COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **FAIR WINDS MANOR, LP**
LEGAL ENTITY

To operate **FAIR WINDS MANOR**
NAME OF FACILITY OR AGENCY

Located at **126 IRON BRIDGE ROAD, SARVER, PA 16055**
(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 **30**
(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 **March 29,** **2010** until **March 29,** **2011**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **434760**

Robert E. Robinson
ISSUING OFFICER

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

MAR 24 2010

Mr. Michael A. Ligo, Administrator
Fair Winds Manor, LP
Fair Winds Manor
126 Iron Bridge Road
Sarver, Pennsylvania 16055

Dear Mr. Ligo:

As a result of the Department of Public Welfare's licensing inspection on December 20, 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,

Kevin T. Casey

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

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

Adult Residential License

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER
Fair Winds Manor 126 Iron Bridge Road, Saver, PA, 16055		434760
INSPECTION DATE(S) (Include all dates of the inspection) December 20,2009	REGIONAL REPRESENTATIVE Ann O'Haire and Leslie Patton	
SIGNATURE OF LEGAL ENTITY Alexa Hook — DATE 2-15-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Jan Blunt (gh) — DATE 3-9-10	

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. health care or health care proxy or a resident's designated person, or if a court orders disclosure.	The home's policy regarding reportable incidents does not indicate how the home will prevent reportable incidents from occurring, how the Department will be notified of reportable incidents, the home's investigative methods and how reportable incidents will be tracked and stored.	2-15-10 2-15-10 2-15-10	1. The Administrator has implemented a new policy and procedure to indicate in detail to reflect the 16-b regulation. 2. Policy and Procedure enclosed. All staff persons have been educated concerning the new policy and procedures for reportable incidents. 3-4-10 gh The administrator or designated staffperson will review all incident reports and procedures to ensure the new policy and procedures are followed 3-4-10 gh	3-9-10 gh

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

FEB 18 2010

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER
Fair Winds Manor 126 Iron Bridge Road, Saver, PA, 16055	Adult Residential License	434760
INSPECTION DATE(S) (Include all dates of the inspection) December 20,2009	REGIONAL REPRESENTATIVE Ann O'Haire and Leslie Patton	
SIGNATURE OF LEGAL ENTITY Della Hook — DATE 2-15-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION jac	DATE 3-9-10

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
25c13 The contract shall include information on the resident's rights and complaint procedures.	The home's contract does not contain information regarding the complaint procedures.	2-15-10 2-15-10 2-15-10	An amendment has been made to attach to our home contract to inform how our complaint procedure is processed. Explain to resident and family. All contracts have been updated to include the complaint procedures. 3-4-10 jac The Administrator or designated person will review all new resident contracts for completeness including complaint procedures 3-4-10 jac	3-9-10 jac

Western Region

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

FEB 18 2010

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER
Fair Winds Manor 126 Iron Bridge Road, Saver, PA, 16055	Adult Residential Licensing	434760
INSPECTION DATE(S) (Include all dates of the inspection) December 20,2009	REGIONAL REPRESENTATIVE Ann O'Haire and Leslie Patton	
SIGNATURE OF LEGAL ENTITY Alda Hook	DATE 2-15-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION ge
		DATE 3-9-10

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
66a A staff training plan shall be developed annually.	The home did not have a training plan that outlined when and how the home shall provide training for its staff.	2-15-10 2-15-10	Administrator developed a staff training plan for continuing training we had all training completed annually but now have the form developed to track STAFF TRAINING will be monitored monthly Through activity management reviews 3-4-10 ge	3-9-10 ge

Western Region

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

FEB 18 2010

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER
Fair Winds Manor 126 Iron Bridge Road, Saver, PA, 16055	Adult Residential Licensing	434760
INSPECTION DATE(S) (Include all dates of the inspection) December 20,2009	REGIONAL REPRESENTATIVE Ann O'Haire and Leslie Patton	
SIGNATURE OF LEGAL ENTITY Alda Stark	DATE 2-15-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION / DATE

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
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.	The following poisonous materials were located in the cabinet under the sink in the medication room. The items were unlocked and accessible to resident and other individuals: • "Day Bright" brand disinfectant spray. The label indicated, "Call Poison Control Center or a physician for treatment advise." • "Triple S" disinfectant deodorant spray. The label indicated, "Call Poison Control Center or a physician for treatment advise."	12-20-09 12-20-09 12-20-09	Administrator removed these items immediately retrained staff. Corrected before state inspectors left facility 3-9-10 Copy enclosed. All staff were educated regarding the safe storage of poisonous materials. 3-4-10 JG The Administrator or designated staff person will monitor the home daily to ensure poisonous materials are not accessible to residents. 3-4-10 JG	Steps have been taken to correct violation; full compliance is not verifiable Date / Initials (DPW)

Western Region

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

FEB 18 2010

Adult Residential Licensing

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER
Fair Winds Manor 126 Iron Bridge Road, Saver, PA, 16055		434760
INSPECTION DATE(S) (Include all dates of the inspection) December 20,2009	REGIONAL REPRESENTATIVE Ann O'Haire and Leslie Patton	
SIGNATURE OF LEGAL ENTITY Alda Hook — DATE 2-15-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION — glw	DATE 3-9-10

