

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to THOMAS AND DIANE FULMER

LEGAL ENTITY

To operate FULMERS PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 201 WOODWARD AVENUE, LOCK HAYEN, PA 17745

(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 89

89

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 11,

2010

until September 11,

2010

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

No: 347361

Robert E. Robinson

ISSUING OFFICER

Kenneth V. 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

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

CERTIFIED MAIL – RETURN RECEIPT

MAILING DATE:

MAR 11 2010

Thomas and Diane Fulmer, Owners
333 Ertel Road
Williamsport, Pennsylvania 17701

RE: Fulmer's Personal Care Home
201 Woodward Avenue
Lock Haven, Pennsylvania 17745

Dear Mr. and Mrs. Fulmer:

As a result of the Department of Public Welfare's (Department) licensing inspections on January 7, 2010 of the above personal care home, the violations specified on the enclosed Violation Reports were found.

A PROVISIONAL license is being issued based on the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the 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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268, the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
82c	II	75	\$5	\$375	5 calendar days from mailing date of this letter
89b	II	75	\$5	\$375	5 calendar days from mailing date of this letter
141a2	II	75	\$5	\$375	5 calendar days from mailing date of this letter
20b8	III	75	\$3	\$225	15 calendar days from mailing date of this letter
22a2/141a1	III	75	\$3	\$225	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Financial Operations with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

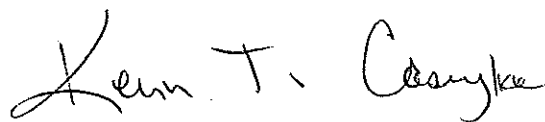
Once you receive your invoice from the Bureau of Financial Operations, if you disagree with the amount of the penalty, you have the right to appeal through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare. If you decide to appeal, a written request to appeal the fine must be received, along with the assessed daily fine, not to exceed \$500, in accordance with 55 Pa.Code § 2600.263 (relating to appeal of penalty). All appeal requests must be sent to the address indicated on the invoice you will receive from the Bureau of Financial Operations.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Karen E. Kroh, Director
Adult Residential Licensing
Department of Public Welfare
423 Health and Welfare Building
Seventh and Forster Streets
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

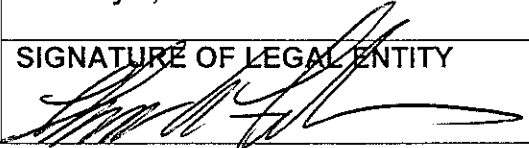
Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey". The signature is written in black ink and is positioned above the printed name.

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 Fulmers Personal Care Home, 201 Woodward Avenue, Lock Haven, Pennsylvania 17745		CURRENT LICENSE NUMBER 347360	
INSPECTION DATE(S) (Include all dates of the inspection) January 7, 2010		REGIONAL REPRESENTATIVE Betty Bloch and Ann O'Haire	
SIGNATURE OF LEGAL ENTITY 	DATE 2-1-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Bob Benjamin	DATE 2/26/10

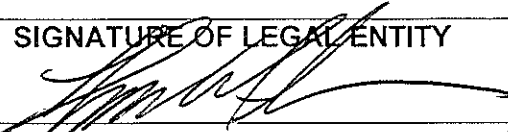
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
3c The personal care home shall post 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 home did not have the most current violation report (dated 1/15/09) posted in the home.	1/8/10	We were under the impression that our VR was fully verified and took it down as a result. We immediately posted it when the inspectors explained otherwise. will post our current VR which will remain posted until another one replaces it.	2/26/10 BB

RECEIVED

FEB 02 2010


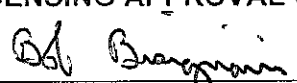
SCRANTON FIELD OFFICE
 Adult Residential Licensing


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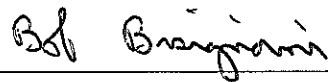
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18 A home shall comply with applicable Federal, State and local laws, ordinances and regulations.	Signs were not posted at several entrances to the home, including the ones to the right and left of the main entrance, indicating that smoking is not allowed in the facility, in accordance with the PA Clean Indoor Air Act. In addition, the print on the posted signs was small and the signs were posted approximately 20 inches from the ground level which made them difficult to see and read.	1/29/10	The only door that did not have a posted sign was missing the sign because it had fallen down and it was not replaced. We had thought that according to the Clean Indoor Air Act size and placement of the signs were left to our discretion. All new signs were purchased and placed differently on the doors to be more suitable. will check the doors periodically to ensure that none of the signs fall or are taken down.	2/26/10 BB

