

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to GETZ PERSONAL CARE HOME, INC.

LEGAL ENTITY

To operate GETZ PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at R.R.1, BOX 1620, KUNKLETOWN, PA 18058

(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 60

(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 27,

2010

until March 27,

2011

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

No: 240500

Robert E. Robinson

ISSUING OFFICER

Kevin J. 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 26 2010

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

Mr. Robert Getz, Owner
Getz Personal Care Home, Inc.
Getz Personal Care Home
R.R. 1, Box 1620
Kunkletown, Pennsylvania 18058

Dear Mr. Getz:

As a result of the Department of Public Welfare's licensing inspection on January 5, 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

NAME AND ADDRESS OF PERSONAL CARE HOME Getz Personal Care Home, R.R.1 Box 1620, Kunkletown, Pennsylvania 18058		CURRENT LICENSE NUMBER 240500	
INSPECTION DATE(S) (Include all dates of the inspection) January 5, 2010		REGIONAL REPRESENTATIVE Betty Bloch and Ann O'Haire	
SIGNATURE OF LEGAL ENTITY <i>Robert B. [Signature]</i>	DATE 1-19-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duane [Signature]</i>	DATE 3-19-10

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.	The most current violation report, dated 1/5/09, was not posted in the home.	1-5-2010 at time of inspection	The most current Violation Report will be post upon time of receiving the Violation Report + completion of the Plan of Correction by the Administrator. <i>Administrator has posted & will post a copy full future violation reports on the Home's Bulletin which is in a conspicuous place in the home per Telephone call 3-19-10</i>	DCV 3-19-10

RECEIVED

JAN 22 2010

SCRANTON FIELD OFFICE
Adult Residential Licensing

Original

Duane

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

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SIGNATURE OF LEGAL ENTITY <i>Rht B. Mt</i>	DATE 1-19-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Calace</i>	DATE 3-19-10

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>22a1: The following admission document shall be completed for each resident - Preadmission screening completed prior to admission on a form specified by the Department.</p> <p>224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.</p>	<p>The preadmission form, dated 11/12/08, for resident # 1 was not completed within 30 days prior to admission on 3/13/09.</p> <p>In addition, this preadmission form did not address if the needs of the resident could be met by the services provided by the home.</p> <p>Repeated Violation – 1/5/09</p>	<p>22a-1 unable to correct 1-6-10</p> <p>224a-1-6-2010</p>	<p>22a-1- Prior to admission, the Administrator will audit any previously received documents to ensure they are completed + all dates fall within DPW Guidelines</p> <p>224a- Upon initial audit 15 day + 30 day + quarterly audits, the Administrator will ensure all documents are appropriately + entirely completed.</p> <p><i>Administrator has prepared a pre-admission/admission document form checklist to audit papers with D. Valera</i></p>	<p>DCU 3-19-10</p>

*Administrator has prepared a pre-admission/admission document form checklist to audit papers with D. Valera
3-19-10*


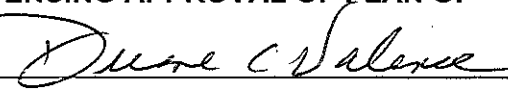
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<p>22a2 The following admission document shall be completed for each resident - Medical evaluation completed 60 days prior to or 30 days after admission on a form specified by the Department.</p> <p>141a-1 A resident shall have a medical evaluation 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.</p>	<ul style="list-style-type: none"> The home did not have an initial medical evaluation completed on the form required by the Department for resident # 2, who was admitted to the home on 12/29/08. (Review of the record indicated that an MA-51 form that is used for personal care home assistance eligibility purposes was completed on 12/10/08). The initial medical evaluation for resident # 3 was not completed within 60 days prior to or within 30 days after admission. The resident was admitted 9/23/09 and the form was dated 11/4/09. <p>Repeated Violation – 1/5/09</p>	<p>22a-2 unable to correct</p> <p>141a-1 unable to correct</p> <p>1-6-10</p>	<p>An Initial chart audit, 15 days 30 day after admission audit will be completed on all new admission's charts to ensure all documentation is complete per DPW guidelines + if not complete, documents can be completed by Getz PCH in a timely manner.</p> <p><i>per telephone conversation Administration will review and track medical evaluations to ensure correct forms are used</i></p>	<p>DCV 3-19-10</p>

per telephone conversation Administration will review and track medical evaluations to ensure correct forms are used
DPW 3-19-10

