



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

ADULT RESIDENTIAL LICENSING

APR 21 2010

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

Ms. Carol A. Berster, President/CEO
Peter Becker Community
800 Maple Avenue
Harleysville, Pennsylvania 19438

Dear Ms. Berster:

As a result of the Department of Public Welfare's licensing inspection on November 9, 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.

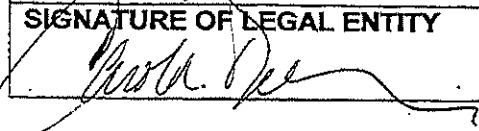
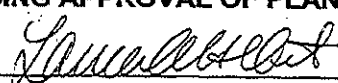
Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary


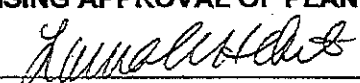
Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME Peter Becker Community 800 Maple Ave., Harleysville, PA 19438		CURRENT LICENSE NUMBER 127730	
INSPECTION DATE(S) (Include all dates of the inspection) November 9, 2009		REGIONAL REPRESENTATIVE Chevon Mitchell and Michelle Morton	
SIGNATURE OF LEGAL ENTITY 	DATE 12/16/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/9/10


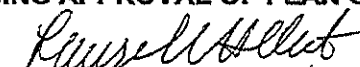
1	2	3	4	5
REGULATION 55 Pa.Code § 2600.	VIOLATION/CLASS	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY DPW
22a1, 224a 22a1 The following admission document shall be completed for each resident - Preadmission screening completed prior to admission on a form specified by the Department. 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.	The following residents' pre-admission screenings do not indicate if the home can meet the resident's needs: -Resident #1's dated 4-19-09 -Resident #2's dated 3-24-09 -Resident #3's dated 9-03-09	12/18/2009	The Personal Care Coordinator will complete all pre-admission screenings prior to admission and ensure that the question "The needs of the individual can be met by the services provided by this personal care home" is completed. Training on the proper way to complete the assessments has been completed. Incorrect screenings will be corrected by the date specified. The PC Administrator will conduct routine audits to ensure compliance.	Steps have been taken to correct violation; full compliance is not verifiable 4/9/10 Date JNA Initials (DPW)

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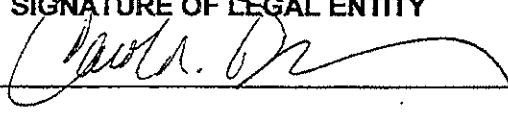
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<p>22a3, 225a</p> <p>22a3 The following admission document shall be completed for each resident - Personal care home assessment completed within 15 days after admission on a form specified by the Department.</p> <p>225a A resident shall have a written 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 was admitted 3-24-09 and the resident's assessment was not completed until 4-25-09.</p>	<p>1/8/2010</p>	<p>The Personal Care Coordinator will complete all PC Home Assessments within 15 days after admission. The PC Coordinator will maintain a checklist to ensure timely completion of documents upon admission. Training on the proper way to complete assessments has been completed. The PC Administrator will conduct routine audits to ensure compliance.</p>	<p>4/9/10 JDA</p>

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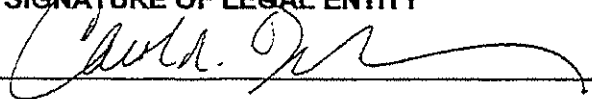
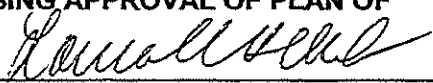
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82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	-A bottle of Listerine, labeled "If more than used for rinsing is accidentally-swallowed get medical help or call a poison control center right away," was found in resident #4's room. Resident #4's assessment dated 10-17-09 does not indicate that the resident can safely use poisons. -A bottle of Equate blue mint mouthwash, labeled "If more than used for rinsing is accidentally swallowed get medical help or call a poison control center right away," was found in resident #5's room. Resident #5's assessment dated 7-12-09 does not indicate that	12/18/2009	All residents were assessed for ability to safely use poisonous materials, and it was determined that all current residents are capable. The PC Coordinator will update PC Home Assessments to reflect that the resident can "safely use or avoid poisonous materials". As new residents are admitted, they will be assessed concerning poisons. If it is determined that any resident is unable to handle poisons, all poisons will be locked up. Training on completion of the assessment was completed. The PC Administrator will conduct routine audits to ensure compliance.	4/9/12 JSH

