

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to LASOSKY'S PERSONAL CARE HOME, INC.

LEGAL ENTITY

To operate LASOSKY'S PERSONAL CARE HOME, INC.

NAME OF FACILITY OR AGENCY

Located at 23 MAIN STREET, CLARKSVILLE, PA 15322

(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 25
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 March 17, 2010 until March 17, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 418580

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

MAR 17 2010

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

Ms. Lori Lasosky, Owner/Administrator
Lasosky's Personal Care Home, Inc.
200 Nobles Road
Brownsville, Pennsylvania 15417

RE: Lasosky's Personal Care Home
23 Main Street
Clarksville, Pennsylvania 15322

Dear Ms. Lasosky:

As a result of the Department of Public Welfare's licensing inspection on December 24, 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
Violation Report
License

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

Western Region

NAME AND ADDRESS OF PERSONAL CARE HOME Lasosky Personal Care Home, 23 Main Street, Clarksville PA 15322		CURRENT LICENSE NUMBER 418580	
INSPECTION DATE(S) (Include all dates of the inspection) December 24, 2009		REGIONAL REPRESENTATIVE K Kruppa, L Flinner-Alman	
SIGNATURE OF LEGAL ENTITY <i>Kou Lasosky</i>	DATE 2/26/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Brida McAffee (BAM)</i>	DATE 3/15/10

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
3c The personal care home shall post the current license, a copy of the current Violation Report (VR) issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.	A copy of the current Violation Report and a copy of this chapter were not posted in a public place.	2/26/10 4/1/10	Copy placed on 12-24-09 Bulletin Board in Entrance way of care home The Administrator will appoint a staff person on each shift to check this area to ensure the violation report, the license + a copy of this chapter is always posted.	Steps have been taken to correct violation; full compliance is not verifiable 3/15/10 MAG Date Initials (DPW)

BAM
3/15/10

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

NAME AND ADDRESS OF PERSONAL CARE HOME Lasosky Personal Care Home, 23 Main Street, Clarksville PA 15322		Adult Residential	CURRENT LICENSE NUMBER 448580
INSPECTION DATE(S) (Include all dates of the inspection) December 24, 2009		REGIONAL REPRESENTATIVE K Kruppa, L Flinner-Alman	
SIGNATURE OF LEGAL ENTITY <i>Jan Lasosky</i>	DATE 2/26/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION BJA	DATE 3/18/10

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
prior to admission or within 30 days after admission.		2/26/10	All Residents will have a copy of new AAST medical evaluation	

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

2010

NAME AND ADDRESS OF PERSONAL CARE HOME Lasosky Personal Care Home, 23 Main Street, Clarksville PA 15322		CURRENT LICENSE NUMBER 418580 Adult Residential Licensing	
INSPECTION DATE(S) (Include all dates of the inspection) December 24, 2009		REGIONAL REPRESENTATIVE K Kruppa, L Flinner-Alman	
SIGNATURE OF LEGAL ENTITY <i>Jan Lasosky</i>	DATE 2-26-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION BAN	DATE 3/11/10

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
25c3 The contract shall specify an explanation of the annual assessment, medical evaluation and support plan requirements and procedures, which shall be followed if either the assessment or the medical evaluation indicates the need of another and more appropriate level of care.	The contracts of resident #1, #2 and #3 did not have an explanation of assessment and support plan requirements.	2/26/10	Any new admissions we will be ^{using} state provided contract, will review contracts to make sure they have it included, contracts of existing residents will be renewed. AS needed. Additional information regarding care services will be added to contract.	3/11/10 em

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

North Region

2010

NAME AND ADDRESS OF PERSONAL CARE HOME Lasosky Personal Care Home, 23 Main Street, Clarksville PA 15322		CURRENT LICENSE NUMBER 418580 <i>Adult Residential Licensing</i>	
INSPECTION DATE(S) (Include all dates of the inspection) December 24, 2009		REGIONAL REPRESENTATIVE K Kruppa, L Flinner-Alman	
SIGNATURE OF LEGAL ENTITY <i>Jan Lasosky</i>	DATE <i>2-26-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAM</i>	DATE <i>3/15/10</i>

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
25c4 The contract shall specify the party responsible for payment.	The contracts of resident #1, #2 and #3 did not identify the payer by name and address in the body of the contract.	<i>2/26/10</i>	<i>Added to contracts # 2 & 3. Reviewed others. A new Admissions we will be using state provided contract.</i>	<i>3/1/10 Bon</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Lasosky Personal Care Home, 23 Main Street, Clarksville PA 15322		CURRENT LICENSE NUMBER 418580	
INSPECTION DATE(S) (Include all dates of the inspection) December 24, 2009		REGIONAL REPRESENTATIVE K Kruppa, L Flinner-Alman	
SIGNATURE OF LEGAL ENTITY <i>Jui Lasosky</i>	DATE 2-26-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3/1/10

