

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ASSISTED LIVING SOLUTIONS

LEGAL ENTITY

To operate THE LAURELS

NAME OF FACILITY OR AGENCY

Located at 23 FAITH DRIVE, HAZLETON, PA 18202

(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 100

(MAXIMUM CAPACITY)

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

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 2, 2010 until February 2, 2011,

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

No: 211170

Robert E. Robinson

ISSUING OFFICER

Kevin 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

JAN 29 2010

Mr. Robert J. Moisey, Administrator
Assisted Living Solutions
The Laurels
23 Faith Drive
Hazleton, Pennsylvania 18202

Dear Mr. Moisey:

As a result of the Department of Public Welfare's licensing inspection on November 24, 2009 and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

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

Kevin T. Casey
Deputy Secretary

Enclosure
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME The Laurels, 23 Faith Drive, Hazleton, Pennsylvania, 18202		CURRENT LICENSE NUMBER 211170	
INSPECTION DATE(S) (Include all dates of the inspection) November 24, 2009		REGIONAL REPRESENTATIVE Leslie Patton and Michele Moskalczyk	
SIGNATURE OF LEGAL ENTITY <i>Rosanna Mousig Adm.</i>	DATE 12/8/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doree Calver</i>	DATE 1-22-10

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.	The home's training records did not indicate a specific date that the staff received training regarding fire safety and emergency preparedness for the training year of 2008 but documented the date as 1/1/08-12/31/08.	11/25/09	Trainer inserviced on documentation requirements by Director of Nursing. Staff training records dated. Date line added to fire safety/ alarm training sheet. Director of Nursing will monitor for compliance.	<i>DCV 1-22-10</i>

RECEIVED

DEC 11 2009

SCRANTON FIELD OFFICE
Adult Residential Licensing

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

NAME AND ADDRESS OF PERSONAL CARE HOME The Laurels, 23 Faith Drive, Hazleton, Pennsylvania, 18202		CURRENT LICENSE NUMBER 211170	
INSPECTION DATE(S) (Include all dates of the inspection) November 24, 2009		REGIONAL REPRESENTATIVE Leslie Patton and Michele Moskalczyk	
SIGNATURE OF LEGAL ENTITY <i>Robert Moisey Admin.</i>	DATE 12/8/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>June Culence</i>	DATE 1-22-10

1	2	3	4	5
REGULATION 55 Pa.Code § 2600.	VIOLATION	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
81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	Resident #1 admitted on 11/7/08 has grab assist bars located on the upper bilateral sides of the bed. The spaces on the grab bars were not covered for protection and are large enough to entrap the residents head and or limbs.	11/25/09	Grab bar on left upper side of bed removed. Grab bar on right upper side of bed covered for protection. Director of Nursing will monitor for compliance. Resident Assistants and housekeeping will notify Director of Nursing of addition of grab assist bars to any beds. <hr/> <i>Resident assistants + all housekeeping staff have been re-trained on the importance of reporting any situations wherein they observe bed rails or grab assist bars to be present on resident beds. Per Tiley Valone 1-22-10</i>	DCU 1-22-10

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

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INSPECTION DATE(S) (Include all dates of the inspection) November 24, 2009		REGIONAL REPRESENTATIVE Leslie Patton and Michele Moskalczyk	
SIGNATURE OF LEGAL ENTITY <i>R. M. J. Smoisy</i>	DATE 12/8/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Debra C. Valence</i>	DATE 1-

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
84 Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters, and radiators, exceeding 120°F that are accessible to the resident, shall be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.	The gas vented fire place located in the hallway outside the administrator's office on the second floor: the glass surface temperature was measured at 126.6 °F. The fireplace is accessible to residents living in the home.	12/8/09	<p>Fire place screens have been ordered by the Director of Operations and will be positioned in front of fire places for safety. Staff and Management will monitor placement of screens to make sure they continue to be in a safe position.</p> <p><i>Maintenance Supervisor + housekeeping staff have been instructed to monitor fire place protective screens daily - per tele call w. Div 1-22-10</i></p>	<i>DCV 1-22-10</i>

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SIGNATURE OF LEGAL ENTITY <i>Ruben L. Moising Adm.</i>	DATE 12/8/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dune Valencia</i>	DATE 1-22-10

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
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 has not conducted a fire drill by a fire safety expert within the past year. The letter provided, dated 3-26-09, indicates that a review of the home's fire drill evacuation times was done but an actual drill was not conducted.	12/31/09	Fire safety inspection and fire drill will be conducted with Deputy Fire Chief prior to 12/31/09. After which time detailed letter from fire safety expert will be forwarded to DPW office. Director of Operations will review 132b with fire expert and monitor for compliance. <i>As tele call - Director of Operations is maintaining a monthly fire drill log which includes notation as to when the annual fire drill is to be conducted by a fire safety expert. D Valencia 1-22-10</i>	<i>DCV 1-22-10</i>

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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INSPECTION DATE(S) (Include all dates of the inspection) November 24, 2009		REGIONAL REPRESENTATIVE Leslie Patton and Michele Moskalczyk	
SIGNATURE OF LEGAL ENTITY <i>R. B. M. / [Signature]</i>	DATE 12/8/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>D. Valence</i>	DATE 1-22-10

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
132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	The letter (dated 3-26-09) from Fire Inspector indicates that a review of the home's fire drill log and fire drill evacuation times was utilized to determine an acceptable evacuation time of 8 minutes. The evacuation time indicated in the letter was not based on the technical construction of the building and the fire protection systems in place.	12/31/09	A more detailed letter from Deputy Fire Chief has been requested. Prior to annual fire drill and safety inspection by the fire expert, the Director of Operations will review DPW regulations with fire safety expert to ensure compliance. <i>Director of Operations will one month prior to scheduled annual fire drill, safety inspection contact the fire safety expert to review DPW requirement for fire safety under chapter 2600. Per Title D Valence 1-22-10</i>	<i>Dev 1-22-10</i>

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SIGNATURE OF LEGAL ENTITY <i>Robert J. Morley Adm.</i>	DATE 12/8/09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Colonna</i>	DATE 1-22-10

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
227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	Resident #1, admitted on 11/7/08, has grab assist bars located on the bed. There is no mention for the need or specific use of the assistive device in the resident's support plan dated 11-1-09. Repeated violation: 1-8-09.	11/25/09	Support plan dated 11/1/09 updated to indicate the need for grab assist bar on right side of bed by Director of Nursing. Director of Nursing will review support plans and update as needed.	<i>DCV 1-22-10</i>

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