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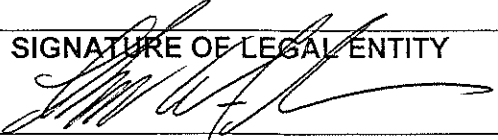
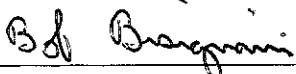
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<p>20b8 The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.</p>	<p>The home is the representative payee for resident # 1. The copy of the 2009 quarterly accounting from July through September that was provided by the home to the resident did not include: 1) the amount of income received by the home for the resident or 2) the room and board charges paid by the resident to the home. The quarterly accounting only showed the transactions of the personal needs allowance money for the resident.</p> <p>Repeated Violation – 1/15/09</p>	<p>1/31/10</p>	<p>Each resident record now has a quarterly statement showing Rm/Bd paid, and income received as well as the transactions of the personal needs allowance for the quarter for a total of 18 months. At the end of every quarter reports showing the above listed information will be made for each resident and their designated person if necessary. Signed copies will be kept in the their files. Reports will be printed by will see that this gets done.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>2/26/10  Date Initials (DPW)</p>

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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. 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.	The home did not have an initial medical evaluation completed 60 days prior or within 30 days after admission to the home for resident # 1, whose date of admission was 6/30/09. The only medical evaluation on file was dated 8/20/09. Repeated Violation – 1/15/09	1/7/10	This resident has an MA 51 on file dated 7/22/09. The Med Eval was returned to the Dr. because he had not signed or dated it. At that point he was out of the office for several days. This is all documented on a form attached to the Med Eval. In the future we will request thoroughly completed MA 51s and Med Evals upon admission. Yearly evaluations renewed will be scrutinized upon receipt by _____ and immediately returned to Dr. if they are incomplete.	Steps have been taken to correct violation; full compliance is not verifiable 2/26/10 BB Date Initials (DPW)

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<p>22a4 The following admission document shall be completed for each resident - Support plan developed and implemented within 30 days after admission.</p> <p>227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.</p>	<p>The support plan for resident # 1 (admitted 6/30/09) was not completed within 30 days after admission to the home. The support plan one on file was dated 8/14/09.</p>	<p>1/18/10</p>	<p>This was an error on the part of The administrators reviewed this regulation with her as well as others dealing with assessments and Support Plans. She is keeping a list on the bulleting board by her desk of assessments and support plans needing to be completed and the dates by which they need to be done. She will sign and date this list when they are completed. This will serve as a reminder to her to ensure that these forms are completed in a timely manner.</p>	<p>2/26/10 BB</p>

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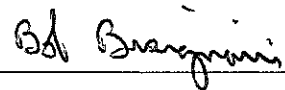
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25b The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The contracts of residents #2 and #3 indicated that they chose not to sign their contracts dated 11/6/09 and 8/10/09, respectively. These residents were not deemed incompetent by a court of law. Neither contract indicated the date and time the resident declined to sign the contract.	1/8/10	We were under the impression (given to us by former inspectors) that if a resident preferred to have their POA sign for them they could and we needed only to document on the contract that they chose not to sign. had the residents sign the contracts that had only been signed by POAs. Administrators, when checking in new residents, will have all residents sign or make their mark unless they have been deemed incompetent by a court of law.	2/26/10 BB

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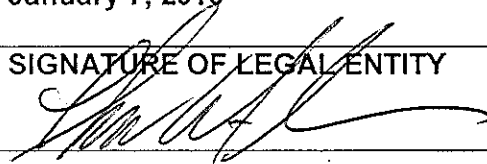
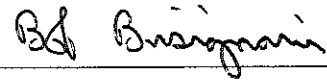
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82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	A 1-gallon jug of Austin's A-1 Bleach and a 1-gallon jug of Airx 60 Foul Odor Eliminator were found in the unlocked and unattended "Shampooer Closet" which was accessible to the residents. The labels on these products stated, respectively: "If swallowed: Call poison control or doctor immediately" and "If swallowed...call a physician immediately". Repeated Violation – 1/15/09	1/1/10	The knob on the Shampooer Closet was changed to a locking knob and is to be kept locked at all times. See receipt of knob purchased. installed the knob and will check it at random times to ensure that it is locked. Our staff was again informed that cleaning materials are only to be kept in locked areas. This topic has been put on our training schedule for April to be revisited with all staff members.	Steps have been taken to correct violation; full compliance is not verifiable 2/26/10 BB Date Initials (DPW)

