

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to NEW HOPE ASSISTED LIVING, INC.

LEGAL ENTITY

To operate NEW HOPE ASSISTED LIVING

NAME OF FACILITY OR AGENCY

Located at 300 UNION AVENUE, AVALON, PA 15202

(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 75
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 2, 2010 until April 2, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 432100

Robert E. Robinson

ISSUING OFFICER

Kevin T. Casey

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAR 29 2010

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

Mr. Scott A. Farabaugh, Founder/Administrator
New Hope Assisted Living, Inc.
New Hope Assisted Living
300 Union Avenue
Avalon, Pennsylvania 15202

Dear Mr. Farabaugh:

As a result of the Department of Public Welfare's licensing inspection on January 27, 2010, February 17, 2010 and March 16, 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

MAR 10 2010

NAME AND ADDRESS OF PERSONAL CARE HOME New Hope Assisted Living 300 Union Avenue, Avalon, PA 15202		CURRENT LICENSE NUMBER Adult Residential Licensing 432100	
INSPECTION DATE(S) (Include all dates of the inspection) January 27, 2010 February 17, 2010		REGIONAL REPRESENTATIVE M. Stepanovich, N. Mandock, M. Orme, K. Kroh M. Stepanovich, M. Orme	
SIGNATURE OF LEGAL ENTITY <i>Scott A. Fairbaugh</i>	DATE 3/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Brenda McFadden (BAM)</i>	DATE 3/24/10

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>22a2, 141a</p> <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</p>	<p>The medical evaluation for Resident #1 is dated 11/11/09 but the admission date is 9/21/09.</p> <p>The medical evaluation for Resident #2 is dated 12/2/09 but the admission date is 9/29/09.</p>	<p>March 25, 2010 <i>Completed</i></p>	<p>The purpose of this regulation is to ensure that the Medical Evaluation is completed for each Resident on a timely basis. A timely basis is defined as 60 days prior to or 30 days after admission on a form specified by the department.</p> <p>The root cause of the violation is two-fold: (1) at times physicians do not respond promptly to our request for them to complete the form and (2) sometimes we do not immediately send the MA-55 form to the doctor.</p> <p>We have fixed the immediate problem by creating a Policy and Procedure indicating that a new Resident must provide a completed MA-55 prior to or on the day of admission. See attachment 1. Note: due to the nature of this violation (Medical Evaluations not completed within required time frame), the Resident files in question cannot be corrected ex-post.</p> <p>We are certain that the problem will not happen again because we hired a Director of Resident Care Services to manage the process of completing all DPW required forms in accordance with regulations. His name is [REDACTED] [REDACTED] is qualified to perform this function because he is a licensed Personal Care Home Administrator.</p>	<p><i>KKRUJGA 3/16/2010</i></p>

The method we will use to monitor the process is outlined on the following page.

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

MAR 10 2010

NAME AND ADDRESS OF PERSONAL CARE HOME New Hope Assisted Living 300 Union Avenue, Avalon, PA 15202		CURRENT LICENSE NUMBER Adult Residential Licensing 432100	
INSPECTION DATE(S) (Include all dates of the inspection) January 27, 2010 February 17, 2010		REGIONAL REPRESENTATIVE M. Stepanovich, N. Mandock, M. Orme, K. Kroh M. Stepanovich, M. Orme	
SIGNATURE OF LEGAL ENTITY <i>Aunt A. Farbaugh</i>	DATE 3/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAU</i>	DATE 3/24/10

1	2	3	4	5
REGULATION 55 Pa.Code § 2600.	VIOLATION/CLASS	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
documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.		March 25, 2010 3/16/2010	<p><u>New Admission:</u> the daylight Supervisor shall manage all DPW required forms, including the Medical Evaluation. She/he shall submit the completed forms to the Director of Resident Care Services within three business days.</p> <p><u>Significant Change:</u> the daylight Supervisor shall manage all DPW required forms, including the Medical Evaluation. Upon notification that a Resident's health status has changed significantly, she/he shall immediately fax a request to the physician for a new Medical Evaluation. The new Medical Evaluation shall be submitted to the Director of Resident Care Services within three business days.</p> <p><u>Annual Follow-up:</u> the daylight Supervisor shall manage all DPW required forms, including the Medical Evaluation. She/he shall maintain a list of due dates for each Resident and ensure that the process for completing annual Medical Evaluations, Assessments and Support Plans is initiated and completed by the due date. The completed forms shall be submitted to the Director of Resident Care Services within three business days.</p> <p>The Director of Resident Care Services will provide the Administrator with a monthly report consisting of Medical Evaluations, Assessments, Support Plans and Emergency Transfer Sheets for all new admission, annual evaluations and significant changes.</p>	<i>KKRUGPA 3/16/2010</i>

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

Western Region
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NAME AND ADDRESS OF PERSONAL CARE HOME New Hope Assisted Living 300 Union Avenue, Avalon, PA 15202		MAR	CURRENT LICENSE NUMBER 432100
INSPECTION DATE(S) (Include all dates of the inspection) January 27, 2010 February 17, 2010		REGIONAL REPRESENTATIVE M. Stepanovich, N. Mandock, M. Orme, K. Kroh M. Stepanovich, M. Orme	
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 3/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3/24/10

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
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 for Residents #3 and #4 were not signed by the administrator or a designee.	March 8, 2010	The purpose of this regulation is to ensure that individuals who participated in the admissions process sign the Contract. We have fixed the immediate problem by signing the contracts for Residents #3. We are uncertain as to why #4 was included as a citation, as the contract was signed on 12/16/09 (see attachment for signature pages). We are certain that the problem will not happen again because the admissions checklist has been updated to include double checking signature lines (see attachment) prior to filing.	<i>[Signature]</i> 3/16/2010

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

Western Region

NAME AND ADDRESS OF PERSONAL CARE HOME New Hope Assisted Living 300 Union Avenue, Avalon, PA 15202		MAR 10 2010 Adult Residential Licensing	CURRENT LICENSE NUMBER 432100
INSPECTION DATE(S) (Include all dates of the inspection) January 27, 2010 February 17, 2010		REGIONAL REPRESENTATIVE M. Stepanovich, N. Mandock, M. Orme, K. Kroh M. Stepanovich, M. Orme	
SIGNATURE OF LEGAL ENTITY <i>Scott A. Fairbaugh</i>	DATE 3/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Bill</i>	DATE 3/24/10

