

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to DUBOIS CONTINUUM OF CARE COMMUNITY, INC.  
LEGAL ENTITY

To operate DUBOIS VILLAGE  
NAME OF FACILITY OR AGENCY

Located at 282 SOUTH EIGHTH STREET, DUBOIS, PA 15801  
(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 70  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.  
(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 11, 2010 until March 11, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 316060

*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 04 2010

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

Mr. John Micks, Board President  
DuBois Continuum of Care Community, Inc.  
DuBois Village  
282 South Eighth Street  
DuBois, Pennsylvania 15801

Dear Mr. Micks:

As a result of the Department of Public Welfare's licensing inspection on January 29, 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**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> DuBois Village, 282 South Eighth Street, DuBois, PA 15801		<b>CURRENT LICENSE NUMBER</b> 316060
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> 1/29/09 <sup>10</sup>	<b>REGIONAL REPRESENTATIVE</b> Thomas Roth, Michael Palermo	
<b>SIGNATURE OF LEGAL ENTITY</b> x <i>Sammy L. Heiser</i>	<b>DATE</b> x 2/23/10.	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Michael Palermo</i>
		<b>DATE</b> 3/1/10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	The initial medical evaluation of 4/14/09 for resident #1 had a treatment order for "Dry dressing to spine with cleansing with alcohol. Leave steri strips in place until they fall off."  Resident #1's support plan of 5/15/09 did not address this treatment order. The home said that the resident had been admitted from a skilled nursing facility, and that the treatment order only applied to a treatment required at that facility.  There were no notes or orders to show that the treatment had been discontinued.	2/26/10	Preparation and/or execution of This plan of correction does not constitute admission or agreement by the provider of The truth of The Facts Alleged or conclusions set forth in The Statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law.  227d Resident #1 has been assessed; The surgical wound remains healed without complications. The support plan has been updated to address current care services required. A review of The initial support plan for each resident admitted in The past 90 days will be completed by The Resident Care Manager/Designer. The support plan will be compared against admission documents to determine that all care needs have been addressed. Any support plan that may be identified as needing updated or revised will be updated or revised as needed. The process for completing support plans upon admission has been revised to include an	Steps have been taken to correct violation; full compliance is not verifiable 3/1/10 <i>M/PS</i> Date Initials (DPW)

REC'D

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b>		<b>CURRENT LICENSE NUMBER</b>	
DuBois Village, 282 South Eighth Street, DuBois, PA 15801		316060	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b>		<b>REGIONAL REPRESENTATIVE</b>	
1/29/09 <sup>10</sup>		Thomas Roth, Michael Palermo	
<b>SIGNATURE OF LEGAL ENTITY</b>	<b>DATE</b>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b>	<b>DATE</b>
x Sammy L. Hoer	x 2/23/10		3/1/10

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