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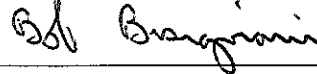
1	2	3	4	5
REGULATION 55 Pa.Code § 2600.	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY DPW
85a Sanitary conditions shall be maintained.	The home was sharing two glucometers for testing the 16 residents requiring blood glucose level testing. Each resident did not have his/her own glucometer for their individual use.	V/11/10	Scripts were requested day after inspection from our diabetic residents' doctors. As soon as scripts were received individual glucometers were ordered. Each diabetic resident has their own meter that is being used for them. will ensure that if a glucometer is needed for another resident scripts will be requested and a glucometer will be ordered and used.	2/26/10 BB


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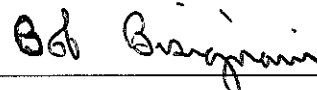
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88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	<p>There was a slash in the wall of the "New Wing" hallway adjacent from bedroom # 10. It measured approximately 5" long and 2" deep.</p> <p>The floor in the bathroom adjoining bedroom # 33 had red and pink stains on it.</p> <p>The base of the toilet in the bathroom adjoining bedroom # 33 had black mold and rust stains on it, where the toilet meets the floor. In addition, there was a thick layer of dust on it.</p>	<p>1/7/10</p> <p>1/31/10</p>	<p>Slash was corrected at inspection. Cleaning person is to check areas being cleaned for any repairs needed and report to maintenance. They will be reminded of this at various staff meetings throughout the year. Flooring in this bathroom was completely replaced by See pictures.</p>	<p>2/26/10 BB</p>

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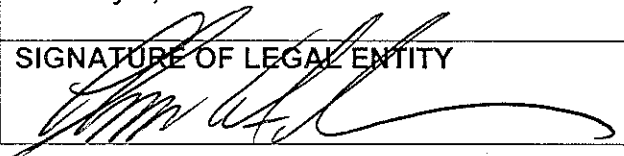
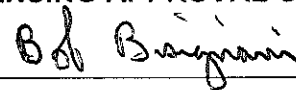
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89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	The hot water temperature exceeded 120°F in the following sinks: <ul style="list-style-type: none"> • Bathroom adjoining room # 30 measured 138.0°F • Common bathroom across from room # 10 measured 144.5°F Repeated Violation – 1/15/09	1/7/10	turned the temperature down on the hot water heater. Temp was checked after that point and was 119. will check the temp of the water 3x monthly. The readings will be kept on a log sheet which will be kept in a maintenance log used by	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>2/6/10  Date Initials (DPW)</p>

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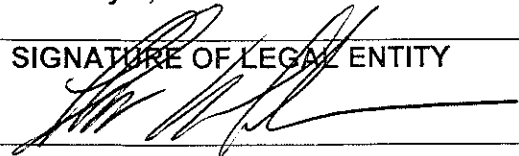
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101r-2 Window coverings shall be clean, in good repair, provide privacy and cover the entire window when drawn.	<ul style="list-style-type: none"> The exit door leading to the outside of the home in bedroom # 33 had two side windows in it that were uncovered and did not provide privacy to the residents. In this same room, the door that is part of a wall between two resident bedrooms had beveled glass in it which did not provide privacy to the residents in either room. 	1/8/10	<p>Heavy drapes were installed in this room on both the door leading outside and the door between the rooms which also has drapes on either side. The cleaning staff is responsible to report if these drapes need cleaning or repair at any time.</p> <p>All staff will be reminded of this periodically at staff meetings throughout the year as we will be covering regulations of the physical site.</p>	2/26/10 BB