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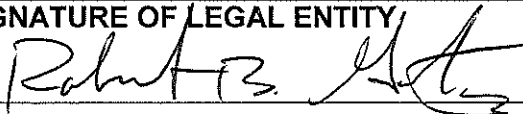
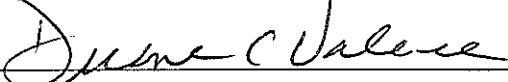
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51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults).	The home did not complete an FBI criminal history background check timely in accordance with the OAPSA for staff person A, who resided outside of Pennsylvania within the past two years prior to being hired by the home on 6/12/09. The Department of Aging verification for the FBI criminal history was dated 10/22/09.	51-FBI Criminal History Check received by Getz PCH on 10-22-2009 1-6-10	51-FBI Criminal History Background checks will be completed + sent no more than 1wk after hire to ensure timely return of documentation.	Steps have been taken to correct violation; full compliance is not verifiable 3-19-10 Date <u>PCV</u> Initials (DPW)
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.	In addition, this staff person was retained after the 90 day provisional hiring period. Repeated Violation – 1/5/09	52-Unable to correct 1-6-10	52-Any staff member whose FBI Criminal Check has not been returned by Getz PCH within the 90 day period will be placed on suspension until all documents are received.	

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81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	The L-shaped grab assist bar was not attached securely to the upper portion of resident # 4's bed. The board that the assist bar was attached to slid between the top and bottom mattresses of the bed and was not attached to any portion of the bed frame which posed a possible limb entrapment hazard to the resident.	1-5-2010 Corrected at time of inspection	All apparatus used by residents to assist with independence will be thoroughly examined for sturdiness & proper installation by maintenance + administration. <i>Administration + devic care staff will check all resident grabassent bars daily for safe use 3-19-10 D Valence</i>	DCU 3-19-10

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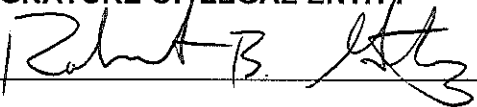
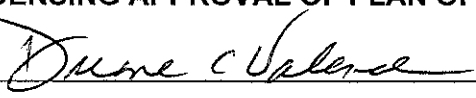
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89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	The hot water temperature in the common bathroom "BR-B2" measured 124.8°F at 9:15am.	1-5-2010 at time of inspection	weekly water temperature readings will be conducted by maintenance to ensure water temperatures meet DPW parameters.	Dev 3-19-10
100b The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.	The steps of the outside fire escape, leading from the second floor to the ground level, were covered with snow upon arrival to the home.	1-5-2010 at time of inspection	when there is inclement weather staff will be instructed to check all areas of the building + remove anything that may block an exit route or inhibit safe exit immediately.	Dev 3-19-10

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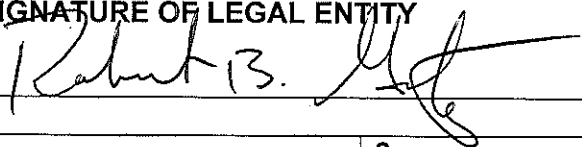
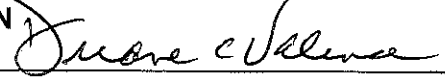
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132a An unannounced fire drill shall be held at least once a month.	Staff person B, who is the administrator, stated that the staff are informed of fire drills in advance of the them being conducted.	1-19-2010 Fire drill conducted	Previously, only 1 fire drill had been announced per year for training purposes with the Township Fire Company. Fire drills will all be unannounced + only the Administrator will be aware of any fire drills.	Steps have been taken to correct violation; full compliance is not verifiable 3-19-10 <i>[Signature]</i> Date Initials (DPW)

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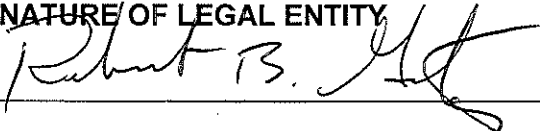