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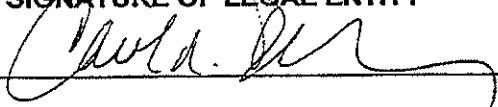

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82c – continued	<p>the resident can safely use poisons.</p> <p>-A bottle of Listerine, labeled "If more than used for rinsing is accidentally swallowed get medical help or call a poison control center right away," was found in resident #6's room. Resident #6's assessment dated 12-14-08 does not indicate that the resident can safely use poisons.</p>			

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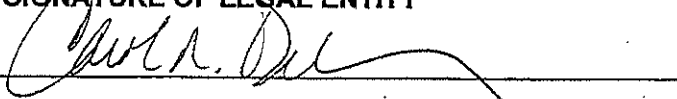

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91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	The telephone in resident #6's room did not have the required telephone numbers posted.	1/8/2010	The PC Coordinator will place emergency telephone numbers on phone of Resident #6. PC Coordinator will check telephone upon admission to ensure that numbers are available as part of the admission checklist. The PC Administrator will conduct routine audits to ensure compliance.	4/9/10 JDH

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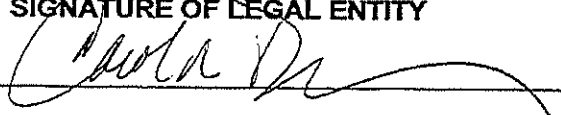
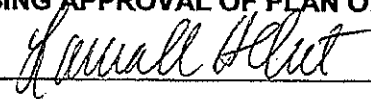
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102i A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.	An unlabeled bar of soap was found on the bathtub ledge of the shared bathroom of room #17.	1/8/2010	Individual bars of soap will be placed in clearly marked/labeled soap dishes. The bar of soap in Room #17 is labeled. The PC Coordinator will check each bathroom to ensure compliance. The PC Administrator will conduct routine audits to ensure compliance.	4/9/10 JSH

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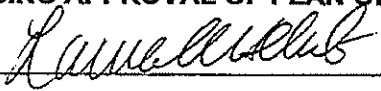
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103g Food shall be stored in closed or sealed containers.	Unsealed bags of pretzels and cheese curls were found in the top cabinet next to the refrigerator in the kitchen in the home's living room area.	1/8/2010	All food stuffs will be placed in sealed containers in the kitchen area. Dining services staff will check for proper storage during weekly restocking. The PC Administrator will conduct routine inspections to ensure compliance.	4/9/10 JSH

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141a The medical evaluation shall include the following: (6) Immunization history.	The medical evaluation for resident #6 dated 12-8-08 did not include any information about the resident's immunization history.	1/8/2010	The medical evaluation of resident #6 will be revised to include immunization history. The PC Coordinator will review the medical evaluation for completeness as part of the admission checklist. Incomplete items will be referred back to the attending physician. The PC Administrator will conduct routine audits to ensure compliance.	4/9/10 JDH

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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 #7's Lantus 100ml state that the medication should not be used after 28 days of being opened. The resident's bottle of Lantus was not dated when it was opened making it impossible to tell if it has been used in accordance to the manufacture's instructions.	1/8/2010	All prescription and over-the-counter topicals, drops, liquids, sprays, etc. will be labeled with the date when opened. Reminder signs were posted on medication carts. Staff will be inserviced by PC Administrator. PC Administrator will conduct routine audits to ensure compliance.	4/9/10 JDH

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<p>187a A medication record shall be kept to include the following for each resident for whom medications are administered:</p> <p>(12) Diagnosis or purpose for the medication, including pro re nata (PRN).</p> <p>(14) Name and initials of the staff person administering the medication.</p>	<p>-The home uses a master key for their staff initials and signatures. This master key is not updated monthly.</p> <p>-The medication record for resident #1 does not include a diagnosis for the medication Aspirin Chew TAB 81mg.</p>	1/8/2010	<p>A new Staff Signature and Initial sheet will be placed in the front of each medication administration binder and completed on a monthly basis. The PC Coordinator will be responsible to ensure completeness. Medication records will indicate a diagnosis for each medication. The PC Coordinator will ensure that the pharmacy receives this information to place in the electronic medication administration record. Training will be conducted with staff so that they are aware of this requirements. The PC Administrator will conduct routine audits to ensure compliance.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>4/9/10 Date</p> <p>SSD/H Initials (DPW)</p>