

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to RONALD E. INSINGER

LEGAL ENTITY

To operate INSINGER'S PERSONAL CARE-SOUTH

NAME OF FACILITY OR AGENCY

Located at 6 EAST CENTRAL AVENUE, SOUTH WILLIAMSPORT, PA 17702

(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

38

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 18,

2010

until August 18,

2010,

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

No: 202091

Robert E. Robinson

ISSUING OFFICER

Kenneth V. 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:**

JAN 22 2010

Mr. Ronald E. Insinger, President
Insinger's Personal Care-South
6 East Central Avenue
South Williamsport, Pennsylvania 17702

Dear Mr. Insinger:

As a result of the Department of Public Welfare's (Department) licensing inspections on November 3, 2009 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.

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

Mr. Ronald E. Insinger

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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 cursive script that reads "Kevin T. Casey". The signature is written in black ink and is positioned above the typed name.

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 Insinger's Personal Care – South, 6 East Central Avenue, South Williamsport, Pennsylvania 17702		CURRENT LICENSE NUMBER 202090	
INSPECTION DATE(S) (Include all dates of the inspection) November 3, 2009		REGIONAL REPRESENTATIVE Betty Bloch and Michele Moskalczyk	
SIGNATURE OF LEGAL ENTITY <i>Ronald C. Insinger</i>	DATE 12-8-09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BB Brignani</i>	DATE 11/3/10

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
15a The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with its requirements regarding restrictions on staff persons.	Administrator A stated that the home did not report suspected resident to resident abuse that occurred on 2/19/09 to the local Area Agency on Aging, as required by this regulation.	11-27-09	The home was under the assumption that a resident must be elderly for a report to go to office of aging. And the two residents in question had resolved their differences. The home in the future will immediately report suspected abuse in accordance with Older Adult Protective Services Act	Steps have been taken to correct violation; full compliance is not verifiable 11/3/10 <i>G.S.</i> Date Initials (DPW)

RECEIVED

DEC 11 2009

SCRANTON FIELD OFFICE
Adult Residential Licensing

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SIGNATURE OF LEGAL ENTITY <i>Ronald E. Insinger</i>	DATE 12-8-09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ed Benjamin</i>	DATE 11/3/10

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20b3 The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.	Resident # 1 did not sign a receipt when cash disbursements were made from 1/09 to 10/09. The dates of disbursement did not include the day of the month; only the month and year were notated.	11-27-09	The home has added the day of the month that disbursements were made and in the future will make sure the full date is recorded for all disbursements.	11/3/10 G.S.
20b9 A copy of the itemized account in 20b8 shall be kept in the resident's record.	The home did not maintain copies of the quarterly statements of cash disbursements made on behalf of resident #s 1 and 2 in the residents' records.	11-27-09	The home has sent quarterly financial statements and placed financials in residents' records and will keep financial records in residents' file in the future.	11/3/10 G.S.

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<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>	The preadmission screening forms for resident #s 3 and 4 (both admitted on 7/3/09) did not address if the needs of the residents could be met by the services provided by the home. Also, the forms were not dated to indicate when they were completed.	<i>11-27-09</i>	<i>The preadmissions of resident #3 and #4 were dated behind signatures (in the wrong area) indicating when completed and the home is able to meet the needs of these residents and the boys were checked properly in the future all preadmission forms will be completed and dated.</i>	<i>11/3/10 S.G.</i>

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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
<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>	An initial assessment for resident # 5 (admitted 10/14/09) was not completed.	<i>11-5-09</i>	<i>The assessment for resident #5 was completed all residents assessments will be completed within fifteen days of admissions in the future a date of admissions is placed on resident records in plan view, to track when assessments and support plans are due.</i>	<i>11/3/10 S.S.</i>

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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 contracts or addendums to the contracts of resident #s 3, 4, 5, 6 and 7 did not indicate how the home intended to use the portion of any rent rebate it collects. The portion of the addendum that addressed this issue was left blank. The contracts were dated 7/3/09, 7/3/09, 10/14/09, 9/2/09 and 6/12/09, respectively.	11-12-09	The home has completed the addendums of resident # 3, 4, 5, 6, and 7, and the portion of rent rebate collected by the home will be used for home repairs and will be completed in the future.	11/3/10 B.B.
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 addendums to the contracts that explained the rent rebate information to resident # 5 (dated 10/14/09) and resident # 7 (dated 6/12/09) were not signed by the residents. The resident signature lines were left blank.	11-12-09	The home has completed the addendums with residents #5 and #7 and all contracts and addendums will be completed and signed by residents in the future at the time of admissions.	11/3/10 B.B.