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132g Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.	Staff person B, who is the administrator, stated that additional staff are scheduled when some of the fire drills are conducted. In addition, most fire drills are conducted within the last week of each month. The fire drill records indicate the following: <table style="margin-left: 20px; border-collapse: collapse;"> <thead> <tr> <th style="text-decoration: underline;">Drill Date</th> <th style="text-decoration: underline;">Time</th> <th style="text-decoration: underline;">Staff present</th> </tr> </thead> <tbody> <tr><td>5/29/09</td><td>1:13pm</td><td>12</td></tr> <tr><td>6/25/09</td><td>5:52am</td><td>2</td></tr> <tr><td>7/24/09</td><td>3:48pm</td><td>6</td></tr> <tr><td>8/28/09</td><td>10:43am</td><td>9</td></tr> <tr><td>9/28/09</td><td>7:01pm</td><td>9</td></tr> <tr><td>10/29/09</td><td>10:20am</td><td>10</td></tr> <tr><td>11/30/09</td><td>4:25pm</td><td>4</td></tr> <tr><td>12/17/09</td><td>6:34am</td><td>4</td></tr> </tbody> </table>	Drill Date	Time	Staff present	5/29/09	1:13pm	12	6/25/09	5:52am	2	7/24/09	3:48pm	6	8/28/09	10:43am	9	9/28/09	7:01pm	9	10/29/09	10:20am	10	11/30/09	4:25pm	4	12/17/09	6:34am	4	1-19-2010 Fire drill conducted	No additional staff has been brought in for a drill except to observe the full evacuation with the Fire Department. Beginning immediately, fire drills will be done by the administrator monthly at different dates + times + they will all be unannounced.	DCU 3-19-10
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<p>141a-2 The medical evaluation shall include the following: (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.</p> <p>181c A resident who desires to self-administer his medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.</p> <p>227e The resident's assessment</p>	<p>The home did not have a physician's order indicating that Resident # 5 could self-administer the following medications that were found in the resident's bedroom for self-administration:</p> <ul style="list-style-type: none"> • Travastan 0.004% ophthalmic solution • "Shiff Brand" Vitamin C 1000mg • "Shop Rite" Vitamin E 400 IU soft gel • "Fiber Choice" fiber supplement, sugar free. • "Centrum" Silver 50+ Multivitamin <p>The resident's most current medical evaluation (dated 2/11/09) indicated that the resident "cannot self-administer medications". The most current assessment and support plan, both dated 2/4/09, indicated that the resident requires assistance</p>	<p>6-2010 an order for all medications was retained + resident is aware she can not have any medications in her room</p>	<p>All residents are told upon admission that all medications, even OTC, require a prescription from their physician to be administered + the physician must state they can self-administer medications if they want to keep medications in their room. All residents will be reminded of this house rule at monthly Resident Council meetings. If medications are found in a resident's room without proper documentation</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable <u>3-19-10</u> DCV Date Initials (DPW)</p>

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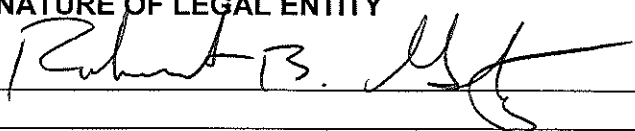
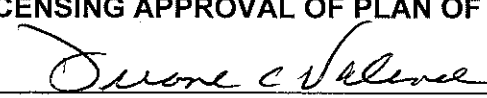
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shall document the ability of the resident to self-administer his/her medications or the need for medication reminders or medication administration.	with medications. Until the discrepancy is resolved the more stringent assessment applies. Repeated Violation - 1/5/09		the administrator will discuss House Rules with the resident as a warning + if it happens a 2nd time a 30 day notice to evacuate the PCH will be issued to the resident.	


