

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to C.R.O.S.S.,INC.

LEGAL ENTITY

To operate CUMBERLAND VISTA

NAME OF FACILITY OR AGENCY

Located at 1073 YORK ROAD, DILLSBURG, PA 17019

(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 8
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 April 20, 2010 until April 20, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **310280**

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

APR 23 2010

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

Ms. Kay Marlene Knode, Board Secretary
C.R.O.S.S., Inc.
712 Pinola Road
Shippensburg, Pennsylvania 17257

RE: Cumberland Vista
1073 York Road
Dillsburg, Pennsylvania 17019

Dear Ms. Knode:

As a result of the Department of Public Welfare's licensing inspection on January 27, 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 Cumberland Vista 1073 York Road; Dillsburg, PA 17019		CURRENT LICENSE NUMBER 310280	
INSPECTION DATE(S) (Include all dates of the inspection) January 27, 2010		REGIONAL REPRESENTATIVE V. Beard and T. Roth	
SIGNATURE OF LEGAL ENTITY <i>Ann A Thomas</i>	DATE 2-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Michael G. Stone</i>	DATE 3/4/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	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
65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable. (3) The designated meeting place outside the building or	Ancillary staff person A did not receive any of this training.	3-8-10	65a - Short Term Plan - Ancillary Staff person A is in the process of receiving orientation and will be completed by 3-8-10. Long Term Plan - Staff Hiring and Training policy will be followed. (see Attached) * Training Checklist (see Attached) ** will be completed for Ancillary Staff. - It should be noted that this Staff person only works 11 HRS	4/12/10 SE

MAR 2 2010

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

NAME AND ADDRESS OF PERSONAL CARE HOME Cumberland Vista 1073 York Road; Dillsburg, PA 17019		CURRENT LICENSE NUMBER 310280	
INSPECTION DATE(S) (Include all dates of the inspection) January 27, 2010		REGIONAL REPRESENTATIVE V. Beard and T. Roth	
SIGNATURE OF LEGAL ENTITY <i>Jusan A. Hines</i>	DATE 2-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>	DATE 3/4/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	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>within the fire-safe area in the event of an actual fire.</p> <p>(4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.</p> <p>(5) The location and use of fire extinguishers.</p> <p>(6) Smoke detectors and fire alarms.</p> <p>(7) Telephone use and notification of emergency services.</p>			<p>A week - Two Days a week. Her hours are 7^{am} - 1:30 and 7^{am} - 12³⁰ on the 2nd Day. The residents of this home start leaving at 7:45am & don't return until 2pm. The Staff Person begins her job in the offices and the downstairs rec room area. She is never alone in the home without a Staff & Houseparent are always present. The home is not undermining the importance of this training. It just did not feel that the regulation applied to this particular employee. In the future this position will be trained and oriented in accordance with the regulations.</p>	

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

NAME AND ADDRESS OF PERSONAL CARE HOME Cumberland Vista 1073 York Road; Dillsburg, PA 17019		CURRENT LICENSE NUMBER 310280	
INSPECTION DATE(S) (Include all dates of the inspection) January 27, 2010		REGIONAL REPRESENTATIVE V. Beard and T. Roth	
SIGNATURE OF LEGAL ENTITY <i>Jana A. Thomas</i>	DATE 2-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>mes</i>	DATE 3/4/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	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
65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act. (4) Reporting of reportable incidents and conditions.	Ancillary staff person A did not receive any of this training.	3-8-10	65b Short term Plan - At the present time this Ancillary Staff person is receiving this training. It will be completed by 3-8-10. Long Term Plan - Same as 65a - Staff Hiring and training policy will be implemented. Training Checklist will be completed on all ancillary staff persons (see Attachments) * * *	4/12/10 <i>gc</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Cumberland Vista 1073 York Road; Dillsburg, PA 17019		CURRENT LICENSE NUMBER 310280	
INSPECTION DATE(S) (Include all dates of the inspection) January 27, 2010		REGIONAL REPRESENTATIVE V. Beard and T. Roth	
SIGNATURE OF LEGAL ENTITY <i>Jana A. Flowers</i>	DATE 2-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MCS</i>	DATE 3/4/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	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
65i A record of training including the direct care staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.	The home did not document Ancillary staff person A's general orientation to his/her job duties.	3-8-10	65i - Ancillary Stelt person A was trained on her job responsibilities, but the home failed to have her sign the job description prior to starting her employment. Stelt person A will sign the job description by 3-08-10 (see Attached) *** Long Term Plan - All ancillary Stelt will be trained and job description will be signed and dated. Stelt Hiring and training guidelines will be followed (see Attached) because the home is so small the hiring was done very informally. This Stelt not signing her job duties never impacted on the cleanliness of the home. As your representatives saw, the home was very clean.	4/12/10 <i>SC</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Cumberland Vista 1073 York Road; Dillsburg, PA 17019		CURRENT LICENSE NUMBER 310280	
INSPECTION DATE(S) (Include all dates of the inspection) January 27, 2010		REGIONAL REPRESENTATIVE V. Beard and T. Roth	
SIGNATURE OF LEGAL ENTITY <i>Jana O. Thomas</i>	DATE 2-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>	DATE 3/4/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	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
95 Furniture and equipment shall be in good repair, clean and free of hazards.	<ul style="list-style-type: none"> - Resident #1's shower door, located in the resident's room, was loose from the frame. - The legs closest to the wall of the fooseball table located in the basement activity room were not firmly affixed to the table which make the table unstable. 	1-30-10	<p>95 -</p> <p><i>Short Term Plan - The Shower door in Resident 1's Bathroom was repaired on 1-29-10. The fooseball table was repaired on 1-30-10.</i></p> <p><i>Long Term Plan - monitoring Furniture & Equipment will be placed on a Bi-monthly Checklist. (see Attachment) Regulation will be reviewed in upcoming Staff meeting 3-3-10 (see Agenda)</i></p>	4/12/10 <i>BE</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Cumberland Vista 1073 York Road; Dillsburg, PA 17019		CURRENT LICENSE NUMBER 310280	
INSPECTION DATE(S) (Include all dates of the inspection) January 27, 2010		REGIONAL REPRESENTATIVE V. Beard and T. Roth	
SIGNATURE OF LEGAL ENTITY <i>Ausa A Flowers</i>	DATE 2-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>	DATE 3/4/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	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
103i Outdated or spoiled food or dented cans may not be used.	<p>The following were located in the home's pantry:</p> <ul style="list-style-type: none"> - 9 jars of Nassoya Dijon style sandwich spread were marked expired 12/28/09. - Home canned sauerkraut which was not labeled and did not have a date of canning. - At least 5 cans of mushrooms did not have a label identifying the contents as mushrooms and did not have an expiration date. <p>Repeated Violation – 1/20/09</p>	2-27-10	<p>103i Short Term Plan - listed Foods were removed from pantry & disposed of.</p> <p>Long Term Plan - Due to this being a repeat violation, home will become more aggressive in assuring Foods are removed when expired. An organization system was put into place last year which made a considerable improvement.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>4/12/10 <i>BE</i> Date Initials (DPW)</p>