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
25c6 The contract shall specify the conditions under which refunds will be made, including the refund of admission fees and refunds upon a resident's death.	The contracts of resident #2 and #3 did not include any refund information.	2/24/10	Added to Contract #2 #3. Reviewed other contracts, we will be using state provided contracts for any new admissions	3/1/10 <i>Bm</i>

Western Region

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

2010

NAME AND ADDRESS OF PERSONAL CARE HOME Lasosky Personal Care Home, 23 Main Street, Clarksville PA 15322		CURRENT LICENSE NUMBER 418580	
INSPECTION DATE(S) (Include all dates of the inspection) December 24, 2009		REGIONAL REPRESENTATIVE K Kruppa, L Flinner-Alman	
SIGNATURE OF LEGAL ENTITY <i>Jan Lasosky</i>	DATE <i>2-26-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAM</i>	DATE <i>3/15/10</i>

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
25c10 The contract shall include a statement that the resident is entitled to at least 30 days advance notice, in writing, of the home's request to change the contract.	The contracts for resident #2 and #3 did not include any information regarding a requirement to give 30 days advance notice in writing to change the contract.	<i>2/26/10</i>	<i>Added to Contract #2 #3 reviewed other contracts, we will be using state provided contracts for any new admits</i>	<i>3/1/10 em</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Lasosky Personal Care Home, 23 Main Street, Clarksville PA 15322		CURRENT LICENSE NUMBER 418580	
INSPECTION DATE(S) (Include all dates of the inspection) December 24, 2009		REGIONAL REPRESENTATIVE K Kruppa, L Flinner-Alman	
SIGNATURE OF LEGAL ENTITY <i>Jean Lasosky</i>	DATE <i>2-26-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAM</i>	DATE <i>3/15/10</i>

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
25d-1SOP The resident-home contract must include whether the home collects a portion of a resident's rent rebate under § 2600.25(d) (relating to resident-home contract).	The contracts of resident #1, #2 and #3 did not include information as to whether the home collects a portion of a resident's rent rebate.	<i>2/26/10</i>	<i>Added to #1 #2 #3 reviewed other contracts. Care Home collects 0% of rent rebate will be using state provided contract for new admits</i>	<i>3/1/10 Bn</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Lasosky Personal Care Home, 23 Main Street, Clarksville PA 15322		CURRENT LICENSE NUMBER 418580	
INSPECTION DATE(S) (Include all dates of the inspection) December 24, 2009		REGIONAL REPRESENTATIVE K Kruppa, L Flinner-Alman	
SIGNATURE OF LEGAL ENTITY <i>Lori Lasosky</i>	DATE <i>2-26-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>3/1/10</i>

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
25e The resident, or a designated person, has the right to rescind the contract for up to 72 hours after the initial dated signature of the contract and pay only for the services received.	The contracts for resident #1, #2 and #3 had no mention of a right to rescind the contract.	<i>2/26/10</i>	<i>Added to resident #1 #2 #3 reviewed other contracts. We will be using state provided contracts for any New Admits</i>	<i>3/1/10 [Signature]</i>

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

Western Region

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NAME AND ADDRESS OF PERSONAL CARE HOME Lasosky Personal Care Home, 23 Main Street, Clarksville PA 15322		CURRENT LICENSE NUMBER 418580	
INSPECTION DATE(S) (Include all dates of the inspection) December 24, 2009		REGIONAL REPRESENTATIVE K Kruppa, L Flinner-Alman	
SIGNATURE OF LEGAL ENTITY <i>Jui Lasosky</i>	DATE 2-24-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAM</i>	DATE 3/15/10

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
81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	A bedroom on the left at the end of first floor hall towards the rear of building has a bed against the window with full length bedrails. Bedroom #11 on 2 nd floor has two beds with full length bedrails. Repeat Violation 10/27/2008	12-26-09	Bedroom #11 Bedrails removed #2 Bedrails bolted in place can't be put up Any bed's coming into care here bed rails will be removed.	Steps have been taken to correct violation; full compliance is not verifiable 3/15/10 <i>BAM</i> Date Initials (DPW)

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

Western Region

3 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Lasosky Personal Care Home, 23 Main Street, Clarksville PA 15322		CURRENT LICENSE NUMBER 418580 <small>Asst. Director of Licensing</small>	
INSPECTION DATE(S) (include all dates of the inspection) December 24, 2009		REGIONAL REPRESENTATIVE K Kruppa, L Flinner-Alman	
SIGNATURE OF LEGAL ENTITY <i>Luc Lasosky</i>	DATE <i>2/24/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>3/11/10</i>