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
42s A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.	According to Administrator A, the camera located on the third floor of the Lilac Building, in the common area next to the fire exit, can record/video images up to 30 days. Video recording of residents is not permitted. Video viewing in common areas of the home is permitted only for safety purposes, with written permission of the residents, and only if there is video monitoring with no recording capability.	March 25, 2010 <i>completed</i>	The purpose of this regulation is to ensure that each Resident's privacy rights are protected. The root cause of the violation is that the Administrator did not interpret the regulation to pertain to video recording of common areas because Residents do not bathe, dress or receive medical services in the common areas. We have fixed the immediate problem by ceasing to video record common areas. We are certain that the problem will not happen again because the equipment, at this time, has been disabled. If, in the future, the equipment becomes operational, the following policy statement shall be added to the Resident Rights section of New Hope Assisted Living's Compliance Manual: "In so far as Residents have the right to privacy of self and possessions, it is the policy of New Hope to permit video viewing NOT video recording for safety purposes. Further, if at some time New Hope begins video viewing, each Resident will be asked to provide written permission."	<i>KKRUPA 3/16/2010</i>

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

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NAME AND ADDRESS OF PERSONAL CARE HOME New Hope Assisted Living 300 Union Avenue, Avalon, PA 15202		MAR 10 2010 CURRENT LICENSE NUMBER Adult Residential Licensing 432100	
INSPECTION DATE(S) (include all dates of the inspection) January 27, 2010 February 17, 2010		REGIONAL REPRESENTATIVE M. Stepanovich, N. Mandock, M. Orme, K. Kroh M. Stepanovich, M. Orme	
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 3/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3/24/10

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
51,52 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). 52 Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§	Staff person A, hired on 5/7/09, did not have a criminal background check as of 1/27/10. Repeat Violation 6/17/09	March 25, 2010 completed	The purpose of this regulation is to protect Residents from exposure to staff persons with criminal backgrounds. We have fixed the immediate problem by completing a criminal background check on staff person A (see attachment). We are certain that the problem will not happen again because a new Human Resource Director position has been created and an individual has been hired. This position is responsible for criminal background checks, as well as compliance with DPW regulations related to new hire orientation, training and all requirements for annual staff training. This position reports directly to the Administrator and was created subsequent to our expansion project to ensure ongoing compliance in areas that the Administrator, due to greater responsibilities, was heretofore unable to adequately fulfill.	<i>[Signature]</i> 3/16/2010

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

MAR 10 2010

NAME AND ADDRESS OF PERSONAL CARE HOME New Hope Assisted Living 300 Union Avenue, Avalon, PA 15202		Adult Residential	CURRENT LICENSE NUMBER Licensing 432100
INSPECTION DATE(S) (Include all dates of the inspection) January 27, 2010 February 17, 2010		REGIONAL REPRESENTATIVE M. Stepanovich, N. Mandock, M. Orme, K. Kroh M. Stepanovich, M. Orme	
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAM</i>	DATE 3/24/10

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
10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.				

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

MAR 10 2010

NAME AND ADDRESS OF PERSONAL CARE HOME New Hope Assisted Living 300 Union Avenue, Avalon, PA 15202		CURRENT LICENSE NUMBER Adult Residential Licensing 432100	
INSPECTION DATE(S) (Include all dates of the inspection) January 27, 2010 February 17, 2010		REGIONAL REPRESENTATIVE M. Stepanovich, N. Mandock, M. Orme, K. Kroh M. Stepanovich, M. Orme	
SIGNATURE OF LEGAL ENTITY <i>Alice A. Furlong</i>	DATE 3/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAE</i>	DATE 3/6/10

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
54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older (exception – 54b). (2) Have a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction that would limit the staff person from providing necessary personal care services with reasonable skill and safety.	Staff person B, hired on 11/8/09, does not have a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry.	3/6/2010 <i>Completed</i>	The purpose of this regulation is to ensure that New Hope hires direct care staff persons who meet the qualifications in 2600.54a. We have fixed the immediate problem by asking staff person B to provide a copy of her high school transcript since she can't find her diploma (see attachment). We are certain that the problem will not happen again because a new Human Resource Director position has been created and an individual has been hired and trained. This position is responsible for ensuring that new direct care staff provide documentation that fulfills the DPW requirements for qualifications. This position also performs criminal background checks, as well as compliance with DPW regulations related to new hire orientation, training and all requirements for annual staff training. This position reports directly to the Administrator and was created subsequent to our expansion project to ensure ongoing compliance in areas that the Administrator, due to increased responsibilities, was heretofore unable to adequately fulfill.	Steps have been taken to correct violation; full compliance is not verifiable <i>KRUMBAUGH</i> Date <i>3/10/10</i> Initials (DPW)

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

MAR 10 2010

NAME AND ADDRESS OF PERSONAL CARE HOME New Hope Assisted Living 300 Union Avenue, Avalon, PA 15202		CURRENT LICENSE NUMBER Adult Residential Licensing 432100	
INSPECTION DATE(S) (Include all dates of the inspection) January 27, 2010 February 17, 2010		REGIONAL REPRESENTATIVE M. Stepanovich, N. Mandock, M. Orme, K. Kroh M. Stepanovich, M. Orme	
SIGNATURE OF LEGAL ENTITY <i>Scott A. Fuchsberg</i>	DATE 3/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>RAM</i>	DATE 3/24/10

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
63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation shall be present in the home at all times.	According to the number of residents served (72), the home is required to have 2 staff on duty at all times who are certified in First Aid and CPR. Review of the staff schedule determined that only one person who was First Aid trained was working on 1/18/10 from 7PM-11PM and on 1/23/10 from 11PM-7:30AM.	3/10/2010 <i>Completed</i>	<p>The purpose of this regulation is to ensure that an adequate number of staff persons are certified in first-aid and obstructed airway techniques and cardiopulmonary resuscitation.</p> <p>We have fixed the immediate problem by ensuring that the individual who prepares the 11:00 p.m. – 7:30 a.m. staffing assignments always schedules at least two people who meet the requirements noted above to work the night shift (see attachments for documentation).</p> <p>We are certain that the problem will not happen again because a new Human Resource Director position has been created and an individual has been hired and trained. The Director is responsible for ensuring that all direct care staff persons meet the first-aid, CPR and obstructed airway technique qualifications noted above.</p> <p>Henceforth First-aid, CPR and obstructed airway technique classes shall be held at New Hope each March and September.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>KKURDA</i> 3/14/10 Date Initials (DPW)</p>