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
96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The home's first aid kit located in the medication room did not contain gauze pads.	12-20-09	Administrator put gauze back in 1st aid kit which was taken out for resident care & not replaced. Retrained staff & put tape on 1st aid kit at suggestion of inspectors, when tape broken to recheck to ensure all is in 1st aid kit Corrected before inspectors left. copy enclosed.	3-9-10 glw

12-20-09 The Administrator or designated staff person will monitor the First Aid Kit monthly to ensure All required items are present 3-4-10 glw

Western Region

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

FEB 18 2010

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER
Fair Winds Manor 126 Iron Bridge Road, Saver, PA, 16055	Adult Residential Licensing	434760
INSPECTION DATE(S) (Include all dates of the inspection) December 20,2009	REGIONAL REPRESENTATIVE Ann O'Haire and Leslie Patton	
SIGNATURE OF LEGAL ENTITY Alida Hook	DATE 2-15-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION gh	DATE 3-9-10

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
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.	The shared bathroom for room #703 & #704 had bar soap that was not in a labeled container.	12-20-09 12-20-09 12-20-09	Administrator removed soap immediately. Retrained staff on 102i regulation Corrected before inspectors left. copy enclosed All staff were educated concerning the use and storage of resident soap. 3-4-10 gh All bathrooms are monitored daily by staff during regular duties to ensure the soap is stored in accordance with regulations 3-4-10 gh.	3-9-10 gh.

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

FEB 18 2010
Adult Residential Licensing

NAME AND ADDRESS OF PERSONAL CARE HOME			CURRENT LICENSE NUMBER
Fair Winds Manor 126 Iron Bridge Road, Saver, PA, 16055			434760
INSPECTION DATE(S) (Include all dates of the inspection) December 20,2009		REGIONAL REPRESENTATIVE Ann O'Haire and Leslie Patton	
SIGNATURE OF LEGAL ENTITY Alleta Nash	DATE 2-15-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION gk	DATE 3-9-10

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
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 has two residents who are visually impaired. The home did not submit a letter to the local fire department notifying them of the address of the home, location of bedrooms, and the assistance needed in the event of an emergency or evacuation.	2-15-10 2-15-10	Administrator sent letter to local fire dept. to inform them of impairment. copy of letter enclosed. The Administrator will notify the local fire department if there are any significant changes to resident census concerning mobility needs 3-4-10 g	3-9-10 gk

Western Region

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

FEB 18 2010

Adult Residential Licensing

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER
Fair Winds Manor 126 Iron Bridge Road, Saver, PA, 16055		434760
INSPECTION DATE(S) (Include all dates of the inspection) December 20,2009	REGIONAL REPRESENTATIVE Ann O'Haire and Leslie Patton	
SIGNATURE OF LEGAL ENTITY Melda Hook	DATE 2-15-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION g
		DATE 3-9-10

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 had a fire safety inspection by a fire safety expert having been conducted within the past 12 months.	2-25-10 2-25-10	Had our fire safety inspection letter, but letter did not reflect in detail the inspection itself done - will have a revisit. Contacted on 2-15-10 will be here within 2 weeks from date. The Administrator will schedule an annual fire inspection to be conducted by a fire safety expert. Documentation will be kept, 3-9-10 g	3-9-10 g

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

Western Region

NAME AND ADDRESS OF PERSONAL CARE HOME Fair Winds Manor 126 Iron Bridge Road, Saver, PA, 16055		CURRENT LICENSE NUMBER 434760
INSPECTION DATE(S) (Include all dates of the inspection) December 20,2009	REGIONAL REPRESENTATIVE Adult Residential Licensing Ann O'Haire and Leslie Patton	
SIGNATURE OF LEGAL ENTITY Alecia Hook	DATE 2-15-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION JL	DATE 3-9-10

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
183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	The following medications were located in the cabinet next to the telephone in the medication room unlocked and accessible to residents and other individuals: • Two packages of Cefadroxill 500mg and 2 packages of Ceforoxine Axetil 500mg prescribed to resident #1. • Two packages of Spironolactone 50mg prescribed to resident #2. • Topiramate 25mg prescribed to resident #3. • Two packages of Vitamin E 400 IU prescribed to resident #4. • Simvastin 5mg prescribed to resident #5.	12-20-09 12-20-09 12-20-09	Administrator destroyed immediately and retained staff. copy enclosed. Corrected before state inspectors left facility All staff were educated concerning the safe and secure storage of medications. 3-4-10 The administrator or designated staff person will check all medication storage areas daily to ensure all medications are locked and inaccessible to residents. 3-4-10	Steps have been taken to correct violation; full compliance is not verifiable 3-9-10 JL Date Initials (DPW)

FEB 18 2010

Adult Residential Licensing

NAME AND ADDRESS OF PERSONAL CARE HOME Fair Winds Manor 126 Iron Bridge Road, Saver, PA, 16055		CURRENT LICENSE NUMBER 434760
INSPECTION DATE(S) (Include all dates of the inspection) December 20,2009	REGIONAL REPRESENTATIVE Ann O'Haire and Leslie Patton	
SIGNATURE OF LEGAL ENTITY Melissa Noah	DATE 2-15-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION gkc	DATE 3-9-10