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26a The home shall establish and implement a quality management plan.	The facility quality management plan was not implemented for the year 2008 to current.	11-20-09	The home has not completed the last quarterly quality management plan in 2008. The home will in the future complete quarterly quality management plans in the future.	11/3/10 B.G.
41e A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in 41d, or documentation of efforts made to obtain signature, shall be kept in the resident's record.	The record of resident # 5 did not include a statement signed by the resident that indicated upon admission to the home they received a copy of the resident right information specified in regulation 41.	11-12-09	The home has reviewed resident rights with resident #5 and rights were signed, the home has attached resident rights to all contracts to ensure they are signed in the future.	11/3/10 B.G.

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51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults).	Staff person B was hired on 5/18/09. The required criminal background check was not completed until 9/16/09. Staff person C was hired 5/12/09. The required criminal background check was not completed until 6/24/09. Both of these employees were retained beyond the 30 day provisional period without a completed criminal background check.	11-4-09	The home will send in at the time of hire all criminal background checks. The owner of the home will send in criminal background checks in accordance with Older Adult Protective Services Act and protective services for older adults in the future. The Administrator will monitor the provisional hire	Steps have been taken to correct violation; full compliance is not verifiable. 11/3/10 S.S. Date Initials (DPW)
52 Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.	Repeated Violation – 1/5/09			

period for all new staff. If a finalized criminal history check is not obtained within 30 days of the staff hire date, the staff will not work unsupervised until the final check is received. Bob S. 11/3/10

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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 11/02/09 and 11/03/09, on the 3PM to 11PM shift, staff persons B and D did not have current CPR/FA training. Staff person D was unable to provide proof of training and staff person B's training expired 10-15-09. No other staff person with the required training was available during these dates on the 3-11PM shift.	11-30-09	The home had put staff B on a indirect care schedule (cleaning, cooking & laundry) until CPR and first aid was current. The home has scheduled all staff to take CPR and first aid at one scheduled time to ensure the expired date are not expired in the future. The Administrator will review staff schedules on a weekly basis to	11/3/10 S.B.

ensure that there is at least one staff person with current F.A./CPR scheduled for each shift
Bob B. 11/3/10

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65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable. (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.	Unable to determine if during the first work day, staff person B and staff person C were trained in the following areas: Evacuation procedures; Staff duties and responsibilities during fire drills; The designated meeting place outside the building or within the fire-safe area in the event of an actual fire; Smoking safety procedures; The location and use of fire extinguishers; Smoke detectors and fire alarms; Telephone use and notification of emergency services. Repeated Violation – 1/5/09	11-6-09	The home could not locate training in fire and safety procedures, staff duties at the time of inspection, but has since done so and it is placed in staff records. The home has since developed a better system to ensure all trainings and staff documents are easily located. Staff B and C has been trained in the following	Steps have been taken to correct violation; full compliance is not verifiable. 11/3/10 S.B. Date Initials (DPW)

Staff B and C has been trained in the following

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(4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.	(Continued from the previous page)	11-6-09	<i>Evacuation Procedures Staff duties & responsibilities during a fire, designated meeting place, Smoking safety policy and areas, Location & use of a fire extinguisher, Smoke detectors & pull stations locations, Telephone use & notifying emergency services.</i>	<i>See previous page</i>

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65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act. (4) Reporting of reportable incidents and conditions.	Unable to determine if staff person B and staff person C were ever trained within 40 scheduled working hours in the following areas; Resident rights; Emergency medical plan; Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act; Reporting of reportable incidents and conditions. Repeated Violation – 1/5/09	<i>11-6-09</i>	<i>The home could not locate training document of staff B and C at the time of inspection, but has since done so and was placed in staff records. The home has since developed a better system to insure all trainings and staff documents are easily located. Staff B and C had been trained in resident rights, Emergency medical, Abuse & Neglect and reportable incidents and conditions within their 40 hrs of scheduled work.</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>11/3/10 S.S.</i> Date Initials (DPW)

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65c Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.	There was no proof available to indicate that staff person B, hired 5-18-09, was ever given a general orientation to their specific job functions as it relates to their position prior to working in that capacity.	11-6-09	The home has provided training in ADL for staff B. did not have training for cooking and cleaning. The home will in the future have orientation for staff specific job function.	11/3/10 S.S.
65e Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	There was no proof available to indicate that staff person D ever received 12 hours of annual training relating to their job duties for the training year 2008.	11-6-09	The home has developed a better system to track staff trainings and in the future will make sure all staff has 12 hours of annual training relating to their job duties.	11/3/10 S.S.