Western Region

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

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NAME AND ADDRESS OF PERSONAL CARE HOME New Hope Assisted Living 300 Union Avenue, Avalon, PA 15202		CURRENT LICENSE NUMBER Adult Residential Licensing 432100	
INSPECTION DATE(S) (Include all dates of the inspection) January 27, 2010 February 17, 2010		REGIONAL REPRESENTATIVE M. Stepanovich, N. Mandock, M. Orme, K. Kroh M. Stepanovich, M. Orme	
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 3/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3/24/10

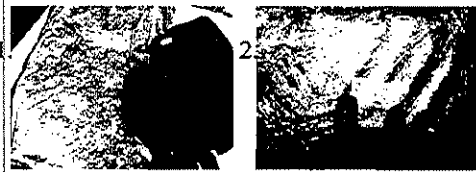
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION/CLASS	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
85a Sanitary conditions shall be maintained.	<p>A bath mat in the first floor shower room was covered with black spots that appeared to be mold. This shower room is located across from Room D in the Rose Building. (observed 1/27/10)</p> <p>There were dried food particles splashed throughout the entire interior of the microwave to include the door, top, bottom and sides. (observed 2/17/10)</p>	3/6/2010	<p>The purpose of this regulation is to ensure that sanitary conditions are maintained.</p> <p>We have fixed the immediate problem by using a bleach solution to remove stains and sanitize bath mats. Further, the microwave has been thoroughly cleaned.</p> <p>We are certain that the problem will not happen again because the housekeeper's job description has been updated to include a schedule for cleaning and sanitizing bath mats. Further, plate covers have been purchased, and placed on top of the microwave for staff to use in the microwave to prevent splattering. In addition, the cooks have been required to re-read the kitchen policies mandating kitchen cleanliness. (See attachments).</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> 3/16/10 Date Initials (DPW)</p>

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

Western Region

MAR 10 2010

NAME AND ADDRESS OF PERSONAL CARE HOME New Hope Assisted Living 300 Union Avenue, Avalon, PA 15202		CURRENT LICENSE NUMBER Adult Residential Licensing 432400	
INSPECTION DATE(S) (Include all dates of the inspection) January 27, 2010 February 17, 2010		REGIONAL REPRESENTATIVE M. Stepanovich, N. Mandock, M. Orme, K. Kroh M. Stepanovich, M. Orme	
SIGNATURE OF LEGAL ENTITY <i>Scott G. Farabough</i>	DATE <i>3/10/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Done</i>	DATE <i>3/16/10</i>

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.	There were two undated bags of meatballs and an undated bag of gluten free rolls in the basement freezer. (observed 2/17/10)	March 7, 2010	<p>The purpose of this regulation is ensure that outdated or spoiled food is not used.</p> <p>We have fixed the immediate problem by discarding the meatballs and rolls.</p> <p>Long-term solutions have been put into place to assure that the violation does not recur:</p> <ol style="list-style-type: none"> We now use a piece of equipment to easily produce a date sticker. If the sticker won't "stick," a label is secured to the package with extra plastic wrap.  <ol style="list-style-type: none"> The dietary department has been re-trained on DPW food service regulations (see attachment). 	<i>KKRUJA 3/16/2010</i>

VIOLATION REPORT
 PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600 MAR 10 2010 Page 1 of 27

NAME AND ADDRESS OF PERSONAL CARE HOME New Hope Assisted Living 300 Union Avenue, Avalon, PA 15202		Adult Residential Licensing	CURRENT LICENSE NUMBER 432100
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SIGNATURE OF LEGAL ENTITY <i>Aunt O. Farabaugh</i>	DATE 3/10/10	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
107b The home shall have written emergency procedures that include the following: (1) Contact information for each resident's designated person. (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality. (3) Contact telephone numbers of municipal and state emergency management agencies and local resources for housing and emergency care of	The written emergency evacuation procedures posted on the bulletin board in the dining room indicated that if a resident has fallen or cannot be evacuated the staff should place a white towel by the door to alert first responders. This policy is not in accordance with 132d requiring an evacuation of all residents to a fire safe area or the outside during each drill. The actual practice during fire drills is done in accordance with 132d. (observed 1/27/10)	March 20, 2010 <i>Completed day of inspection</i>	The purpose of this regulation is to ensure that in an emergency, all Residents are safely evacuated from the building. We fixed the immediate problem the day of the annual inspection by revising the Emergency Evacuation Policy and Procedure (see attachment) and replacing it all applicable locations in the facility. The long term solution to the problem is continue to have fire drills and follow the DPW and Fire Marshall's directives so that all Residents and staff is well-prepared for an actual emergency	<i>KKRUPOA 3/16/2010</i>

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

MAR 10 2010

NAME AND ADDRESS OF PERSONAL CARE HOME New Hope Assisted Living 300 Union Avenue, Avalon, PA 15202		CURRENT LICENSE NUMBER Adult Residential Licensing 432100	
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SIGNATURE OF LEGAL ENTITY <i>Scott A. Farabough</i>	DATE <i>3/10/10</i>	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
residents. (4) Means of transportation in the event that relocation is required. (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs. (6) Alternate means of meeting resident needs in the event of a utility outage.				

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

MAR 10 2010

NAME AND ADDRESS OF PERSONAL CARE HOME New Hope Assisted Living 300 Union Avenue, Avalon, PA 15202		Adult Residential Licensing	CURRENT LICENSE NUMBER 432100
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SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 3/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3/24/10

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.	The lower floor side exit path was partially blocked with 5 large cartons/boxes from a delivery made the same day as the inspection. A delivery was made during breakfast between 7:30 - 9:30 AM and it was observed blocked at 10:10 AM. (observed 1/27/10)	March 20, 2010 <i>Completed</i>	The purpose of this regulation is to ensure that in an emergency, all Residents are safely evacuated from the building. We fixed the immediate problem the day of the annual inspection by removing the cartons from the hallway. The long term solution to the problem is ensure that delivery personnel refrain from placing delivered items in ANY stairway, hallway, passage way or egress route. A prominent sign has been posted in the kitchen reminding staff that on delivery day the order MUST be placed in the pantry and may NOT be placed in the hallway outside the pantry.	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Date <i>3/11/2010</i> Initials (DPW)