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.	The following over-the-counter medications located in the medication storage room were not labeled with the resident's name: • "Nature Made" brand Iron 65mg, "Kirkland" brand multi-vitamins, and "Kirkland" brand anti-diarrheal 2mg prescribed to resident #6 • "Nature's Measure" brand Iron 18mg prescribed to resident #7 The following unlabeled over-the-counter medications were located in the cabinet above the phone in the medication room. • Kaopectate stool softner 240mg	12-20-09 12-20-09 12-20-09 12-21-09	Administrator destroyed immediately, Retained staff copy enclosed. Corrected before inspectors left facility All staff were educated concerning the labeling and storage of medications. 3-4-10 A new procedure was developed for otc and the receipt of medications, All staff were educated with regards to the policy. 3-4-10 All medications are checked weekly to ensure all medications are labeled and stored within the requirements. 3-4-10	Steps have been taken to correct violation; full compliance is not verifiable 3-9-10 Date Initials (DPW)

Western Region

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

FEB 18 2010

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER
Fair Winds Manor 126 Iron Bridge Road, Saver, PA, 16055	Adult Residential Licensing	434760
INSPECTION DATE(S) (Include all dates of the inspection) December 20,2009	REGIONAL REPRESENTATIVE Ann O'Haire and Leslie Patton	
SIGNATURE OF LEGAL ENTITY Alecia Nash	DATE 2-15-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION JL	DATE 3-9-10

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
	• "CVS" brand aspirin low dose 81mg	12-28-09	Administrator destroyed immediately. Retrained staff copy enclosed. Corrected before state inspectors left facility.	

Western Region

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

FEB 18 2010

Adult Residential Licensing

NAME AND ADDRESS OF PERSONAL CARE HOME		CURRENT LICENSE NUMBER
Fair Winds Manor 126 Iron Bridge Road, Saver, PA, 16055		434760
INSPECTION DATE(S) (Include all dates of the inspection) December 20,2009	REGIONAL REPRESENTATIVE Ann O'Haire and Leslie Patton	
SIGNATURE OF LEGAL ENTITY Alda Nolt — DATE 2-15-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 3-9-10

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
187c If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.	The prescribing physician was not notified of the following medication refusals. • Resident #3 refused Carbidopa 25/100 at 8:00am on 12/1/09- 12/20/09. • Resident #8 refused Haloperidol 1mg at 8:00pm on 12/18/09. • Resident #9 refused Calcium 500+D at 2:00pm on 12/1/09, 12/7/09- 12/09/09, 12/14/09 and 12/16/09 and at 8:00pm on 12/8/09, 12/10/09, 12/14/09, and 12/15/09.	2-15-10 2-15-10 2-15-10	Physicians contacted Refusal - NO documentations done. copies of order enclosed retrained staff, copy enclosed. All staff were educated with regards to resident refusal to take medications policy. The Administrator will monitor all instances of resident medication refusals to ensure the required procedures are followed 3-4-10	3-9-10

Western Region
FEB 18 2010
Adult Residential Licensing

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

NAME AND ADDRESS OF PERSONAL CARE HOME			CURRENT LICENSE NUMBER
Fair Winds Manor 126 Iron Bridge Road, Saver, PA, 16055			434760
INSPECTION DATE(S) (Include all dates of the inspection) December 20,2009		REGIONAL REPRESENTATIVE Ann O'Haire and Leslie Patton	
SIGNATURE OF LEGAL ENTITY Sheila Kook	DATE 2-15-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION gh	DATE 3-9-10

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's resident records do not indicate the residents' identifying marks, if any.	02-15-10 2-15-10 2-15-10	Administrator added to front sheet of Rad chart the identifying marks. All resident records were updated concerning identifying marks. 3-4-10 gh The Administrator will review All new resident. to insure resident records indicate identifying marks. 3-4-10 gh	3-9-10 gh

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

Western Region
FEB 18 2010
Adult Residential Licensing

NAME AND ADDRESS OF PERSONAL CARE HOME Fair Winds Manor 126 Iron Bridge Road, Saver, PA, 16055		CURRENT LICENSE NUMBER 434760
INSPECTION DATE(S) (Include all dates of the inspection) December 20,2009	REGIONAL REPRESENTATIVE Ann O'Haire and Leslie Patton	
SIGNATURE OF LEGAL ENTITY Alida Cook	DATE 2-15-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION JM
		DATE 3-9-10

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
254c Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.	A binder containing documentation regarding resident information was located on a shelf in the hallway above the home's medication cart.	12-20-09 12-20-09 12-20-09	Residents charts and all confidential information always under locke & key. The binder was aids note from shift to shift. Retrained – staff copy enclosed. All staff were educated concerning the security and storage of resident records 3-4-10 The Administrator or designated staff person will monitor the home daily to ensure the safe secure storage of resident records 3-4-10	Steps have been taken to correct violation; full compliance is not verifiable 3-9-10 Date Initials (DPW)