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<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>(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (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. (6) New population groups that are being served at the home that were not previously served, if applicable.</p>	<p>There was no proof available to indicate that staff person D received annual training for the year 2008 in the following areas: Fire safety; Emergency preparedness procedures; Resident rights; The Older Adult Protective Services Act; Falls and accident and New population groups as required.</p>	<p>11-6-09</p>	<p>Staff person D had missed some of the homes trainings due to the fact she was on dottle due to medical problems. The home had overlooked the trainings missed. The home will in the future check current training for staff that were absent of trainings</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>1/13/10 <i>B.S.</i> Date Initials (DPW)</p>

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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
66a A staff training plan shall be developed annually.	The annual staff training plan for the year 2009 was not available.	11-6-09	The home at the time of inspection did not have completed training plan for the year 2009 and will in the future have all training plans completed by January of that year	11/3/10 S.B.

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

NAME AND ADDRESS OF PERSONAL CARE HOME Insinger's Personal Care – South, 6 East Central Avenue, South Williamsport, Pennsylvania 17702		CURRENT LICENSE NUMBER 202090	
INSPECTION DATE(S) (Include all dates of the inspection) November 3, 2009		REGIONAL REPRESENTATIVE Betty Bloch and Michele Moskalczyk	
SIGNATURE OF LEGAL ENTITY <i>Ronald E Insinger</i>	DATE 12-8-09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Bd. Buzgami</i>	DATE 11/3/10

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
85d Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.	The lid was missing off the kitchen's trash receptacle and exposed the garbage inside of it; the receptacle was not in use at that time. Repeated Violation – 1/5/09	11-9-09	The Trash receptacle has been replaced and in the future all trash receptacles lids. The home has purchased receptacles where the lids don't come apart easily.	Steps have been taken to correct violation; full compliance is not verifiable 11/3/10 S.B. Date Initials (DPW)
85e Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.	At approximately 10:00am on the day of this inspection, the left lid of the outside trash receptacle was unable to close due to the overflowing bags of garbage; at approximately 3pm this same day, both lids were unable to close due to the overflowing garbage. There was approximately a 12" gap between the lids and the container of the receptacle. This allowed for the possible penetration of insects and rodents into it.	11-9-09	The home has contacted the trash removal service (Tatt) to ensure the trash will be removed twice weekly to prevent overflowing of trash in the future.	Steps have been taken to correct violation; full compliance is not verifiable 11/3/10 S.B. Date Initials (DPW)

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95 Furniture and equipment shall be in good repair, clean and free of hazards.	The emergency lights located in the hallway outside of bedrooms 12 and 13 were inoperable. Resident's interview indicated that when the power went out last week, the emergency lights never came on.	<i>11-9-09</i>	<i>The homes emergency light by rooms 12 + 13 has been repaired, a electrician has checked all emergency lighting, a bi-weekly inspection will be done to ensure emergency lighting is in good repair in the future</i>	<i>11/3/10</i>
102e Privacy shall be provided for toilets, showers and bathtubs by partitions or doors.	Located in the new addition of the home, the resident bathroom located across from bedroom F does not have a lock to provide residents privacy while using this bathroom.	<i>11-9-09</i>	<i>The home has replaced the door knob with one that locks in the bathroom across from bedroom F. and all bathrooms will have locks to insure privacy in the future</i>	<i>11/3/10</i>