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

MAR 10 2010

NAME AND ADDRESS OF PERSONAL CARE HOME New Hope Assisted Living 300 Union Avenue, Avalon, PA 15202		CURRENT LICENSE NUMBER Adult Residential Licensing 432100	
INSPECTION DATE(S) (Include all dates of the inspection) January 27, 2010 February 17, 2010		REGIONAL REPRESENTATIVE M. Stepanovich, N. Mandock, M. Orme, K. Kroh M. Stepanovich, M. Orme	
SIGNATURE OF LEGAL ENTITY <i>Scott A. Farabough</i>	DATE 3/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAme</i>	DATE 3/24/10

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															
132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	The facility does not have a letter within the past year from a fire safety expert specifying a fire-safe area or a safe time for evacuation. The most recent letter is dated 3/3/08. Evacuation times on fire drill logs for 2009 were as follows: <table border="1"> <thead> <tr> <th>Date</th> <th>Time</th> <th>Evac. Time</th> </tr> </thead> <tbody> <tr> <td>Sept. 29</td> <td>2PM</td> <td>3 min. 20 sec.</td> </tr> <tr> <td>Oct. 22</td> <td>5PM</td> <td>4 min. 30 sec.</td> </tr> <tr> <td>Nov. 13</td> <td>3:30PM</td> <td>3 min. 53 sec.</td> </tr> <tr> <td>Dec. 23</td> <td>2PM</td> <td>3 min. 46 sec.</td> </tr> </tbody> </table> Repeat Violation 12/12/08	Date	Time	Evac. Time	Sept. 29	2PM	3 min. 20 sec.	Oct. 22	5PM	4 min. 30 sec.	Nov. 13	3:30PM	3 min. 53 sec.	Dec. 23	2PM	3 min. 46 sec.	March 20, 2010 CORRECTED	The purpose of this regulation is to ensure that a fire safety expert has designated an approved evacuation time We fixed the immediate problem by asking the Avalon Fire Marshall to provide the necessary documentation (see attachment). The plan to assure the violation does not recur is for the Administrator to make it a habit to review the DPW fire safety regulations each month on the same day as the fire drill. The fire drill should serve as a cue to review the regulations.	KKRUSA 3/16/2010
Date	Time	Evac. Time																	
Sept. 29	2PM	3 min. 20 sec.																	
Oct. 22	5PM	4 min. 30 sec.																	
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VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

Western Region

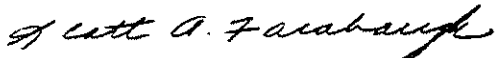
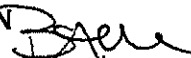
MAR 10 2010

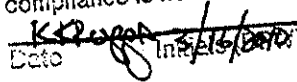
NAME AND ADDRESS OF PERSONAL CARE HOME New Hope Assisted Living 300 Union Avenue, Avalon, PA 15202		CURRENT LICENSE NUMBER Adult Residential Licensing 482189	
INSPECTION DATE(S) (Include all dates of the inspection) January 27, 2010 February 17, 2010		REGIONAL REPRESENTATIVE M. Stepanovich, N. Mandock, M. Orme, K. Kroh M. Stepanovich, M. Orme	
SIGNATURE OF LEGAL ENTITY <i>Scott G. Farabaugh</i>	DATE 3/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BPW</i>	DATE 3/24/10

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
132e A fire drill shall be held during sleeping hours once every 6 months.	The home did not conduct a fire drill during sleep hours at any time in 2009. A drill was held 3/7/09 at 6:15, but the fire drill log does not designate AM or PM.	March 20, 2010 <i>corrected</i>	The purpose of this regulation is to ensure that staff and Residents have practice evacuating the building at various times of the day, including during sleep hours. We fixed the immediate problem by asking correcting the drill log to indicate that the drill was held at 6:15 a.m. The plan to assure the violation does not recur is for the Administrator to make it a habit to more carefully complete the fire drill log. As a result of the plan of correction for the violation on page 15, the Administrator will be reviewing the Fire Safety regulations each month at the time of the fire drill. This review should serve as a cue to be more accurate in the completion of the log.	Steps have been taken to correct violation; full compliance is not verifiable KRURSA 3/16/2010 Date <i>BPW</i> Initials (BPW)

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

MAR 10 2010

NAME AND ADDRESS OF PERSONAL CARE HOME New Hope Assisted Living 300 Union Avenue, Avalon, PA 15202		CURRENT LICENSE NUMBER Adult Residential Licensing 432100	
INSPECTION DATE(S) (Include all dates of the inspection) January 27, 2010 February 17, 2010		REGIONAL REPRESENTATIVE M. Stepanovich, N. Mandock, M. Orme, K. Kroh M. Stepanovich, M. Orme	
SIGNATURE OF LEGAL ENTITY 	DATE 3/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/24/10

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
141a-2 The medical evaluation shall include the following: (6) Immunization history (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.	The medical evaluation dated 10/12/09 for Resident #6 did not include the physician's signature on the attachment listing medications. The medical evaluation dated 4/17/09 for Resident #7 is blank in the sections of immunizations and communicable disease. In addition, the mobility assessment is contradictory in the medical evaluation, stating inability to ambulate and frequent falls in the diagnosis section, but the emergency evacuation section indicates independently mobile with a walker.	March 25, 2010 3/12/2010	The purpose of this regulation is to ensure that the Medical Evaluations are accurate and complete. This is essential because the Medical Evaluation provides information for the development of the assessment and support plan. The root cause of this violation is that, at times, physicians do not complete the form accurately, completely and/or on a timely basis. Upon receipt of the MA-55 from the physician, it is our practice to evaluate the form for accuracy and completeness. We will immediately address this violation as follows: <u>Resident # 6</u> The MA-55 form has been faxed to the physician and we will follow-up with is office until we receive a signature on the form by return fax. <u>Resident # 7</u> The MA-55 form has been faxed to the physician and we will follow-up with is office until we receive a corrected form by return fax. We will ensure the problem does not happen again because we hired a Director of Resident Care Services to manage the process of completing all DPW required forms in accordance with DPW standards. This is a new position in the organization that reports directly to the Administrator. The primary responsibility of the Director of Resident Care Services is compliance with Resident Care regulations and the orientation and training of direct care staff. The new Director is well-qualified to perform this function as he is a licensed Personal Care Home Administrator.	Steps have been taken to correct violation; full compliance is not verifiable  Date 3/16/2010

