

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WILBRI, INC.

LEGAL ENTITY

To operate LANE AVENUE ASSISTED LIVING

NAME OF FACILITY OR AGENCY

Located at 206 LANE AVENUE, PUNXSUTAWNEY, PA 15767

(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 42

(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 January 27, 2010 until January 27, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **424090**

*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

JAN 27 2010

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

Mr. William Todd Hoover, President  
Wilbri, Inc.  
Lane Avenue Assisted Living  
206 Lane Avenue  
Punxsutawney, Pennsylvania 15767

Dear Mr. Hoover:

As a result of the Department of Public Welfare's licensing inspection on December 10, 2009 and January 14, 2010 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**

JAN 5 2010

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Lane Avenue Assisted Living, 206 Lane Avenue, Punxsutawney, Pennsylvania 15767		<b>CURRENT LICENSE NUMBER</b> Adult Residential Licensing 424090	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 10, 2009		<b>REGIONAL REPRESENTATIVE</b> Ann O'Haire & Leslie Patton	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>William T. Moore</i>	<b>DATE</b> 12-31-09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>John Patton</i>	<b>DATE</b> 1-23-10

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
16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.	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 notifies the Department of reportable incidents as well as the home's investigative methods and the manner in which the home will track and store reportable incidents.	12-31-2009	The home's policy regarding reportable incidents has been modified to include how the home will prevent reportable incidents from occurring, how incidents will be reported to the administrator and who notifies DPW as well as the home's investigative methods and the manner in which the home will track and store reportable incidents. Copy attached. The administrator/owner will continue to review all policies to assure ongoing compliance. All staff in-service on 12-21-2009	1-14-10 <i>JK</i>

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

Western Region

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Lane Avenue Assisted Living, 206 Lane Avenue, Punxsutawney, Pennsylvania 15767		JAN 5 2010	<b>CURRENT LICENSE NUMBER</b> 424090
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 10, 2009		<b>REGIONAL REPRESENTATIVE</b> Ann O'Haire & Leslie Patton Adult Residential Licensing	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>William T. Hoan</i>	<b>DATE</b> 12-31-09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b> 1-23-10

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>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).</p> <p>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.</p>	The PA criminal background check in the personnel file of staff person A (hired 8/10/09) was obtained 9/24/09. The criminal background check was not completed within 30 days of the staff person being hired.	12-10-2009	STAFF PERSON A'S CRIMINAL BACKGROUND CHECK WAS RECEIVED BUT NOT IN THE REQUIRED 30 DAYS BECAUSE IT WAS THE ADMINISTRATOR'S INTERPRETATION OF THE REGULATIONS THAT IT WAS TO BE REQUESTED AND NOT RECEIVED IN THE TIME FRAME. AS OF 12-10-09 ALL CRIMINAL BACKGROUNDS FOR EMPLOYEES WILL BE SENT OUT AT THE TIME OF HIRE. THE ADMINISTRATOR/OWNER WILL ASSURE CONTINUED COMPLIANCE.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><u>1-14-10</u> <i>[Signature]</i> Date Initials (DPW)</p>

2-28-10

All staff involved with new hires will take the on-line Older Adult Protective Services Act training. Documentation will be kept. *[Signature]*  
1-23-10

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

Washington

JAN 5 2010

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Lane Avenue Assisted Living, 206 Lane Avenue, Punxsutawney, Pennsylvania 15767		<b>CURRENT LICENSE NUMBER</b> 424090	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 10, 2009		<b>REGIONAL REPRESENTATIVE</b> Ann O'Haire & Leslie Patton	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>William T. Hon</i>	<b>DATE</b> 12-31-09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b> 1-29-10

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
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.	Staff person B (hired 10/6/09), staff person C (hired 3/26/09) and staff person D (hired 11/16/09) did not receive a general orientation to their job duties as it relates to their position prior to working in that capacity.	12-29-2009	STAFF PERSONS B, C, AND D HAVE RECEIVED AND REVIEWED A COPY OF THEIR JOB DESCRIPTION AND SIGNED IT. COPIES ARE ATTACHED. THE ADMINISTRATOR/OWNER HAVE HAD ALL STAFF SIGN THEIR JOB DESCRIPTION AND WILL ASSURE THAT ALL NEW HIRES HAVE A GENERAL ORIENTATION TO THEIR SPECIFIC JOB FUNCTIONS PRIOR TO WORKING IN THAT CAPACITY. A SIGNED COPY WILL BE KEPT IN THEIR FILE.	1-23-10 <i>gh</i>