Regulation will be reviewed in upcoming staff meeting on 3-3-10. Also has been placed on a Bi-monthly Checklist that will be completed by Houseparent & delegated Staff. All Staff will be asked to keep eyes open to expired labels.

**VIOLATION REPORT
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NAME AND ADDRESS OF PERSONAL CARE HOME Cumberland Vista 1073 York Road; Dillsburg, PA 17019		CURRENT LICENSE NUMBER 310280	
INSPECTION DATE(S) (Include all dates of the inspection) January 27, 2010		REGIONAL REPRESENTATIVE V. Beard and T. Roth	
SIGNATURE OF LEGAL ENTITY <i>Juan D. Flores</i>	DATE 2-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>me</i>	DATE 3/4/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	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
121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	A draft guard was placed in front of the emergency exit door in the basement activity room which created an obstruction.	1-27-10	121a - Short term Plan - Draft Guard was removed from emergency exit door in the basement activity room on 1-27-10 Long Term Plan - Regulation will be reviewed at a staff meeting on 3-3-10. This will also be monitored on the home's Bi-monthly Checklist. All staff will be asked to monitor this on every shift.	4/12/10 BE

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

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INSPECTION DATE(S) (Include all dates of the inspection) January 27, 2010		REGIONAL REPRESENTATIVE V. Beard and T. Roth	
SIGNATURE OF LEGAL ENTITY <i>Juan A. Thomas</i> 2	DATE 2-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MRS</i>	DATE 3/4/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	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
125b Combustible materials shall be inaccessible to residents.	Two butane candle lighters were located in the basement kitchenette which is accessible to residents.	1-27-10	<p>125 b Short Term Plan - The two butane candle lighters were removed from basement kitchenette</p> <p>Long Term Plan - Regulation will be reviewed in upcoming Staff meeting 3-3-10. Monitoring combustible materials was placed on a Bimonthly Checklist. - It should be noted that the residents are never alone in the downstairs kitchenette. The kitchen is in the office area, which is kept locked when staff are not working in the office or there is no function going on in the room.</p>	4/12/10 BE

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

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INSPECTION DATE(S) (Include all dates of the inspection) January 27, 2010		REGIONAL REPRESENTATIVE V. Beard and T. Roth	
SIGNATURE OF LEGAL ENTITY <i>Juan O. Herrera</i>	DATE 2-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MGR</i>	DATE 3/4/10


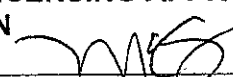
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
183f Prescription medications, 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.	Resident #1's Lometil tablets expired 9/2009.	1-27-10	<p>183f Short Term Plan - Lometil Tablets that expired on 9/2009 were removed from the medication cabinet on 1-27-10 and returned to the Pharmacy</p> <p>Long Term Plan - The med cabinet will be checked on a bi-monthly basis by Administrator, Homeparent or designated staff. Any medication that has expired will be removed and returned to the pharmacy. Regulation</p> <p>will be reviewed at next Staff meeting on 3-3-10</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>4/12/10 <i>BE</i> Date Initials (DPW)</p>