The following plan has been put into place to monitor compliance: (see page 18)

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NAME AND ADDRESS OF PERSONAL CARE HOME New Hope Assisted Living 300 Union Avenue, Avalon, PA 15202		CURRENT LICENSE NUMBER Adult Residential Licensing 432100	
INSPECTION DATE(S) (Include all dates of the inspection) January 27, 2010 February 17, 2010		REGIONAL REPRESENTATIVE M. Stepanovich, N. Mandock, M. Orme, K. Kroh M. Stepanovich, M. Orme	
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAK</i>	DATE 3/24/10

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
	Repeat Violation 12/12/08	March 25, 2010 3/16/2010	<p><u>New Admissions:</u> the daylight Supervisor shall manage all DPW required forms, including the Medical Evaluation. She/he shall submit the completed forms to the Director of Resident Care Services within three business days. The Director of Resident Care Services shall review the Medical Evaluation for accuracy and completeness and follow-up with the physician in regards to any deficiencies.</p> <p><u>Significant Change:</u> the daylight Supervisor shall manage all DPW required forms, including the Medical Evaluation. If a Resident's health status changes significantly, she/he shall immediately fax a request to the physician for a new Medical Evaluation. The new Medical Evaluation shall be submitted to the Director of Resident Care Services and he/she shall review the form for accuracy and completeness and follow-up with the physician in regards to any deficiencies.</p> <p><u>Annual Evaluation:</u> the daylight Supervisor shall manage all DPW required forms, including the Medical Evaluation. She/he shall maintain a list of due dates for each Resident and ensure that the forms are completed by the due date. The completed forms shall be submitted to the Director of Resident Care Services who will review the forms for accuracy and completeness and follow-up with the physician in regards to any deficiencies.</p>	

The Director of Resident Care Services will provide the Administrator with a monthly Report consisting of Medical Evaluations, Assessments, Support Plans and Emergency Transfer Sheets for all new admission, annual evaluations and significant changes.

VIOLATION REPORT
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NAME AND ADDRESS OF PERSONAL CARE HOME New Hope Assisted Living 300 Union Avenue, Avalon, PA 15202		CURRENT LICENSE NUMBER Adult Residential Licensing 432100	
INSPECTION DATE(S) (Include all dates of the inspection) January 27, 2010 February 17, 2010		REGIONAL REPRESENTATIVE M. Stepanovich, N. Mandock, M. Orme, K. Kroh M. Stepanovich, M. Orme	
SIGNATURE OF LEGAL ENTITY <i>Scott A. Farabough</i>	DATE 3/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/10/10

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
143b The following current emergency medical and health information shall be available at all times for each resident and shall accompany the resident when the resident needs emergency medical attention: (6) A list of allergies. (7) Other relevant medical conditions.	The medical transfer sheet for Resident #1 indicates NKA, but the medical evaluation dated 11/11/09 indicates an allergy to Tolectin. The medical transfer sheet for Resident #8 indicates a regular diet, but a regular diet with nectar thick liquids was ordered 2/17/10.	March 25, 2010 <i>Completed</i>	This regulation ensures that when a Resident is transferred to a medical facility that accurate healthcare information is provided to the healthcare facility. The root cause of the violation is poor transcription of the information from the MA-55 onto the Emergency Transfer Sheet. The following deficiencies were corrected at the time of the annual inspection: Resident # 1 the allergy section Resident # 8 the diet section This problem will not recur because the new Director of Resident Care Services, Paul A. Blake, III manages the process of ensuring that Emergency Transfer Sheets are completed according to the Medical Evaluation. The mechanism for ensuring ongoing compliance is as follows: <u>New Admission:</u> The daylight Supervisor shall submit the completed emergency transfer sheet to the Director of Resident Care Services within three business days. He/she shall ensure that the Emergency Transfer sheet accurately and completely reflects the information on the Medical Evaluation. <u>Significant Change:</u> Upon notification that a Resident's health status has changed significantly, the daylight supervisor shall immediately fax a request to the physician for a new Medical Evaluation. The new Medical Evaluation shall be used to create a new Emergency Transfer Sheet. The Director of Resident Care Services shall review the Emergency Transfer sheet to ensure that it accurately and completely reflects the information on the Medical Evaluation. <u>Annual Follow-up:</u> the daylight Supervisor shall maintain a list of due dates for each Resident and ensure that the process for completing annual Medical Evaluations is initiated and completed by the due date. The completed forms shall be submitted to the Director of Resident Care Services within three business days. The Director of Resident Care Services shall review the new Medical Evaluation and ensure that the Emergency Transfer sheet accurately and completely reflects the information on the Medical Evaluation.	KRUGER 3/14/2010

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

MAR 10 2010

NAME AND ADDRESS OF PERSONAL CARE HOME New Hope Assisted Living 300 Union Avenue, Avalon, PA 15202		CURRENT LICENSE NUMBER Adult Residential Licensing 432100	
INSPECTION DATE(S) (Include all dates of the inspection) January 27, 2010 February 17, 2010		REGIONAL REPRESENTATIVE M. Stepanovich, N. Mandock, M. Orme, K. Kroh M. Stepanovich, M. Orme	
SIGNATURE OF LEGAL ENTITY <i>Patrick A. Farabaugh</i>	DATE 3/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>DPW</i>	DATE 3/24/10

1	2	3	4	5
REGULATION 55 Pa.Code § 2600.	VIOLATION/CLASS	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
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.	The assessment dated 9/30/09 for Resident #1 does not address the 1800 cal ADA diet or any of the diagnoses indicated on the medical evaluation dated 11/11/09 which include CAD, s/p MI, HTN, dementia, depression, type 2 diabetes, hyperlipidemia and peripheral neuropathy. The assessment dated 8/13/09 for Resident #3 indicates a regular diet and does not address O.T. and P.T. However, the medical evaluation dated 8/13/09 for Resident #3 indicates a low salt, low fat, low cholesterol diet as	March 25, 2010 CORRECTED	The purpose of this regulation is to ensure that the assessment accurately and completely reflects information from the Medical Evaluation, Rehabilitation Nursing Services, reports from home health agencies skilled rehabilitation facilities, et al, if applicable. The information gathered during the completion of the assessment will be used to determine which services will be documented on the Resident's Support Plan. The root cause of this violation is that we did not accurately utilize the information from the supporting documents such as the Medical Evaluation and the Pre-Admission Screening to complete the Assessment form. Corrections have been made to the following Residents' Assessments: 1, 3, 6, 9, 10, 11, 12, 13, 14 (Please see attachments for verification). This problem will not recur because the new Director of Resident Care Services, [REDACTED] was hired to manage the process of completing all DPW required forms in accordance with the regulations and is qualified do so because he is a licensed Personal Care Home Administrator. The plan of correction shall be monitored as follows: (continued on next page)	Steps have been taken to correct violation; full compliance is not verifiable K.P. [REDACTED] 3/11/10 Date: [Signature] Initials (DPW)