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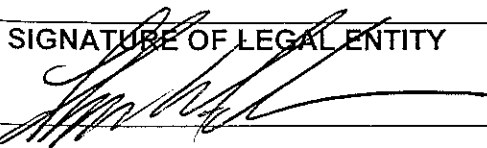
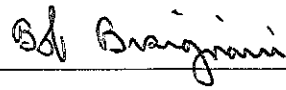
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
103d Food shall be stored off the floor.	A crate of eggs, labeled Lancaster County eggs and dated 12/31/2009, was stored on the floor of the home's walk-in refrigerator.	1/7/10 1/11/10	Corrected at inspection. and [redacted] are responsible for putting away delivered food items. They discussed the fact that food items cannot be stored on the floor at all. If additional shelving space is needed it will be purchased.	2/26/10 BB
105g-2 Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.	The home has three external dryer vents. The ductwork inside of the two smaller vents was caked with lint.	1/8/10	This duct was on schedule to be cleaned one week from inspection. It is now to be checked more often on a monthly basis. The checklist for this will be kept in maintenance log and will be initialed by [redacted] when ducts are cleaned.	2/26/10 BB

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

NAME AND ADDRESS OF PERSONAL CARE HOME Fulmers Personal Care Home, 201 Woodward Avenue, Lock Haven, Pennsylvania 17745		CURRENT LICENSE NUMBER 347360	
INSPECTION DATE(S) (Include all dates of the inspection) January 7, 2010		REGIONAL REPRESENTATIVE Betty Bloch and Ann O'Haire	
SIGNATURE OF LEGAL ENTITY 	DATE 2-1-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Of Bragioni	DATE 3/1/10

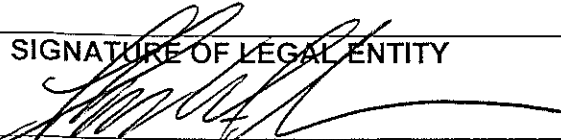
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123b Copies of the emergency procedures 107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.	The home did not have a copy of its emergency procedures posted in a public and conspicuous place in the home.	1/11/10	A copy was immediately posted on the bulletin board in the main dining area. When the bulletin board is seasonally changed by the secretary, she will check to be sure the procedures are still posted.	2/26/10 BB
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 did not notify the local fire department in writing that resident #s 1, 3, 5, 6 and 7 are considered immobile and will require assistance in case of an emergency.	1/8/10	Fire Dept. was notified the day after inspection of the location of our immobile residents and the kind of assistance needed. This was not previously done because we did not realize that these residents were considered immobile. will be sure to notify Fire Dept. of any new immobiles immediately upon admission or upon determination.	3/1/10 B.B.

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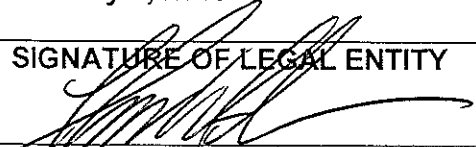
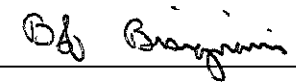
1	2	3	4	5										
REGULATION 55 Pa.Code § 2600.	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY DPW										
132f Alternate exit routes shall be used during fire drills.	Review of the fire drill records indicated that the home used the East, West and Main exit routes in the four most current fire drills as noted: <table border="1"> <thead> <tr> <th>Date of drill</th> <th>Exits Routes Used</th> </tr> </thead> <tbody> <tr> <td>9/29/09</td> <td>E, W, Main</td> </tr> <tr> <td>10/13/09</td> <td>E, W, Main</td> </tr> <tr> <td>11/18/09</td> <td>E, W, Main</td> </tr> <tr> <td>12/28/09</td> <td>E, W, Main, Dining</td> </tr> </tbody> </table>	Date of drill	Exits Routes Used	9/29/09	E, W, Main	10/13/09	E, W, Main	11/18/09	E, W, Main	12/28/09	E, W, Main, Dining	1/2/10	Alternate routes were being used however, our drill log did not show which routes were not being used. is now marking on the drill log which door or doors are being blocked thereby showing how the routes are being altered. All doors are now numbered and the door or doors within a wing being blocked during drills will be marked on the drill log by .	2/26/10 BB
Date of drill	Exits Routes Used													
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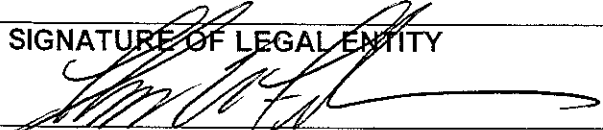
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<p>141a-2 The medical evaluation shall include the following:</p> <p>(3) Medical information pertinent to diagnosis and treatment in case of an emergency.</p> <p>(7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.</p> <p>(8) Body positioning and movement stimulation for residents, if appropriate.</p> <p>(10) Mobility assessment, updated annually or at the Department's request.</p>	<p>The following medical evaluations (ME) did not address the required information, as indicated below:</p> <p><u>Res. # 1, ME dated 8/20/09:</u> Treatment/therapies and medications. The attachments to the ME for medications were not signed and dated by the physician who completed the medical evaluation and, therefore, were invalid</p> <p><u>Res. # 3, ME dated 8/11/09:</u> Body positioning and medications. The attachments to the ME for medications were not signed and dated by the physician who completed the medical evaluation and, therefore, were invalid</p> <p><u>Res. # 5, ME dated 6/16/09:</u> Body</p>	<p>1/29/10</p>	<p>Each MA 51 and Med Eval for all residents was reviewed by _____ If they were found incomplete or lacking med list written or attachments signed they were returned to Dr.'s offices for necessary additions or changes. Each MA 51 and Med Eval was also reviewed by administrators for markings indicating mobility needs. Any new MA 51 or Med Eval received will be scrutinized by the administrators to ensure that they are thoroughly completed and to see how Dr. completed the mobility section. If there is a discrepancy between our judgement of resident's mobility needs and Dr.'s we will contact the Dr. and have a discussion about it. The more stringent assessment will apply unless Dr. makes any changes as he sees fit. _____ will see that number of direct care hours reflects number of immobiles.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>2/26/10 <u>BB</u> Date Initials (DPW)</p>