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
82a Poisonous materials shall be stored in their original, labeled containers.	There was an unlabeled plastic spray bottle containing an unknown liquid located on the basement landing.	<i>3/11/10</i>	<i>all poisonous materials will be locked & in 122401 original container</i> <i>The Administrator will educate all staff persons on proper storage of all poisonous materials.</i> <i>A staff person on each shift will check all areas of the home to ensure all poisons are locked unless in use. Bm 3/11/10</i>	<i>3/11/10 BAm</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Lasosky Personal Care Home, 23 Main Street, Clarksville PA 15322		CURRENT LICENSE NUMBER 418580	
INSPECTION DATE(S) (Include all dates of the inspection) December 24, 2009		REGIONAL REPRESENTATIVE K Kruppa, L Flinner-Alman	
SIGNATURE OF LEGAL ENTITY <i>Jan Lasosky</i>	DATE 2-26-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION BAM	DATE 3/15/10

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
94b Interior stairs, exterior steps and ramps shall have nonskid surfaces	There was no non-skid surface on the exterior steps to the front porch, or on the exterior wooden fire escape steps from the 2 nd floor emergency exit or on the wooden ramp off of the rear entrance.	4/1/10	Skid surface will be put on exterior porch.	Steps have been taken to correct violation; full compliance is not verifiable 3/1/10 BAM Date Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME Lasosky Personal Care Home, 23 Main Street, Clarksville PA 15322		CURRENT LICENSE NUMBER 418580	
INSPECTION DATE(S) (Include all dates of the inspection) December 24, 2009		REGIONAL REPRESENTATIVE K Kruppa, L Flinner-Alman	
SIGNATURE OF LEGAL ENTITY <i>Jan Lasosky</i>	DATE 2-26-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAW</i>	DATE 3/15/10

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
101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	The bedside lamp in room #11 was not reachable from the bed and the battery push light next to the bed was not working. Resident #2 had no bedside light. Repeat Violation 10/27/2008	<i>2/26/10</i>	<i>Both push lights tested daily w/ m doing room checks & resident push lamp put at her bedside.</i>	<i>3/15/10</i> <i>MSG</i>

Violations Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME Lasosky Personal Care Home, 23 Main Street, Clarksville PA 15322		CURRENT LICENSE NUMBER 418580	
INSPECTION DATE(S) (Include all dates of the inspection) December 24, 2009		REGIONAL REPRESENTATIVE K Kruppa, L Flinner-Alman	
SIGNATURE OF LEGAL ENTITY <i>Jeri Lasosky</i>	DATE <i>2-26-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>3/15/10</i>

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
126b Furnaces shall be cleaned according to the manufacturer's instructions. Documentation of the cleaning shall be kept.	Documentation of annual furnace cleaning was not available.	<i>6-17-09</i>	<i>Furnace was cleaned, Documentation for further cleaning will be kept at PC H at all times and available upon request</i>	<i>3/15/10</i> <i>MSG</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Lasosky Personal Care Home, 23 Main Street, Clarksville PA 15322		CURRENT LICENSE NUMBER 418580	
INSPECTION DATE(S) (Include all dates of the inspection) December 24, 2009		REGIONAL REPRESENTATIVE K Kruppa, L Flinner-Alman	
SIGNATURE OF LEGAL ENTITY <i>Lasosky</i>	DATE 2-26-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION BAM	DATE 3/15/10

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
133a1 <u>If the home serves nine or more residents</u> , signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.	There is no signage at the front exterior door leading to the front porch.		<i>The door is not a exit, through labor & industry.</i>	3/15/10 MS6

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

Page

NAME AND ADDRESS OF PERSONAL CARE HOME Lasosky Personal Care Home, 23 Main Street, Clarksville PA 15322		CURRENT LICENSE NUMBER 418580 Licensing	
INSPECTION DATE(S) (Include all dates of the inspection) December 24, 2009		REGIONAL REPRESENTATIVE K Kruppa, L Flinner-Alman	
SIGNATURE OF LEGAL ENTITY <i>Jaci Lasosky</i>	DATE 2-26-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAW</i>	DATE 3/15/10

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>12/18, 12/19, 12/20, 12/21 and 12/22@9am,3pm and 9pm.</p> <p>The MAR for resident #2 had no administration information (whether or not given, date, time and initials of staff person administering) on the following dates: 12/4, 12/5, 12/18, 12/19 2009 for the following medication: Prednisone 20 mg 1 tab daily; Potassium Chloride 20 meq 1 tab daily; Metoprolol ER 100mg 1 tab daily; magnesium oxide 400 mg 1 tab daily; Ferrous Sulfate 325 mg 1 tab daily; Nexium 40 mg cap 1 daily.</p>	2/26/10	# Resident out admitted to hospital, will specify with a code when any resident is out, all staff were instructed to use proper coding when residents are out of building	