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103g Food shall be stored in closed or sealed containers.	The following food items were found opened and unsealed in the kitchen: <ul style="list-style-type: none"> • In the cabinets to the right of the refrigerators: (2) 2-lb. boxes of UniPro Baking Soda, (1) 1 lb.8 oz. box of Uncle Ben's Instant Rice, (2) 1 lb.12 oz. boxes of Quaker Quick Creamy Wheat Enriched Farina • On the top of the left-hand side refrigerator: (1) bag of pretzels and (1) bag of potato chips • In the cabinet above the dishwasher: (1) 21.6 oz. bag of DominAde Powdered Drink Mix – Grape • In the cabinet above the coffee maker: (1) 2 lb. 3oz. bag of Hospitality Corn Flakes, (1) 2 lb. 3oz. bag of Hospitality Crisp Rice. 	11-3-09	<i>All food has been placed in sealed containers once opened to prevent any contamination in the future.</i> The Administrator will instruct staff to conduct weekly checks of the kitchen and food storage areas to ensure that all food items are stored in sealed/closed containers. A log of these checks will be maintained by the home.	Steps have been taken to correct violation; full compliance is not verifiable. <u>11/3/10</u> <u>B.S.</u> Date Initials (DPW)

11/3/10 Bob B.

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105g-2 Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.	The inside of the external ductwork for the home's clothes dryer was caked with lint. In addition, lint was littered the area of the ground beneath and around the external ductwork that covered an area of approximately 29" x 17". This posed a possible fire hazard.	<i>11-6-09</i>	<i>The home has cleaned the external ductwork for the clothes dryer and the area on the ground that was littered with lint, to insure it does not happen in the future the vent cleaning has been added to our homes weekly cleaning schedule.</i>	<i>11/3/10</i>

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107c The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.	The home did not maintain, or have a contract to supply, the minimum required gallons of emergency drinking water for its residents. The home had 5 gallons on-hand of bottled water and a contract with Wheeland, Inc. for 60 gallons of drinking water. The number of current residents residing in the home was 30 on 11/3/09. A minimum of 90 gallons of emergency drinking water was required. At minimum, an additional 25 gallons of water was required either on-hand in the home or by a contract with a drinking water company to supply the home's additional needs.	12-8-09	The home has revised the contract with Wheeland Inc. to supply one hundred and fourteen gal. of drinking water in a event of an emergency this was over the phone they are sending the contract.	11/4/10 S.B.

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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 emergency procedures listed in Ch.2600.107 (relating to emergency preparedness) were not posted in the home. Repeated Violation – 1/5/09	11-6-09	The home has replaced emergency procedures book in the front hall, it has been connected with a chain and screwed to the wall, to insure the emergency preparedness plan stays in place in the future.	Steps have been taken to correct violation; full compliance is not verifiable 11/3/10 <i>B.S.</i> Date Initials (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 maintain a copy of the letter it sent to the local fire department notifying it of the home's location and of the home's new building addition completed in the spring of 2009.	1-18-09	The home has contacted local fire department in request of the letter (copy) signed by fire official stating the home's location the new addition and assistance needed in a emergency evacuation. The fire official will be back from vacation on Jan.	11/3/10 <i>B.S.</i>

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132b A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	The home did not have documentation that a fire drill was completed by a fire safety expert within the last 12 months. The last documented one was completed on 10/8/08, as indicated on its fire drill record.	<i>1-18-09</i>	<i>The home has contacted local fire expert as to conduct a fire drill in Oct. the fire safety expert can complete one in Jan.</i>	Steps have been taken to correct violation; full compliance is not verifiable. <i>11/3/10</i> <i>S.G.</i> Date Initials.(DPW)

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132e A fire drill shall be held during sleeping hours once every 6 months.	The home's fire drill records indicate that a fire drill was not conducted during sleeping hours between January 2009 and August 2009. The most recent ones were conducted on 9/24/09 at 12:30 am and 12/28/08 at 5:00 am. The home's administrator stated that residents are awakened at 6:00 am.	11-6-09	The home administrator had miss read the regulation believing a sleep drill needed to be done twice yearly. The home will now in the future conduct a fire drill during sleep hours every six months.	11/3/10 B.S.