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

JAN 5 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Lane Avenue Assisted Living, 206 Lane Avenue, Punxsutawney, Pennsylvania 15767		CURRENT LICENSE NUMBER 424090	
INSPECTION DATE(S) (Include all dates of the inspection) December 10, 2009		REGIONAL REPRESENTATIVE Ann O'Haire & Leslie Patton	
SIGNATURE OF LEGAL ENTITY <i>William T. Hoover</i>	DATE 12-31-09	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JAL</i>	DATE 1-23-10

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
65d Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:  (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.	Staff person B (hired 10/6/09), staff person C (hired 3/26/09) and staff person D (hired 11/16/09) did not complete the Department- approved direct care training course and competency test prior to performing ADL services independently.	12-16-2009 12-31-2009	STAFF PERSON B, C, AND D HAVE PASSED THE DEPT-APPROVED DIRECT CARE TRAINING COURSE AND COMPETENCY TEST. COPIES ATTACHED. ALL 3 EMPLOYEES ALWAYS WORKED WITH ANOTHER EXPERIENCED STAFF AND ADMIN. DID NOT THINK THE TEST WAS NECESSARY.  THE ADMINISTRATOR/OWNER WILL ASSURE THAT ALL NEW DIRECT CARE STAFF PERSONS HIRED COMPLETE AND PASS THE TEST PRIOR TO PROVIDING UNSUPERVISED ADL SERVICES.	Steps have been taken to correct violation; full compliance is not verifiable 1-14-10 Date Initials (DPW) <i>JK</i>

2-28-10

The administrator will review all staff training documents to ensure all direct care staff meet the requirements prior to providing any unsupervised ADL services  
1-23-10

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

Western Allegheny

JAN 5 2010

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Lane Avenue Assisted Living, 206 Lane Avenue, Punxsutawney, Pennsylvania 15767		<b>CURRENT LICENSE NUMBER</b> 424090	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 10, 2009		<b>REGIONAL REPRESENTATIVE</b> Ann O'Haire & Leslie Patton	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>William J. Hoover</i>	<b>DATE</b> 12-31-09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b> 1-23-10

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
65e Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	Staff person E completed 7 of the required 12 hours of annual training for the most recently completed training year of 6/16/07- 6/15/08.	12-21-09	STAFF PERSON E COMPLETED ONLY 7 OF THE 12 HOURS OF TRAINING FROM 6/16/07 TO 6/15/08 BECAUSE SHE WAS ON A MEDICAL/MATERNITY LEAVE FROM 10/07 TO 1/08. THE TRAINING YEAR HAS SINCE BEEN MODIFIED TO FOLLOW A CALENDAR YEAR. ATTACHED IS A COPY OF HER MOST RECENT TRAINING YEAR (1/1/09 TO 12-31-09). SHE COMPLETED 15 1/2 HOURS. THE OWNER/ADMINISTRATOR WILL ASSURE ALL NECESSARY TRAINING IS COMPLETED.	1-14-10 <i>gr</i>

2-28-10

The Administrator or designated staff person will use the state training plan and the quality management reviews to monitor and track staff training to ensure all state persons meet the required training. *gr* 1-27-10

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

Western Region

JAN 5 2010

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Lane Avenue Assisted Living, 206 Lane Avenue, Punxsutawney, Pennsylvania 15767		<b>CURRENT LICENSE NUMBER</b> 424090	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 10, 2009		<b>REGIONAL REPRESENTATIVE</b> Ann O'Haire & Leslie Patton	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>William T. Hoover</i>	<b>DATE</b> 12-31-09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b> 1-27-10

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
65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas:  (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	Staff person E (hired 10/5/06) and staff person F (hired 1991) did not receive training regarding fire safety, emergency preparedness, resident rights, the Older Adult Protective Services Act, and falls and accident prevention for the most recently completed training year of 6/16/07- 6/15/08.	12-21-2009	STAFF PERSON E & F HAVE NOW COMPLETED THE ANNUAL TRAINING FOR THE CURRENT TRAINING YEAR (1/1/09-12/31/09) IN THE FOLLOWING AREAS: FIRE SAFETY, EMERGENCY PREPAREDNESS, RESIDENT RIGHTS, THE OLDER ADULT PROTECTIVE SERVICES ACT AND FALLS & PREVENTION. COPIES ATTACHED. THE ADMINISTRATOR WILL ASSURE ALL STAFF ARE TRAINED ANNUALLY IN THESE REQUIRED AREAS.	1-14-2010 G


2-28-10

The Administrator or designated staff person will use the staff training plan and the quality management review to monitor and track staff training to ensure all staff persons meet the required training. GPK 1-27-10

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

Western Region

JAN 5 2010

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Lane Avenue Assisted Living, 206 Lane Avenue, Punxsutawney, Pennsylvania 15767		<b>CURRENT LICENSE NUMBER</b> 424090	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 10, 2009		<b>REGIONAL REPRESENTATIVE</b> Ann O'Haire & Leslie Patton	
<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 12-31-09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b> 1-23-10

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
that are being served at the home that were not previously served, if applicable.				