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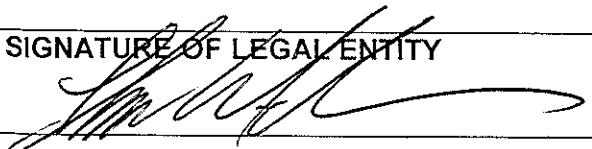
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(Continued from the previous page)	<p>positioning and treatment/therapies</p> <p><u>Res. # 8, ME dated 7/28/09:</u> Body positioning</p> <p><u>Res.# 9, ME dated 12/16/09:</u> Body positioning</p> <p><u>Res. # 10, ME dated 4/27/09:</u> Medications - The attachments to the ME for medications were not signed and dated by the physician who completed the medical evaluation and, therefore, were invalid</p> <p>The most current medical evaluations for resident #s 1, 3, 5, 6, and 7 indicate that these residents are immobile in case of an emergency. Their most current assessments, dated 7/15/09,</p>	<p>1/29/10</p>	<p>see previous page</p>	<p>see previous page</p>

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(Continued from the previous page)	<p>8/25/09, 6/15/09, 8/24/09 and 6/19/09, respectively, indicate that they were mobile. Until the discrepancy is resolved, the more stringent assessment applies.</p> <p>Res. # 1, ME dated 8/20/09: "Unable to move from one location to another without physical assistance from others... Unable to move from one location to another without oral prompting from others... Difficulty understanding and following oral directions in the event of an emergency"</p> <p>Res. # 3, ME dated 8/11/09 and Res. # 5, ME dated 6/16/09: "Difficulty understanding and following oral directions in the event of an emergency"</p>	<p>1/29/10</p>	<p>See previous page</p>	<p>See previous page</p>

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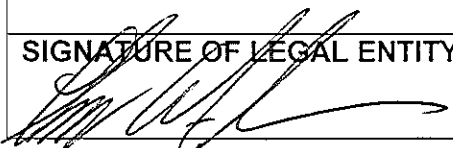
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(Continued from the previous page)	Res. # 6, ME dated 8/14/09 and Res. # 7, ME dated 6/23/09: "Unable to move from one location to another without physical assistance from others" Repeated Violation – 1/15/09	1/29/10	see previous page	see previous page

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144b The home rules shall specify whether the home is designated as smoking or non-smoking.	The contracts (and home rules) of all resident records reviewed did not clearly state in writing the current location of the designated smoking location which is in the gazebo to the left of the driveway as one enters the home’s grounds. The version of the contract that was used in these records designated it as the “front deck and the side parking area” which the administrator stated was incorrect.	1/8/10	Notice of the change in the smoking location was signed and dated by each resident. The contract to be used for any new residents was updated to show the change. In the future the administrators will be sure that all residents sign a notice of a new or changed rule 30 days in advance.	2/26/10 BB