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

NAME AND ADDRESS OF PERSONAL CARE HOME Cumberland Vista 1073 York Road; Dillsburg, PA 17019		CURRENT LICENSE NUMBER 310280	
INSPECTION DATE(S) (Include all dates of the inspection) January 27, 2010		REGIONAL REPRESENTATIVE V. Beard and T. Roth	
SIGNATURE OF LEGAL ENTITY <i>Jessie A. Thomas</i>	DATE 2-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>	DATE 3/4/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
184b If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.	Resident #1's small bottle of <i>Ibuprofen</i> located in the medication storage area was not marked with the resident's name.	1-27-10	184b <i>Short Term Resident</i> #1's <i>Ibuprofen</i> was marked with his name on 1-27-10. <i>Long Term Plan - All Staff will be trained on this regulation on 3-3-10. Also medication cabinet will thoroughly be gone through on a Bi-monthly Basis and all medications will be checked for names.</i>	4/12/10 <i>BE</i>

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SIGNATURE OF LEGAL ENTITY 	DATE 2-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/4/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	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
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for	<ul style="list-style-type: none"> - Resident #1's <i>Lortabs</i> were stored by the home in the medication area but are not on the January Medication Administration Record (MAR). - Resident #1 receives <i>Ibuprofen</i> and it is not listed on the January MAR. 	1-27-10	<p><i>Short Term Plan - Lortabs & Ibuprofen were placed on Resident 1's MAR.</i></p> <p><i>Long Term Plan - This will be monitored using a Bi-monthly Checklist and reviewed at next Staff meeting. It should be noted that the Lortabs were prescribed for after a dental procedure that was cancelled in January.</i></p>	Steps have been taken to correct violation; full compliance is not verifiable 4/12/10  Date Initials (DPW)

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INSPECTION DATE(S) (Include all dates of the inspection) January 27, 2010		REGIONAL REPRESENTATIVE V. Beard and T. Roth	
SIGNATURE OF LEGAL ENTITY <i>Ausa C. Thomas</i>	DATE 2-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	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 medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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INSPECTION DATE(S) (Include all dates of the inspection) January 27, 2010		REGIONAL REPRESENTATIVE V. Beard and T. Roth	
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 2-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3/4/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	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																		
190a A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.	Direct care staff persons B, C, D, E, and F administered medications during the month of January and have not received timely training in accordance with the Department-Approved training course. The training history is as follows: <table border="1"> <thead> <tr> <th>Staff</th> <th>Last training date</th> <th>Next Training Due by</th> </tr> </thead> <tbody> <tr> <td>B</td> <td>1/14/09</td> <td>1/14/10</td> </tr> <tr> <td>C</td> <td>2008</td> <td>2009</td> </tr> <tr> <td>D</td> <td>1/11/08</td> <td>1/11/09</td> </tr> <tr> <td>E</td> <td>12/18/07</td> <td>12/18/08</td> </tr> <tr> <td>F</td> <td>9/12/08</td> <td>9/12/09</td> </tr> </tbody> </table>	Staff	Last training date	Next Training Due by	B	1/14/09	1/14/10	C	2008	2009	D	1/11/08	1/11/09	E	12/18/07	12/18/08	F	9/12/08	9/12/09	3-30-10	190a Short Term Plan - All Annual Practicum & MAR reviews will be completed by 3-30-10 Long Term Plans - Due to the demands of the home & administrators many responsibilities that are usually delegated in a larger facility (Nurses, training coordinator, etc), it's easy to get behind in documentation. med trainings & MAR reviews were conducted, but not documented.	Steps have been taken to correct violation; full compliance is not verifiable 4/12/10 4/12/10 Date <i>[Signature]</i> Initials (DPW)
Staff	Last training date	Next Training Due by																				
B	1/14/09	1/14/10																				
C	2008	2009																				
D	1/11/08	1/11/09																				
E	12/18/07	12/18/08																				
F	9/12/08	9/12/09																				

Houseparent will be trained (see Attached) on home observations & MAR reviews which will allow trainings to be completed in the required time. It should be noted that there has been NO med errors at the facility over the last year
 Chart

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

NAME AND ADDRESS OF PERSONAL CARE HOME Cumberland Vista 1073 York Road; Dillsburg, PA 17019		CURRENT LICENSE NUMBER 310280	
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SIGNATURE OF LEGAL ENTITY <i>Anna A. Thomas</i>	DATE 1-27-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MCS</i>	DATE 3/4/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	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
227g Individuals who participate in the development of the support plan shall sign and date the support plan.	Resident #1's 4/30/09 support plan is marked indicating that the resident participated in the development of the plan however this resident did not sign the support plan.	1-27-10	<p><i>Short Term Plan - Resident signed [redacted] Support Plan showing that [redacted] participated in the development of the Plan</i></p> <p><i>Long Term Plan - Because the resident's are busy at Day programs, work & other activities, they are not always present at the home when signatures are needed. To avoid missing signatures a small Checklist will be attached to the assessments & support Plans. In the administrators absence, houseparent & staff can see that the signature is needed. (see Attached Checklist)</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>4/12/10 <i>LR</i> Date Initials (DPW)</p>