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

VCL 01/27/10

NAME AND ADDRESS OF PERSONAL CARE HOME New Hope Assisted Living 300 Union Avenue, Avalon, PA 15202		Adult Residential Licensing	CURRENT LICENSE NUMBER 432100
INSPECTION DATE(S) (Include all dates of the inspection) January 27, 2010 February 17, 2010		REGIONAL REPRESENTATIVE M. Stepanovich, N. Mandock, M. Orme, K. Kroh M. Stepanovich, M. Orme	
SIGNATURE OF LEGAL ENTITY <i>Aunt A. Farabough</i>	DATE 3/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>DAE</i>	DATE 3/24/10

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
	well as O.T. and P.T. The assessment dated 10/26/09 for Resident #6 indicates diagnoses are unknown even though the medical evaluation dated 10/12/09 includes diagnoses of cardiopathy, A-fib, HTN, elevated cholesterol, GERD, DJD and pulmonary HTN. The assessment dated 10/12/09 for Resident #9 only addresses s/p stroke affecting left side even though the medical evaluation dated 12/7/09 includes diagnoses of A-fib, stroke with left hemiparesis, pacemaker, HTN, elevated	March 26, 2010 3/16/2010	<p><u>New Admission:</u> The daylight Supervisor shall submit the completed Assessment to the Director of Resident Care Services within three business days. The Director shall compare the assessments to the Medical Evaluation and Pre-admission screening for accuracy and completeness and follow-up with the supervisor in regards to any deficiencies.</p> <p><u>Significant Change:</u> Upon notification by the appropriate medical personnel that a Resident's health status has changed significantly, the daylight Supervisor shall immediately fax a request to the physician for a new Medical Evaluation. The new Medical Evaluation shall be used to complete a new Assessment form. The Supervisor shall submit the new forms to the Director of Resident Care Services who shall compare the new assessment to the new Medical Evaluation and follow-up with the Supervisor in regards to any deficiencies.</p> <p><u>Annual Evaluation:</u> The daylight Supervisor shall maintain a list of due dates for each Resident and ensure that the process for completing annual Medical Evaluations, Assessments and Support Plans is initiated and completed by the due date. The completed forms shall be submitted to the Director of Resident Care Services within three business days. The Director shall compare the documents to the annual Medical Evaluation and review the Assessment for accuracy and completeness. He will follow-up with the Supervisor in regards to any deficiencies.</p>	KKR/DJA 3/16/2010

The Director of Resident Care Services will provide the Administrator with a monthly Report consisting of Medical Evaluations, Assessments, Support Plans and Emergency Transfer Sheets for all new admission, annual evaluations and significant changes.

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

Viol. Rpt. # 101
 3/10/10

NAME AND ADDRESS OF PERSONAL CARE HOME New Hope Assisted Living 300 Union Avenue, Avalon, PA 15202			CURRENT LICENSE NUMBER Adult Residential Licensing 432100
INSPECTION DATE(S) (Include all dates of the inspection) January 27, 2010 February 17, 2010		REGIONAL REPRESENTATIVE M. Stepanovich, N. Mandock, M. Orme, K. Kroh M. Stepanovich, M. Orme	
SIGNATURE OF LEGAL ENTITY <i>A. Catt A. Farabaugh</i>	DATE 3/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAM</i>	DATE 3/24/10

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
	cholesterol, DJD, osteoporosis and breast cancer. The assessment dated 10/28/09 for Resident #10 indicates diagnoses are not known but the medical evaluation dated 11/6/09 includes diagnoses of possible CVA/acute onset, unsteady gait, coronary artery disease, s/p CABG, IDDM, Alzheimer's disease, spinal stenosis, COPD and hypothyroidism. The assessment dated 1/16/09 for Resident #11 indicates diagnoses are not known even though the medical evaluation dated 2/4/09 includes			

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

NAME AND ADDRESS OF PERSONAL CARE HOME New Hope Assisted Living 300 Union Avenue, Avalon, PA 15202		Adult Residential Licensing	CURRENT LICENSE NUMBER 432100
INSPECTION DATE(S) (Include all dates of the inspection) January 27, 2010 February 17, 2010		REGIONAL REPRESENTATIVE M. Stepanovich, N. Mandock, M. Orme, K. Kroh M. Stepanovich, M. Orme	
SIGNATURE OF LEGAL ENTITY <i>Scott A. Fairbaugh</i>	DATE 3/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAE</i>	DATE 3/24/10

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	diagnoses of CAD, CHF, GERD, HTN and osteoporosis. The assessment dated 12/5/09 for Resident #12 only addresses a fractured hip even though the medical evaluation dated 12/1/09 includes diagnoses of left hip orifice, UTI, diabetes, chronic renal failure, CHF, anemia and HTN. The assessment dated 7/12/09 for Resident #13 indicates diagnoses are not known and indicates a diabetic diet. However, the medical evaluation dated 7/15/09 includes diagnoses of CHF, hypothyroidism and GERD as			

VIOLATION REPORT
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NAME AND ADDRESS OF PERSONAL CARE HOME New Hope Assisted Living 300 Union Avenue, Avalon, PA 15202		CURRENT LICENSE NUMBER Adult Residential Licensing 432100	
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SIGNATURE OF LEGAL ENTITY <i>Scott A. Farabough</i>	DATE 3/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Same</i>	DATE 3/24/10

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
	well as no special diet. The assessment dated 7/12/09 for Resident #14 only addresses diagnoses of diabetes and CHF, but the medical evaluation dated 7/15/09 also includes COPD, HTN, CAD and GERD.			