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181a A home shall provide residents with assistance, as needed, with medication prescribed for the resident's self-administration. This assistance includes helping the resident to remember the schedule for taking the medication, storing the medication in a secure place and offering the resident the medication at the prescribed times.	The home did not have the PRN medications on hand for residents #2 and #5 as noted: <u>Res. # 2:</u> Proctozone HC 2.5% cream. <u>Res. # 5:</u> Milk of Magnesium Oral Solution 400mg/5ml 30 ml.	1-5-2010 medication received from the pharmacy	All medication carts + MARs will be checked by a medication technician or the nurse to ensure all medications are available to residents. <i>Per telephone call 3-19-10 Administrator and the Home's Director of Nursing will review all resident medications and medication administration records weekly. Administration has completed a checklist to be reviewed by the Director of Nursing to ensure medication administration is completed weekly. [Signature]</i>	<i>DEV</i> 3-19-10

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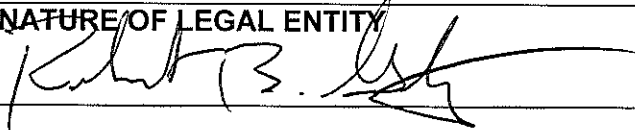
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW								
<p>182b Prescription medication that is not self-administered by a resident shall be administered by one of the following:</p> <p>(1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic. (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home. (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is</p>	<p>• The home did not have the required Student Verification Form which indicated if the following employees successfully completed the Initial Annual Practicum (I.A.P.) training for 2009 as noted:</p> <table border="1"> <thead> <tr> <th>Employee</th> <th>I.A.P. dated</th> </tr> </thead> <tbody> <tr> <td>C</td> <td>2/10/09</td> </tr> <tr> <td>D</td> <td>2/09/09</td> </tr> <tr> <td>E</td> <td>2/10/09</td> </tr> </tbody> </table> <p>In addition, staff persons C and E were not trained to administer insulin by a certified diabetic educator (CDE) trainer within the last 12 months; the home's training records indicated that the most current training was completed on 12/4/08 for both employees.</p> <p>A Review of the medication</p>	Employee	I.A.P. dated	C	2/10/09	D	2/09/09	E	2/10/09	<p>I.A.P. corrected 1-5-2010</p> <p>Diabetic Education Completed for C + E on 1-8-2010</p>	<p>A training schedule with all dates has been created to keep both Nurse/medication Instructor + Administrator aware of when staff will require specific trainings + ensure all trainings are completed timely. A check list was created to ensure medication training + Annual training information is completed + signed on all</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>3-19-10  Date Initials (DPW)</p>
Employee	I.A.P. dated											
C	2/10/09											
D	2/09/09											
E	2/10/09											

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

NAME AND ADDRESS OF PERSONAL CARE HOME Getz Personal Care Home, R.R.1 Box 1620, Kunkletown, Pennsylvania 18058		CURRENT LICENSE NUMBER 240500	
INSPECTION DATE(S) (Include all dates of the inspection) January 5, 2010		REGIONAL REPRESENTATIVE Betty Bloch and Ann O'Haire	
SIGNATURE OF LEGAL ENTITY <i>Robert B. Alf</i>	DATE 1-19-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C. Salence</i>	DATE 3-19-10

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
present in the home. (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.	administration records indicated that these staff persons administered medications to residents throughout the month of 12/09. • Per the administrator and review of the staff schedules for 12/30/09 and 1/3/10, the home did not have any qualified staff scheduled to administer medications from 2pm – 10pm on these dates, or from 6am – 2pm on 1/3/10. Repeated Violation – 1/5/09		designated areas to ensure proper completion of all required documentation.	

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

NAME AND ADDRESS OF PERSONAL CARE HOME Getz Personal Care Home, R.R.1 Box 1620, Kunkletown, Pennsylvania 18058		CURRENT LICENSE NUMBER 240500	
INSPECTION DATE(S) (Include all dates of the inspection) January 5, 2010		REGIONAL REPRESENTATIVE Betty Bloch and Ann O'Haire	
SIGNATURE OF LEGAL ENTITY 	DATE 1-19-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duane C. Valenzuela</i>	DATE 3-19-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTIONS 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
183f Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.	A ½ ounce tube of Neosporin antibiotic ointment that expired in 8/2008 was found in the first aid kit located in the 1996 Dodge van that is used to transport residents.	1-5-2010 at time of inspection	First Aid Kits will be checked on a monthly basis to ensure all necessary items are available and any out of date items are disposed of. <i>Per telephone call 3-19-10 - Administrator and Maintenance Director will check First Aid Kits monthly. Monthly First Aid Kit check led developed by Administrator to ensure compliance D Valenzuela 3-19-10</i>	<i>DCV 3-19-10</i>

RECEIVED

JAN 22 2010

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 Adult Residential Licensing