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

Westmoreland

JAN 5 2010

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Lane Avenue Assisted Living, 206 Lane Avenue, Punxsutawney, Pennsylvania 15767		<b>CURRENT LICENSE NUMBER</b> 424090	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 10, 2009		<b>REGIONAL REPRESENTATIVE</b> Ann O'Haire & Leslie Patton	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>William J Hoover</i>	<b>DATE</b> 12-31-09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>gpc</i>	<b>DATE</b> 1-29-10

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
85a Sanitary conditions shall be maintained.	-The Bathrooms marked #3 and #4 had caulking along the bottom of the commode at the floor line that was black with mold. -Bathroom #4 had a rubber bath mat that had a black moldy substance on the bottom surface of the mat.	1-4-2010          2-28-10	The CAULKING ALONG THE BOTTOM OF THE COMMODE AT THE FLOOR LINE WILL BE REPLACED ON OR BEFORE 1/4/10 IN BATHROOM #3 AND #4. The RUBBER BATH MAT IN BATHROOM #4 HAS BEEN REPLACED WITH A NEW MAT. The OWNER/ADMINISTRATOR WILL CHECK ALL RESTROOMS PERIODICALLY TO ASSURE COMPLIANCE IN THE FUTURE. The Administrator or Designated Staff person will check all bathrooms weekly to assure sanitary conditions are met. Documentation will be kept. <i>gpc 1-29-10</i>	1-14-10 <i>gpc</i>

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

Western Region

JAN 5 2010



<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Lane Avenue Assisted Living, 206 Lane Avenue, Punxsutawney, Pennsylvania 15767		<b>CURRENT LICENSE NUMBER</b> 424090	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 10, 2009		<b>REGIONAL REPRESENTATIVE</b> Residential Licensing Ann O'Haire & Leslie Patton	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>William J. Hanson</i>	<b>DATE</b> 12-31-09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>gpc</i>	<b>DATE</b> 1-23-10


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
88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	The shower stall wall in the bathroom marked #3 was not water proof and the tile board was wet, moldy, and flaking off the wall.	1-27-2010	The shower stall wall in bathroom #3 will be replaced on or before 1-27-2010 with new water proof material.  A picture showing the completed work will be sent.  <del>The administrator/owner will periodically inspect all bathrooms to assure compliance.</del>	1-14-10 <i>gpc</i>
		2-28-10	The Administrator or designated staff person will check the home including all bathrooms weekly to ensure all floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Documentation will be kept - <i>gpc 1-23-10</i>	



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

Western Region

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Lane Avenue Assisted Living, 206 Lane Avenue, Punxsutawney, Pennsylvania 15767		JAN 5 2010 <b>CURRENT LICENSE NUMBER</b> 424090
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 10, 2009		<b>REGIONAL REPRESENTATIVE</b> Adult Residential Licensing Ann O'Haire & Leslie Patton
<b>SIGNATURE OF LEGAL ENTITY</b> 	<b>DATE</b> 12-31-09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 
		<b>DATE</b> 1-23-10

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 bedroom marked # 3 located in the old section of the facility is shared by 4 residents and has only 3 chairs.	12-10-2009	AN EXTRA CHAIR HAS BEEN MOVED INTO BEDROOM #3 SO IT NOW HAS 4 CHAIRS.  THE OWNER/ADMINISTRATOR WILL CONTINUE TO MAKE WEEKLY ROOM CHECKS TO ASSURE COMPLIANCE.	1-23-10 

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

Worcester, PA 15391

JAN 5 2010

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Lane Avenue Assisted Living, 206 Lane Avenue, Punxsutawney, Pennsylvania 15767		<b>CURRENT LICENSE NUMBER</b> 424090	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 10, 2009		<b>REGIONAL REPRESENTATIVE</b> Ann O'Haire & Leslie Patton	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>William J. Brown</i>	<b>DATE</b> 12-31-09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 1-29-10