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

Page

NAME AND ADDRESS OF PERSONAL CARE HOME Lasosky Personal Care Home, 23 Main Street, Clarksville PA 15322		CURRENT LICENSE NUMBER 418580	
INSPECTION DATE(S) (include all dates of the inspection) December 24, 2009		REGIONAL REPRESENTATIVE K Kruppa, L Flinner-Alman	
SIGNATURE OF LEGAL ENTITY <i>Jai Lasosky</i>	DATE 2/26/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>RAM</i>	DATE 3/15/10

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
	The MAR for resident #2 had no administration information for the following dates and times for prescribed Novolog 100u/ml vial injection sub-Q 5 units with breakfast, lunch and dinner: 12/3 @ 11am, 4 pm and 9 pm; 12/4 and 12/5 @ 6 am and 11 am; 12/6 @ 6am, 11am and 4 pm; 12/8, 12/10 and 12/11 @ 11 am; 12/12, 12/13 and 12/14 @ 11 am; 12/16, 12/18, 12/19, 12/20, and 12/21 @ 11am; 12/23 @ 6am and 11am. The MAR for resident #2 had no administration documentation on 12/3 for Simvastatin 80 mg 1 tab	<i>2/26/10</i>	<i>#2 Resident out at Hospital will specify with a code any resident out, all staff instructed to use proper coding when resident out of building</i>	

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

Page:

NAME AND ADDRESS OF PERSONAL CARE HOME Lasosky Personal Care Home, 23 Main Street, Clarksville PA 15322		CURRENT LICENSE NUMBER 418580	
INSPECTION DATE(S) (Include all dates of the inspection) December 24, 2009		REGIONAL REPRESENTATIVE K Kruppa, L Flinner-Alman	
SIGNATURE OF LEGAL ENTITY <i>Joni Lasosky</i>	DATE 2-26-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAM</i>	DATE 3/15/10

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>@ bedtime.</p> <p>There was a labeled bottle of One Source Multi-Vitamins for resident #1 in the medication cart but this medication was not listed on the MAR.</p> <p>The MAR for resident #3 had no administration information on 12/23 for the following medications: Aspirin 81 mg 1 cap daily and Flomax 0.4 mg 1 cap daily.</p> <p>The MAR for resident #4 had no administration information on 12/5 for ProtectTab 1 tab 2/x per day; On 12/18 for Namenda 10 mg 1</p>	2/26/10	<p>#1 Resident removed medication called MP for script no medication will be in med cart without a prescription</p> <p>#2 all medication will be signed off or specified why it wasn't received</p> <p>#4 all medication will be signed off or specified why it wasn't given</p>	

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

Western Region

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NAME AND ADDRESS OF PERSONAL CARE HOME Lasosky Personal Care Home, 23 Main Street, Clarksville PA 15322		CURRENT LICENSE NUMBER 418580 <small>Adult Residential Licensing</small>	
INSPECTION DATE(S) (Include all dates of the inspection) December 24, 2009		REGIONAL REPRESENTATIVE K Kruppa, L Flinner-Alman	
SIGNATURE OF LEGAL ENTITY <i>Don Lasosky</i>	DATE <i>2-26-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAW</i>	DATE <i>3/15/10</i>

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
	tab @ bedtime. The MAR for resident #5 had no administration information as follows: On 12/5 @ 9am for prescribed Nasonex 50 mcg nasal spray: 1 spray each nostril daily; On 12/5 @ 9am for prescribed Spiriva 18mcg; On 12/3, 12/5, 12/6, 12/12 and 12/13 for prescribed Levemir 100 units/ml inject 15 units at breakfast. Repeat Violation 10/27/2008	<i>2/26/10</i>	<i>#5 resident out will specify with a code anyone leaving the care home</i>	

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

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NAME AND ADDRESS OF PERSONAL CARE HOME Lasosky Personal Care Home, 23 Main Street, Clarksville PA 15322		CURRENT LICENSE NUMBER 418580	
INSPECTION DATE(S) (Include all dates of the inspection) December 24, 2009		REGIONAL REPRESENTATIVE K Kruppa, L Flinner-Alman	
SIGNATURE OF LEGAL ENTITY <i>Lee Lasosky</i>	DATE <i>2-26-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAEM</i>	DATE <i>3/15/10</i>

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	Resident #1 refused prescribed medication Reguloid Orange on 12/5@ 3 pm, on 12/6 @ 3 pm. There is no record that the prescriber was notified or that other instructions from the prescriber were followed.	<i>2/26/10</i>	<i>Any medications not taken prescriber will be notified by the administrator. Resident #1 also not prescribed Reguloid</i>	<i>3/15/10 MSG</i>