

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

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

LEGAL ENTITY

To operate THE SUSQUEHANNA HOUSE

NAME OF FACILITY OR AGENCY

Located at 2400 SUSQUEHANNA TRAIL, MCEWENSVILLE, PA 17749

(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 22  
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 May 24, 2010 until May 24, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 213120

*Robert E. Robinson*

ISSUING OFFICER

*Kevin J. Casey*

DEPUTY SECRETARY

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

PW 628 - 4/02



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

ADULT RESIDENTIAL LICENSING

MAY 21 2010

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

Ms. Staci Calabro, President  
New Concepts Assisted Living, Inc.  
PO Box 167  
McEwensville, Pennsylvania 17772

RE: The Susquehanna House  
2400 Susquehanna Trail  
McEwensville, Pennsylvania 17749

Dear Ms. Calabro:

As a result of the Department of Public Welfare's licensing inspection on February 1, 2010 and February 18, 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> The Susquehanna House, 2400 Susquehanna Trail, McEwensville, PA 17749		<b>CURRENT LICENSE NUMBER</b> 213120	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> February 18, 2010		<b>REGIONAL REPRESENTATIVE</b> Michele Moskalczyk, Betty Bloch	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>[Signature]</i>	<b>DATE</b> 3/11/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 5/14/10

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
95 Furniture and equipment shall be in good repair, clean and free of hazards.	<p>The common full bathroom located in the far rear corner of the home (last room): the vent was broken and in need of repair or replacement.</p> <p>The shower room on the right side facing the two shower rooms located in the rear corner of the home (middle section): the vent was broken and in need of repair or replacement.</p> <p>The resident full bathroom located to the left of the facility office: the vent was broken and in need of repair or replacement.</p>	<p>3/26/10</p> <p>3/26/10</p> <p>5/26/10</p>	<p>Replacement vents/parts have been ordered/purchased and all of the noted vents will be repaired/replaced.</p> <p>Checking the operation of Bathroom vents has been added to the current maintenance checkoff list to help ensure future compliance. A staff review was conducted on 3/31/10 reminding them to report required repairs to the administrator.</p>	

*original  
renewal  
inspection*

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> The Susquehanna House, 2400 Susquehanna Trail, McEwensville, PA 17749		<b>CURRENT LICENSE NUMBER</b> 213120	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> February 18, 2010		<b>REGIONAL REPRESENTATIVE</b> Michele Moskalczyk, Betty Bloch	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Shirley Salerio</i>	<b>DATE</b> 3/11/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Edi Bragimiri</i>	<b>DATE</b> 5/14/10

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
103g Food shall be stored in closed or sealed containers.	The following food items were found with the cardboard lids partially opened, allowing for the possible penetration of insects and rodents:  On the shelf - • 42 oz. box of Maypo Quick Oats • 5 lb. box of General Mills Complete Pancake Mix  In the metal storage cabinet - • 42 oz. box of Maypo Quick Oats	2/18/10	The food items listed were immediately removed from food storage and disposed of.  The administrator conducted a review with staff regarding proper food storage methods. To ensure future compliance, staff were reminded to utilize current policy & procedure regarding proper food storage methods.	5/14/10 B.B.

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

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<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> February 18, 2010		<b>REGIONAL REPRESENTATIVE</b> Michele Moskalczyk, Betty Bloch	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>[Signature]</i>	<b>DATE</b> 3/11/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 5/14/10

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
141a-2 The medical evaluation shall include the following:  (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (6) Immunization history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.	The medical evaluation for resident #1, dated 10-20-09, did not include the resident's medical history, medications and immunizations. These areas on the medical evaluation form indicated "see attached". There were no attachments.  The medical evaluation for resident #2, dated 7-3-10, did not include the resident's medication regimen. The form indicated "see attached". There were no attachments.  <b>Repeated violation from 02/20/09.</b>	2/18/10  2/8/10	In regard to resident #1 on the "Resident Medical Evaluation" See Attached statement is referring to the attached "MAB Medical Evaluation" which listed the medical history and medications.  In regard to Resident # 2 the medication list was attached to the Medical Evaluation and medications staff were reviewed on the Check off list for completing Medical Evaluations to ensure future compliance in relation to completing forms in its entirety.	Steps have been taken to correct violation; full compliance is not verifiable 5/14/10 <i>[Signature]</i> Date Initials (DPW)

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<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> February 18, 2010		<b>REGIONAL REPRESENTATIVE</b> Michele Moskalczyk, Betty Bloch	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>[Signature]</i>	<b>DATE</b> 3/11/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 5/14/10

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
184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following:  (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	The prescribed medication Nortrel 1/35 tab for resident # 4 did not have a pharmacy label on it.	2/18/10	A replacement label was ordered for the medication and upon verification was placed on the medication packet.  A review was conducted with medication staff to ensure that in the future all medications will be properly labeled before being administered.	5/14/10 S.S.

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<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> February 18, 2010		<b>REGIONAL REPRESENTATIVE</b> Michele Moskalczyk, Betty Bloch	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Stacy Collier</i>	<b>DATE</b> 3/11/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> B.S. Bisognin	<b>DATE</b> 5/14/10

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
185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	The home did not follow its policy and procedure to properly document the back of residents' medication administration record (MAR) sheets to indicate the medication/dose, time administered, date, reason, staff person who administered the PRN medication and the reason/results for/of the medication: <u>Res. # 1:</u> Nystatin Cream administered 2/1/10 and 2/3/10 was not documented. <u>Res. # 2:</u> Polyethylene Glycol administered 2/8/10, 2/10/10, 2/12/10 and 2/16/10 were not documented. <u>Res. # 4:</u> Acetaminophen 500mg caplet administered 2/17/10 was improperly documented. The back of the MAR sheet indicated "Advil" was administered on "2/16/10".	2/23/10	The Administrator conducted a medication administration review with med staff regarding proper documentation of PRN Medications on the MAR. To help ensure future compliance PRN Administration will be a priority when conducting monthly MAR reviews.	5/14/10 B.S.

**RECEIVED**

MAR 17 2010

**VIOLATION REPORT  
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<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> February 1, 2010		<b>REGIONAL REPRESENTATIVE</b> Michele Moskalczyk	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>[Signature]</i>	<b>DATE</b> 2/22/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>[Signature]</i>	<b>DATE</b> 5/14/10

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
127a Portable space heaters are prohibited.	On the date of the on-site inspection, three portable space heaters were found operating in the facility. One was located in hallway leading to the outside smoking area. The other two space heaters were found in the Exercise-lounge area of the home.	2/11/10	The heaters were removed immediately. The home has three furnaces and one was not operating efficiently. The repairman was contacted and responded to the home on 2/30/10. The furnace was reset and began to function properly and continues to operate properly. Unfortunately, the heaters were not removed at that time. In the future, the administrator will ensure that space heaters are not used in the home. Only acceptable forms of heating will be used.	5/14/10 G.B.  Incident C invest.

SCRANTON FIELD OFFICE  
Adult Residential Licensing