will not be missed in the future.</i></p>	<p align="right"><i>Del</i> 1-28-10</p>

**SCRANTON FIELD OFFICE
Adult Residential Licensing**

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SIGNATURE OF LEGAL ENTITY <i>Sharon Ahearn</i>	DATE 11-25-09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen O'Salence</i>	DATE 1-28-10

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>22a3 The following admission document shall be completed for each resident - Personal care home assessment completed within 15 days after admission on a form specified by the Department.</p> <p>225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.</p>	<p>Resident # 2 (DOA 5/14/08) did not have page 3 completed on their assessment. This home did not document this resident's ability to hear, see, understand commands or address their cognitive ability.</p>	<p>11-25-09</p>	<p>I have completed page three on the RESIDENTS Assessment form. In the future I will check the completion of each form on a regular basis to comply with the regulations</p> <p>Per table call Adm indicated that she utilizes a checklist to ensure that all documents are completed thoroughly. Adm will review all resident forms quarterly to make sure that all documents are complete D'Salence 1-28-10</p>	<p>POV 1-28-10</p>

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SIGNATURE OF LEGAL ENTITY <i>Sharon O'Heary</i>	DATE 11-25-09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Valance</i>	DATE 1-28-10

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).	Resident # 3 did not have a diagnosis listed on the Medication Administration Record for Canasa 1000mg suppositories PRN.	11-25-09	<i>I added the diagnosis to the Medication Administration Record on Canasa for Resident #3. I made a note to check this on the next month's record and also called the pharmacy who provides the records to us and had them add the diagnosis as well.</i>	Steps have been taken to correct violation; full compliance is not verifiable 1-28-10 DCU Date Initials (DPW)

will review Adm. med. for residents medications Adm. Record monthly for medication diagnosis if diagnosis is not listed, administrator will call resident's physician secure a diagnosis and present on MAR. Administrator will request resident physician to notified resident pharmacy to make sure monthly MAR is updated with resident diagnosis
D Valance

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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
187d The home shall follow the directions of the prescriber.	The home did not have Resident # 1 Acetaminophen 325 mg take 2 tabs by mouth as needed on hand at the home.	11-25-09	I did not have the bottle of Acetaminophen because the Resident no longer needs it. I called the doctors office to officially discontinue this medication and had the pharmacy remove it from the Medical Records.	Steps have been taken to correct violation; full compliance is not verifiable 1-28-10 DCU Date Initials (DPW)

RECEIVED

DEC 02 2009

SCRANTON FIELD OFFICE
Adult Residential Licensing

2-15-10

*Adm
Call 1-28-10 stated she will
Ensure compliance by monthly
checks of resident MAR's and
to review any + all pharmacy
orders for accuracy should
medications be increased
or decreased in dosage and
for additions and discontinued
medications*