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132f Alternate exit routes shall be used during fire drills.	<p>The fire drill records indicate that the home is not alternating fire exits used during fire drills, as indicated below:</p> <table border="0"> <thead> <tr> <th><u>Date</u></th> <th><u>Exit(s) Used</u></th> </tr> </thead> <tbody> <tr><td>1/15/09</td><td>front and side</td></tr> <tr><td>2/19/09</td><td>front and side</td></tr> <tr><td>3/27/09</td><td>side</td></tr> <tr><td>4/27/09</td><td>front and side</td></tr> <tr><td>5/20/09</td><td>front and side</td></tr> <tr><td>6/26/09</td><td>front and side</td></tr> <tr><td>7/23/09</td><td>front and both sides</td></tr> <tr><td>8/31/09</td><td>front and both sides</td></tr> <tr><td>9/24/09</td><td>front and both sides</td></tr> <tr><td>10/21/09</td><td>front and back</td></tr> </tbody> </table>	<u>Date</u>	<u>Exit(s) Used</u>	1/15/09	front and side	2/19/09	front and side	3/27/09	side	4/27/09	front and side	5/20/09	front and side	6/26/09	front and side	7/23/09	front and both sides	8/31/09	front and both sides	9/24/09	front and both sides	10/21/09	front and back	11-6-09	<p>The home has now indicating routes by north or front door, East (additions back door) West (2 ramp doors) The home shall alternate door exits for each drill by stimulating a fire sign, in the future a different exit will be used.</p>	11/3/10 B.G.
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1/15/09	front and side																									
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141a-2 The medical evaluation shall include the following: (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.	The medical evaluations dated 8/9/09 and 8/4/09 for resident #s 3 and 4, respectively, did not address medication regimen, as these areas were left blank. In addition, the attached addendums (dated 5/28/09) were completed by another physician and were not signed or dated by the physician who completed the medical evaluations.	12-14-09	The home has contacted residents 3 and 4's physician in a request for the completion of residents 3 & 4's medical evaluations. The home is waiting for the return of those MA5's. The home shall in the future review all MA5's returned for completion.	11/4/10 G.B.

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144b The home rules shall specify whether the home is designated as smoking or non-smoking.	The home rules do not include the location of all the home's smoking areas. Resident's were observed smoking on the front porch as well as on the right side (street-side) of the building. Both areas had cigarette butts and smoking debris.	11-12-09	The home has add to the residents contract the locations of the allowed smoking areas being on the front porch as well as right side yard, and a announcement was made about the butts and debris being littered in those areas and in the future contracts will be completed with smoking areas allowed and announcements will be done weekly.	11/3/10 B.S.

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144c-2 The location of a smoking room or outside smoking area shall be a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.	Located in the staff smoking area in the rear of the facility was a tin coffee can over filled with cigarette butts. Cigarette butts were mixed in with dried leaves which littered the ground in this area. Repeated Violation – 1/5/09	11-6-09	The home has posted and let staff know there will be no more smoking in this area, staff that smoke will need to do so in the allowed smoking areas and will do so in the future, the tin can, butts and bench has been removed in this area.	Steps have been taken to correct violation; full compliance is not verifiable. 11/3/10 <i>S.S.</i> Date Initials (DPW)

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183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Resident # 8 receives Lantus 100 units of insulin daily. There was no date on the insulin vial when opened and therefore unable to determine how long the vial has been opened. This product is only good for 28 days after opening.	11-20-09	The home has reviewed this regulation with med. staff to insure this does not happen in the future, also it was brought to the attention of our med. trainer, so she can review this with staff as well, and now in the future the morning med. staff have been checking insuline for dates.	Steps have been taken to correct violation; full compliance is not verifiable 1/14/10 S.S. Date Initials (DPW)

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251b- The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.	White-out, a non-permanent entry, was used in the following resident records: Res. # 4: Assessment dated 7/16/09 Res. # 6: Assessment dated 9/12/09 Res. # 7: Assessment and support plan, both dated 6/12/09	11-6-09	The Administrator at the time did not know that white-out could not be used in making a correction. In the future white-out will not be used on residents records. (please excuse any use of white-out used on my plan of corrections, for I have used it in the past at Cybele and did not know I could not)	Steps have been taken to correct violation; full compliance is not verifiable 11/3/10 S.S. Date Initials (DPW)

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252 Each resident's record shall include the following information: (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.	The record of resident # 6 (admitted 9/2/09) did not include height, weight or identifying marks.	11-6-09	The home will include in each residents record, race, height, weight, color of hair and eyes, religious affiliation, and identifying marks. The home in the future will make sure all of the residents information is completed.	11/3/10 B.B.

RECEIVED

DEC 11 2009

SCRANTON FIELD OFFICE
Adult Residential Licensing