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
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 home did not have a copy of the community's emergency preparedness plan and the home's emergency preparedness plan posted in a conspicuous and public place.	12-10-2009	A COPY OF THE COMMUNITY'S EMERGENCY PREPAREDNESS PLAN AND THE HOME'S EMERGENCY PREPAREDNESS PLAN ARE NOW POSTED IN THE DINING AREA.  THE PLANS WERE AVAILABLE IN THE OFFICE BUT NOW ARE ALSO POSTED IN A CONSPICUOUS AND PUBLIC PLACE.  THE ADMINISTRATOR/OWNER WILL CONTINUE TO PERIODICALLY MONITOR THE BULLETIN BOARDS TO ASSURE COMPLIANCE.	1-14-10 <i>[Signature]</i>

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

JAN 5 2010

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Lane Avenue Assisted Living, 206 Lane Avenue, Punxsutawney, Pennsylvania 15767		<b>CURRENT LICENSE NUMBER</b> 424090	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 10, 2009		<b>REGIONAL REPRESENTATIVE</b> Adult Residential Licensing Ann O'Haire & Leslie Patton	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>William T. Hoover</i>	<b>DATE</b> 12-31-09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>JK</i>	<b>DATE</b> 1-23-10

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
141a-2 The medical evaluation shall include the following: (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (6) Immunization history.	Resident #1's medical evaluation form did not include medical history, record of immunizations, and dietary needs.	12-23-09 (SENT OUT)	RESIDENT #1'S MEDICAL EVALUATION WHICH DID NOT HAVE COMPLETE INFORMATION WAS RETURNED TO THE DOCTOR TO BE COMPLETED. THE COMPLETED FORM WILL BE SENT WHEN RECEIVED. THE CHARGE NURSE WILL REVIEW ALL MEDICAL EVALUATIONS TO ASSURE THEY ARE COMPLETE.	Steps have been taken to correct violation; full compliance is not verifiable 1-17-10 <i>JK</i> Date Initials (DPW)

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

JAN 5 2010

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Lane Avenue Assisted Living, 206 Lane Avenue, Punxsutawney, Pennsylvania 15767		<b>CURRENT LICENSE NUMBER</b> 424090	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 10, 2009		<b>REGIONAL REPRESENTATIVE</b> Ann O'Haire & Leslie Patton	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>William T. Hoem</i>	<b>DATE</b> 12-31-09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b> 1-23-10

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
143a The home shall have a written emergency medical plan that includes the following: (3) An emergency-staffing plan.	The home's emergency medical plan did not specify an emergency staffing plan.	12-10-2009          2-28-10	The home's EMERGENCY MEDICAL PLAN NOW HAS AN EMERGENCY STAFFING PLAN ADDED. COPY ATTACHED.  THE OWNER/ADMINISTRATOR WILL CONTINUE TO REVIEW POLICIES AND PROCEDURES TO ASSURE DPW COMPLIANCE.  ALL STAFF PERSONS WILL BE ACCEPTED CONCERNING THE EMERGENCY MEDICAL PLAN. <i>gjk</i> 1-25-10	1-14-10 <i>gc</i>



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

Western Region

JAN 5 2010

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Lane Avenue Assisted Living, 206 Lane Avenue, Punxsutawney, Pennsylvania 15767		<b>CURRENT LICENSE NUMBER</b> 424090	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 10, 2009		<b>REGIONAL REPRESENTATIVE</b> Ann O'Haire & Leslie Patton	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>William T. Hasen</i>	<b>DATE</b> 12-31-09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>gal</i>	<b>DATE</b> 1-23-10

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.	Staff person G completed the initial medication administration training 10/30/07 and the Initial Annual Practicum 10/21/08. Staff person G has not completed the Annual Practicum.  Staff person H completed the initial medication administration training 8/4/07 and the Initial Annual Practicum 7/8/08. Staff person H has not completed the Annual Practicum.  Staff person I completed the initial medication administration training 12/14/07 and the Initial Annual Practicum 11/18/08. The staff person has not completed the Annual Practicum.  Staff persons G,H, and I administered medication during the months of Nov. and Dec. 2009.	12-11-2009 12-12-2009          2-28-10	STAFF PERSONS H AND I HAVE NOW COMPLETED THE ANNUAL PRACTICUM, COPIES ATTACHED. STAFF PERSON G COMPLETED THE ENTIRE TEST AGAIN. COPY OF SCORE SHEET ATTACHED.  THE CHARGE NURSE (STATE APPROVED TRAINER) AND ADMINISTRATOR WILL ASSURE THE ANNUAL PRACTICUM IS COMPLETED FOR EVERYONE GIVING MEDS.  THE ADMINISTRATOR OR DESIGNATED STAFF PERSON WILL USE THE STAFF TRAINING PLAN AND THE QUALITY MANAGEMENT PLAN TO MONITOR AND TRACE STATE MEDICATION ADMINISTRATION TRAINING TO ENSURE ALL STAFF ADMINISTERING MEDICATIONS HAVE MET THE TRAINING REQUIREMENTS.	Steps have been taken to correct violation; full compliance is not verifiable <u>1-14-10</u> Date <i>gc</i> Initials (DPW)