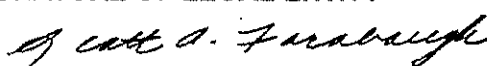
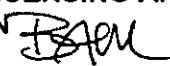
VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME New Hope Assisted Living 300 Union Avenue, Avalon, PA 15202		Adult Residential Licensing CURRENT LICENSE NUMBER 432100
INSPECTION DATE(S) (Include all dates of the inspection) January 27, 2010 February 17, 2010		REGIONAL REPRESENTATIVE M. Stepanovich, N. Mandock, M. Orme, K. Kroh M. Stepanovich, M. Orme
SIGNATURE OF LEGAL ENTITY <i>Aunt A. Farabough</i>	DATE 3/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Done</i>
		DATE 3/24/10

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
226a The resident shall be assessed for mobility needs as part of the resident's assessment.	The assessment dated 9/30/09 for Resident #1 indicates the resident is independently mobile with a cane, but the medical evaluation dated 11/11/09 indicates the resident is unable to move from one location to another without physical assistance from others. The assessment dated 12/17/09 for Resident #4 does not address mobility needs. The assessment dated 1/16/09 for Resident #11 indicates the resident has mobility needs and is unable to move from one location to another without	March 25, 2010 3/16/2010	The purpose of this regulation is to ensure that mobility needs are assessed correctly and incorporated into each Resident's assessment. The root cause of this violation is that we did not accurately utilize the mobility information in the Medical Evaluation to prepare the assessment. Resident Records cited during the annual inspection have been amended to accurately reflect mobility information provided by the Medical Evaluation. Please see the attachments for verification of correction for Residents 1, 4, 11, 12, and 15. To ensure the problem does not recur we hired a Director of Resident Care Services, Paul Blake III, to manage the process of completing all DPW required forms in accordance with the regulations. The following process has been put into place to ensure ongoing compliance: New Admission: The daylight Supervisor shall submit the completed Medical Evaluations and Assessments to the Director of Resident Care Services within three business days. The Director of Resident Care Services shall compare the assessments to the Medical Evaluation for accuracy and completeness and follow-up with the supervisor in regards to any deficiencies.	Steps have been taken to correct violation; full compliance is not verifiable K. K. POXON 3/16/2010 Date Initials (DPW)

(Continued on next page)

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

NAME AND ADDRESS OF PERSONAL CARE HOME New Hope Assisted Living 300 Union Avenue, Avalon, PA 15202		CURRENT LICENSE NUMBER Adult Residential Licensing 432100	
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SIGNATURE OF LEGAL ENTITY 	DATE 3/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/24/10

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	<p>physical assistance from others, but the medical evaluation dated 2/4/09 indicates the resident is independently mobile with a wheelchair.</p> <p>The assessment dated 12/5/09 for Resident #12 indicates mobility with a wheelchair and walker and the support plan dated 12/5/09 indicates wheelchair. However, the medical evaluation dated 12/1/09 indicates Resident #12 is mobile with a wheeled walker.</p> <p>The assessment dated 9/30/09 for Resident #15 indicates the resident is independently mobile with a walker, but the medical</p>	<p>March 25, 2010</p> <p>3/16/2010</p>	<p><u>Significant Change:</u> Upon notification that a Resident's health status and/or mobility needs have changed significantly, the daylight Supervisor shall immediately fax a request to the physician for a new Medical Evaluation. The new Medical Evaluation shall be used to complete a new assessment form. Both forms shall be submitted to the Director of Resident Care Services within three business days. The Director of Resident Care Services shall compare the new Assessment to the Medical Evaluation, check for accuracy and completeness as it related to mobility and follow-up with the supervisor in regards to any deficiencies.</p> <p><u>Annual Evaluation:</u> The daylight Supervisor shall maintain a list of due dates for each Resident and ensure that the process for completing annual Medical Evaluations, Assessments and Support Plans is initiated and completed by the due date. The completed forms shall be submitted to the Director of Resident Care Services within three business days. The Director of Resident Care Services shall review the assessments for accuracy and completeness, especially as it related to mobility, and follow-up with the supervisor in regards to any deficiencies.</p> <p>The Director of Resident Care Services will provide the Administrator with a monthly Report consisting of Medical Evaluations, Assessments, Support Plans and Emergency Transfer Sheets for all new admission, annual evaluations and significant changes.</p>	

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

Western Region

NAME AND ADDRESS OF PERSONAL CARE HOME New Hope Assisted Living 300 Union Avenue, Avalon, PA 15202		CURRENT LICENSE NUMBER Ad in Residential Living 4321009	
INSPECTION DATE(S) (Include all dates of the inspection) January 27, 2010 February 17, 2010		REGIONAL REPRESENTATIVE M. Stepanovich, N. Mandock, M. Orme, K. Kroh M. Stepanovich, M. Orme	
SIGNATURE OF LEGAL ENTITY <i>of Carl A. Furabough</i>	DATE 3/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAU</i>	DATE 3/24/10

1	2	3	4	5
REGULATION 55 Pa.Code § 2600.	VIOLATION/CLASS	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
	evaluation dated 9/2/09 indicates the resident has mobility needs.			

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

NAME AND ADDRESS OF PERSONAL CARE HOME New Hope Assisted Living 300 Union Avenue, Avalon, PA 15202		CURRENT LICENSE NUMBER Adult Residential Licensing 432100	
INSPECTION DATE(S) (Include all dates of the inspection) January 27, 2010 February 17, 2010		REGIONAL REPRESENTATIVE M. Stepanovich, N. Mandock, M. Orme, K. Kroh M. Stepanovich, M. Orme	
SIGNATURE OF LEGAL ENTITY <i>Scott G. Furbough</i>	DATE 3/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION BAM	DATE 3/11/10

