

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MICHAEL M. TROSIEK, JR.

LEGAL ENTITY

To operate TROSIEK'S PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at P.O. BOX 535, NEW SALEM, PA 15468

(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 13
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 February 6, 2010 until February 6, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **450260**

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 26 2010

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

Mr. Michael M. Trosiek, Jr., Owner/Administrator
Michael M. Trosiek, Jr.
Trosiek's Personal Care Home
PO Box 535
New Salem, Pennsylvania 15468

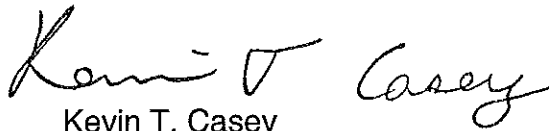
Dear Mr. Trosiek:

As a result of the Department of Public Welfare's licensing inspection on December 28, 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
Deputy Secretary

Enclosures
License
Violation Report

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

Western Region

JAN 12 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Trosiek's Personal Care Home, P.O. Box 535, New Salem, PA 15468		CURRENT LICENSE NUMBER 450260	
INSPECTION DATE(S) (Include all dates of the inspection) 12/28/09		REGIONAL REPRESENTATIVE M. Glidden Pitt Residential Licensing	
SIGNATURE OF LEGAL ENTITY <i>Barbara J Trosiek Kett</i>	DATE 1-10-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Breke Koffe (BAM)</i>	DATE 1/14/10

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>22a3 The following admission document shall be completed for each resident - Personal care home assessment completed within 15 days after admission on a form specified by the Department.</p> <p>225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.</p>	Resident #1 was admitted to the home on 6/24/09 and did not have an assessment completed.	12/28/09	<p>The assessment was completed and corrected on 12/28/09. Administrator will do routine monthly checks on all resident records to assure all required forms are present and completed.</p> <p align="center"><u>Copy provided.</u></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>1/14/10 Date BAM Initials (DPW)</p>

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

Western Region

JAN 12 2010

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SIGNATURE OF LEGAL ENTITY <i>Barbara J Trosiek Kett</i>	DATE 1-10-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAM</i>	DATE 1/14/10

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123c <u>For a home serving 9 or more residents</u> , an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.	The evacuation diagram posted in the dining room does not show the line of travel to exit doors.	12/28/09	The evacuation diagrams located in the dining area now show the line of travel to exit doors. Administrator will do routine site inspections to insure that all evacuation diagrams have all the proper requirements. <u>Copy Provided</u>	1/14/10 BAM

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

JAN 12 2010

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SIGNATURE OF LEGAL ENTITY Barbara J Trosiek Kett	DATE 1-10-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION BAM	DATE 1/14/10

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-1 A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	Resident #2 was admitted to the home on 10/3/09 and does not have a medical evaluation completed.	1-4-10	Resident #2 medical evaluation was sent to doctor upon admission. Although the office was contacted numerous times regarding this, we still had not received the medical evaluation until 1-4-10. Administrator will inform the doctor that this is a required form for our facility and that we require it in a more timely manner. <u>Copy Provided</u>	Steps have been taken to correct violation; full compliance is not verifiable 1/14/10 <u>BAM</u> Date Initials (DPW)

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

JAN 12 2010

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141b-1 A resident shall have a medical evaluation at least annually.	The last medical evaluation completed for Resident #3 was on 9/19/08. This is over the required annual timeframe.	12/28/09	An updated medical evaluation was sent to resident #3 doctor, on 12/28/09. The completed form was not yet returned to the home. Administrator will do routine checks and will keep a log of medical evaluation dates to insure that they are completed annually in a timely manner.	Steps have been taken to correct violation; full compliance is not verifiable 1/14/10 <i>Bm</i> Date Initials (DPW)

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

JAN 12 2010 Page 5 of 5

NAME AND ADDRESS OF PERSONAL CARE HOME Trosiek's Personal Care Home, P.O. Box 535, New Salem, PA 15468		Adult Residential Licensing CURRENT LICENSE NUMBER 450260
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SIGNATURE OF LEGAL ENTITY <i>Barbara J Trosiek Kett</i>	DATE 1-10-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAM</i>
		DATE 1/14/10

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (12) Diagnosis or purpose for the medication, including pro re nata (PRN).	The following medications for Resident #2 did not include a diagnosis on the medication administration record (MAR): <ul style="list-style-type: none"> • Aspirin 325 mg • Clonazepam 1mg • Furosemide 20mg • Levothyroxine .1mg 	12/28/09.	Diagnosis for all medications were added to the MAR's on 12/28/09 for resident #2. Administrator and staff will do monthly checks when the new MAR's come to insure all medications have diagnosis to support their use. <u>Copies Provided</u>	Steps have been taken to correct violation; full compliance is not verifiable 1/14/10 <i>BAM</i> Date Initials (DPW)