*The Administrator or designated staff person will use the staff training plan and the quality management plan to monitor and trace state medication administration training to ensure all staff administering medications have met the training requirements.*  
1-23-10

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

WCS 11/11/09

JAN 5 2010

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Lane Avenue Assisted Living, 206 Lane Avenue, Punxsutawney, Pennsylvania 15767		<b>CURRENT LICENSE NUMBER</b> 424090	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 10, 2009		<b>REGIONAL REPRESENTATIVE</b> Ann O'Haire & Leslie Patton	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>William T. Hoo</i>	<b>DATE</b> 12-31-09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>gll</i>	<b>DATE</b> 1-23-10

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.	<p>"Equate brand anti-diarrheal 2mg prescribed to resident #2 was in the home's medication cart and was not labeled with the resident's name.</p> <p>Two tablets of "Tylenol" brand Cold Multi-Symptom Daytime 325mg prescribed to resident #3 were located in the home's medication cart not labeled with the resident's name.</p>	12-10-09	<p>CORRECTION WAS MADE AT THE TIME OF SURVEY. RESIDENT'S INITIALS WERE ADDED TO THE BOX OF EACH RESIDENT MEDICATION.</p> <p>CHARGE NURSE WILL ASSURE CONTINUED COMPLIANCE BY HAVING THE NAME/INITIALS ON ALL OTC MEDICATIONS BROUGHT INTO THE FACILITY.</p>	1-14-10 <i>gc</i>

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

JAN 5 2010

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Lane Avenue Assisted Living, 206 Lane Avenue, Punxsutawney, Pennsylvania 15767		<b>CURRENT LICENSE NUMBER</b> 424090	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 10, 2009		<b>REGIONAL REPRESENTATIVE</b> Ann O'Haire & Leslie Patton	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>William T. Hagan</i>	<b>DATE</b> 12-31-09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>gjc</i>	<b>DATE</b> 1-23-10

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
184c Sample prescription medications shall have written instructions from the prescriber that include the components specified in 184a.	A sample of Pred Furte eye drops were prescribed to resident #4 on 11/25/09. The sample did not include the resident's name, the date the prescription was issued, the prescribed dosage, instructions for administration, and the name and title of the prescriber.	12-10-09	<p>Correction completed at time of survey by putting the doctor's order around the medicine box.</p> <p>The charge nurse will assure compliance in the future by putting the required information with the medication.</p>	1-14-10 <i>gjc</i>



Washington

JAN 5 2010 Page 20 of 21

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Lane Avenue Assisted Living, 206 Lane Avenue, Punxsutawney, Pennsylvania 15767		<b>CURRENT LICENSE NUMBER</b> 424090	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 10, 2009		<b>REGIONAL REPRESENTATIVE</b> Ann O'Haire & Leslie Patton	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>William J. Horn</i>	<b>DATE</b> 12-31-09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b> 1-23-10

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
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 home did not list identifiable marks in the following resident records: #1, #5, #6 and #7.	12-31-2009	The home has developed a form indicating but not limited to identifiable marks for all residents including residents #1, #5, #6, & #7. Copies attached.  The form will be used for all new admissions. The administrator/owner will be responsible for compliance.	1-14-10 JC

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

JAN 5 2010

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Lane Avenue Assisted Living, 206 Lane Avenue, Punxsutawney, Pennsylvania 15767		<b>CURRENT LICENSE NUMBER</b> 424090	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> December 10, 2009		<b>REGIONAL REPRESENTATIVE</b> Ann O'Haire & Leslie Patton	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>William T. Brown</i>	<b>DATE</b> 12-31-09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b> 1-23-10

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
254b Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.	The home's policy regarding resident records did not address how the home will store and secure the records.	12-10-2009	CORRECTED AT TIME OF SURVEY. THE HOME'S POLICY & PROCEDURE ADDRESSING RECORD ACCESSIBILITY NOW ADDRESSES HOW THE HOME WILL STORE & SECURE THE RECORDS. COPY ATTACHED. THE ADMIN. WILL CONTINUE TO REVIEW POLICIES TO ASSURE FUTURE COMPLIANCE.	1-14-10 <i>gf</i>

2-28-10

All staff persons will be educated concerning the updated policy. Documentation will be kept. *gf* 1-27-10.