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
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.	The support plan dated 12/5/09 for Resident #12 does not address PT/OT as indicated on the medical evaluation dated 12/1/09. The support plan dated 7/12/09 for Resident #13 does not address insulin dependence or a diabetic diet as indicated on the assessment dated 7/12/09. The support plan dated 7/12/09 for Resident #14 does not address glucose checks, ADA low sodium diet or care needs regarding oxygen as indicated on the medical evaluation dated 7/15/09.	March 25, 2010 Completed	The purpose of this regulation is to ensure that information from a Resident's Medical Evaluation and Assessment is used to prepare the Support Plan. The cause of this citation is that we did not accurately utilize the information from the Medical Evaluation and the Assessment to prepare the support plan. The specific Resident files that were cited during the annual inspection have been amended. Please see attachments for Residents 12, 13, and 14. We will ensure that this deficiency does not recur because we hired a new Director of Resident Care Services, Paul A. Blake, III, to manage the process of ensuring that all DPW required forms are compliant with the regulations. The following process will monitor and ensure compliance: <u>New Admission:</u> Within three business days of a new admission, the daylight Supervisor shall submit all completed DPW required forms to the Director of Resident Care Services. The Director of Resident Care Services shall compare the support plan to the Medical Evaluation and Assessment to ensure accuracy and completeness. If any deficiencies are discovered the Supervisor will be required to correct the support plan. <u>Significant Change:</u> Upon notification that a Resident's health status has changed significantly, the daylight Supervisor shall immediately fax a request to the physician for a new Medical Evaluation. The new Medical Evaluation shall be used to create a new Assessment. Together, the new Medical Evaluation and Assessment shall be used to complete a new Support Plan. The newly completed forms shall be submitted to the Director of Resident Care Services within three business days. The Director of Resident Care Services shall review the forms for accuracy and completeness and follow-up with the supervisor in regards to any deficiencies. <u>Annual Evaluation:</u> The daylight Supervisor shall maintain a list of due dates for each Resident and ensure that the annual Medical Evaluations, Assessments and Support Plans is initiated and completed by the due date. The completed forms shall be submitted to the Director of Resident Care Services within three business days of the due date. The Director of Resident Care Services shall review the support plan for accuracy and completeness and direct the Supervisor to make any needed revisions. The Director of Resident Care Services will provide the Administrator with a monthly Report consisting of Medical Evaluations, Assessments and Support Plans and Emergency Transfer Sheets for all new admission, annual evaluations and significant changes.	

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

Western Region

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INSPECTION DATE(S) (Include all dates of the inspection) January 27, 2010 February 17, 2010		REGIONAL REPRESENTATIVE M. Stepanovich, N. Mandock, M. Orme, K. Kroh M. Stepanovich, M. Orme	
SIGNATURE OF LEGAL ENTITY <i>of Latt A. Farabaugh</i>	DATE 3/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION BEM	DATE 3/24/10

1	2	3	4	5
REGULATION 55 Pa.Code § 2600.	VIOLATION/CLASS	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
227g Individuals who participate in the development of the support plan shall sign and date the support plan.	The signature page is missing from the support plan dated 12/5/09 for Resident #12. The support plan dated 8/1/09 for Resident #16 is not signed by the resident even though it was indicated the resident participated in its development.	March 25, 2010 <i>(corrected)</i>	<p>The purpose of this regulation is to ensure that individuals who participate in the development of the Support Plan have had the opportunity to sign-off on the plan.</p> <p>The root cause of the violation is that, on occasion, individuals who participate in the development of the plan, take the form home to review it and neglect to sign and return the form.</p> <p>The Support Plan forms for Residents 12 and 16 have now been signed. (See attachments)</p> <p>In an effort to reduce the risk of future citations, individuals who participate in the development of the Support Plan are asked to sign it at the conclusion of the meeting.</p> <p>How will we monitor to be sure the plan is followed? <u>New Admission:</u> The daylight Supervisor shall manage the development of support plans and ensure that participants sign and date the form. The Support Plan shall be submitted to the Director of Resident Care Services within three business days of the admission. He/she shall review the forms to ensure they are signed and dated and follow-up with the Supervisor in regards to any deficiencies. <u>Significant Change:</u> Upon notification that a Resident's health status has changed significantly, the daylight Supervisor shall immediately fax a request to the physician for a new Medical Evaluation. The new Medical Evaluation shall be used to complete a new Assessment and Support Plan. The Supervisor will invite the Resident and his designated person, if applicable, to participate in the development of the Support Plan. He/she will ensure that the Support Plan is signed and dated and submit it to the Director of Resident Care Services within three business days. The Director of Resident Care Services shall review the support plan signature lines for accuracy and completeness and follow-up with the supervisor in regards to any deficiencies. <u>Annual Follow-up:</u> The daylight Supervisor shall maintain a list of Support Plan due dates for each Resident and ensure that the process for completing DPW required forms is initiated and completed by the due date. The completed forms, including the signature/date of signature of individuals who participated in the development of the Support Plan, shall be submitted to the Director of Resident Care Services within three business days of the due date. The Director of Resident Care Services shall review the support plan signature/date lines for accuracy and completeness and ensure the Supervisor corrects any deficiencies.</p> <p>The Director of Resident Care Services will provide the Administrator with a monthly Report consisting of Medical Evaluations, Assessments and Support Plans and Emergency Transfer Sheets for all new admission, annual evaluations and significant changes.</p>	Steps have been taken to correct violation; full compliance is not verifiable KRS/ops 3/16/10 DPW initials (DPW)

VIOLATION REPORT
 PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600-10.210

NAME AND ADDRESS OF PERSONAL CARE HOME New Hope Assisted Living 300 Union Avenue, Avalon, PA 15202		CURRENT LICENSE NUMBER Adult Residential Licensing 432100	
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SIGNATURE OF LEGAL ENTITY <i>A. Catt A. Farabough</i>	DATE 3/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>BAW</i>	DATE 3/24/10

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
252 Each resident's record shall include the following information: (3) A photograph of the resident that is no more than 2 years old.	Photo of Resident #8 admitted 6/29/06 and photo of Resident #17 admitted 6/19/06 were not dated.	March 25, 2010 3/16/2010	<p>The purpose of this regulation is to ensure that each Resident can be easily identified from a current photograph.</p> <p>The root cause of the violation is that Resident photographs are routinely placed on the "Resident Identifying Features Form." The form did not provide a line in which to write the date the photograph was taken.</p> <p>The violation has been rectified by utilizing the newly revised "Resident Identifying Features" form for Residents 8 and 17 (See attachments).</p> <p>In order to ensure continued compliance with this regulation, the supervisor shall be responsible for the following tasks: (1) All current Resident Identifying Features forms that are less than two years old shall be amended to include the date the photograph was taken. This date is the same as the date of admission. (2) Photographs that may be more than two years old, (based upon the date of the admission) shall be discarded and replaced by a new, dated photograph. In addition, a new Policy and Procedure has been developed (see attachment) to ensure that photographs are up-to-date and that the date the photograph was taken is documented.</p> <p>This process shall be monitored by the Director of Resident Care Services when he/she reviews the completed standard admissions documents.</p>	<i>KXRUGA 3/16/2010</i>