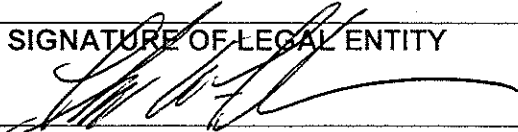
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182b Prescription medication that is not self-administered by a resident shall be administered by one of the following: (4) A staff person who has completed the medication administration training in 190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.	The home's medication administration training records for staff persons A, B, C, D, E and F are incomplete and do document that the staff have been trained properly. There were no records available to indicate that the staff successfully completed their initial medication administration training. Also, the initial annual practicum forms and annual practicum forms for these staff persons were not signed or dated by the medication trainer. Staff persons A, B, C, D, E and F are no longer qualified to pass medication and will have to complete their initial training over again.	1/8/10 1/11/10 3/15/10	unacceptable POC As per the instructions given by our inspectors on the day of inspection as well as the day after over the phone to we contacted the Med Training instructor the day after inspection. She reviewed the paperwork she had given us after training our staff and signed all necessary paperwork. Our practicum observer and our med staff members signed necessary and appropriate paperwork as well. See copies. staff persons A, B, C, D, E and F will be retrained in medication administration due to the fact that their training records are incomplete and the lapse of time between initial training and the initial annual practicums. The listed staff will not administer medications until retrained. Bob B. 3/1/10	Steps have been taken to correct violation; full compliance is not verifiable 3/1/10 B.B. Date Initials (DPW)

of time between initial training and the initial annual practicums. The listed staff will not administer medications until retrained. Bob B. 3/1/10

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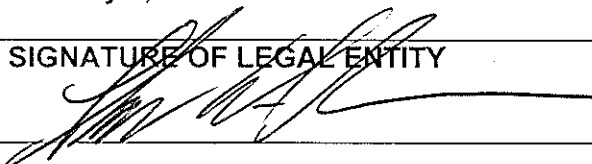
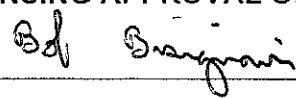
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183f. or Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal 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.	An expired packet of Cortaid 0.1 oz. Anti Itch Cream and two expired packets of Neosporin First Aid Antibiotic Ointment 0.9 oz. were found in the first aid kit located in the home's 2002 Ford van that is used to transport residents. All expired in 2008.	1/7/10	Corrected at inspection. will remove any medications found in any first aid kits purchased in the future.	2/26/10 BB

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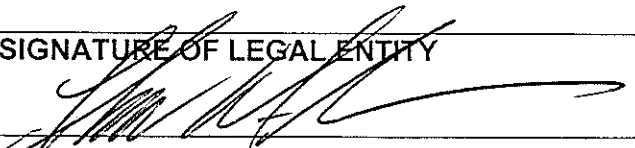
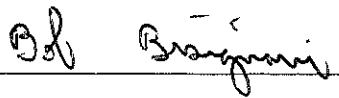
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225c The resident shall have additional assessments as follows: (3) At the request of the Department upon cause to believe that an update is required.	The most current assessment dated 8/24/09 for resident # 6 did not address the nebulizer treatment that was indicated on the most current medical evaluation dated 8/14/09.	1/13/10	A new assessment was completed for this resident by The administrators reviewed with the detail that needs to be included in all assessments and the importance of comparing the Med Eval and MA 51 to the assessment being completed to be sure that the assessments are thoroughly completed. See copy of resident's assessment.	2/26/10 BB

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251b The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.	Liquid correction fluid, a non-permanent entry, was used in the following resident records: Res. # 1: Preadmission screening form dated 6/30/09 (date of admission and date completed) and the assessment dated 7/15/09 (date preadmission screening was completed and date of admission) Res. # 2: Assessment dated 11/23/09 (date completed) Res. # 8: Contract/addendum dated 1/22/09 (page one, I – A - # 3) Res. # 9: Preadmission Screening dated 12/7/09 (prior residence) and contract dated 12/21/09 (sec. I, A, #s 1 & 2)	1/11/10	All office personnel and persons that complete paperwork for resident records were informed that if mistakes are made on paperwork the error must be crossed out, dated and initialed by person completing the paperwork and resident if appropriate. They were told that no correction fluid is to be used on resident records at all. This was discussed at an office meeting and sent out in a memo. See copy of memo.	2/26/10 BB

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(Continued from the previous page)	Res. # 11: Assessment dated 12/15/09 (name of resident) Res. # 12: Assessment dated 11/17/09 (date the preadmission screening was completed)	1/11/10	see previous page	see previous page

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 Adult Residential Licensing