

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HEARTLAND RETIREMENT PERSONAL CARE HOME, INC.

LEGAL ENTITY

To operate HEARTLAND RETIREMENT PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 46 ELEMENTARY LANE, BOX 210, WOOLRICH, PA 17779

(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 48
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 5, 2010 until May 5, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **316150**

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

MAY 07 2010

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

Ms. Judy Bailey, Administrator
Heartland Retirement Personal Care Home, Inc.
PO Box 210
Woolrich, Pennsylvania 17779

RE: Heartland Retirement Personal Care Home
46 Elementary Lane, Box 210
Woolrich, Pennsylvania 17779

Dear Ms. Bailey:

As a result of the Department of Public Welfare's licensing inspection on March 2, 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 HEARTLAND RETIRMENT PERSONAL CARE HOME, 46 ELEMENTARY LANE, BOX 120, WOOLRICH, PENNSYLVANIA		CURRENT LICENSE NUMBER 316150	
INSPECTION DATE(S) (Include all dates of the inspection) MARCH 2, 2010		REGIONAL REPRESENTATIVE GERALD DUMAS, ANN O'HAIRE	
SIGNATURE OF LEGAL ENTITY <i>Judy Bailey</i>	DATE 3-30-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ed Brangini</i>	DATE 4/28/10

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
<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 documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.</p>	<p>Resident #1 (DOA 10/10/09) did not have a current Medical Evaluation form. The only medical evaluation on file was an MA-51 form, which is not the form required by the Department.</p>	<p align="center">3/4/2010</p>	<p>The Administrator will contact the residents Dr. to have new Medical Evaluation completed. Before resident is accepted or resident has a new update. Administrator will provide correct MA-51 in order to insure Dr. has correct form. When applicant returns with MA-51 Administrator will insure it is the correct form.</p> <p align="center"><i>Original</i></p>	<p align="center">4/28/10 B.G.</p>

RECEIVED

APR 01 2010

SCRANTON FIELD OFFICE
Adult Residential Licensing

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SIGNATURE OF LEGAL ENTITY <i>Judy Bailey</i>	DATE 3-30-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Bd Bisognani</i>	DATE 4/28/10

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28f-1 Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home.	Resident # 2 did not have an itemized account in their record regarding funds owed the home or any refunds due. The Resident passed on January 14, 2010.	3/26/2010	<p>Administrator will print out another invoice with the total due for Resident #2 for the twenty seven days she was with Heartland. There was no refund due. This will be placed in the Residents file.</p> <p>Administrator will make sure that upon of a residents discharge there will be a itemized final billing with the total due, or need to be refunded to family or POA.</p>	4/28/10 B.S.

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82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	Room #7 had a bottle of Sally Hansen Nail Polish Remover that was labeled "Contact Poison Control if Swallowed."	3/3/2010	Nail Polish remover was removed by Administrator when founded by state inspector. Administrator will inforce the importance of making sure all chemicals are removed from the residents rooms. Administrator will make sure all caregivers will do a walk through weekly to insure there isn't any chemicals in bathrooms or bedrooms.	4/28/10 G.S.

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100a The exterior of the building and the building grounds or yard shall be in good repair and free of hazards.	A creek runs along the full length of the home's front yard. The closest point of accessibility to the creek is 13 ft. from the designated smoking area, at which point there is approximately a 100 foot steep incline down to the creek. There is no barrier in place to prevent accessibility from the home's property to the creek, creating a potential hazard.	5-31-2010	Owner/Administrator will install a fence to run along the creek as a barrier to prevent any potential hazard to any resident. Owner/Administrator will maintain upkeep of fence to make sure there would not be any potential hazard for residents to fall down the incline to the creek.	<p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p align="center"><u>4/28/10</u> <u>G.S.</u></p> <p>Date Initials (DPW)</p>

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141a-2 The medical evaluation shall include the following: (5) Allergies.	The Medical Evaluation Form, dated 6/30/09, for resident #3 did not include allergies.	3-30-2010	<p>Administrator contacted the pharmacy that provides Heartland with medication and spoke with person in charge of making sure all allergies were included on MAR. Even though resident does not have any NKDA it still will state that on MAR.</p> <p>Administrator will check the MAR sheets monthly when MAR sheets are delivered to Heartland. Also the Administrator will make sure that if they are not added that the allergies will be added.</p>	4/28/10 B.B.

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		DATE 4/28/10

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144c-2 The location of a smoking room or outside smoking area shall be a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.	There was evidence that the designated resident smoking area was not being used. There were cigarette butts that were accumulated and too numerous to count on the side nearest to the road next to the main entrance. The resident's designated smoking area was not accessible as it was plowed over with deep snow.	3-3-2010	Administrator spoke with the staff to inform them to clean up the cigarette butts in front of building, they were cleaned up as soon as they were informed. Snow was removed from the designated smoking area as well at the same time. Administrator spoke to staff to inform them that they will be responsible for checking for cigarette butts on a weekly basis and to make sure that the designated smoking area is clean from snow and all climants.	4/28/10 B.B.

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182b Prescription medication that is not self-administered by a resident shall be administered by one of the following: (4) A staff person who has completed the medication administration training in 190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.	Direct care staff person B (date of hire 11/14/08) received their initial training in medication administration on 11/5/08. The staff person has not completed the required initial annual practicum, which was due by 11/5/09. Staff person B is no longer qualifies to administer medications and will need to complete their initial training over again.	3-5-2010	Direct-care staff person B was retrained in the medication course. All paper work was completed Administrator will make sure that the Medication Trainer does follow through with making sure that the correct papers and training is being followed through with.	4/28/10 G.B.

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (12) Diagnosis or purpose for the medication, including pro re nata (PRN).	Resident #3 did not have a diagnosis for the following medications. <ol style="list-style-type: none"> 1. Lisinopril 20mg. tab, 1tab by mouth 1 time a day. 2. Levoxyil 50 mcg. Tab 1 tab by mouth, 1time a day. 3. Advair-250/50 Diskus-Inhaler 4. Lasix 40 mg tab, take 1 tab daily. 5. Singular 10 mg tab, take 1 tab daily. 	3-30-2010	Administrator contacted the pharmacy that provides Heartland with medications and spoke with person in charge of making sure all diagnosis are added to the MAR sheets. Administrator will check the MAR sheets Monthly when MAR sheets are delivered to Heartland. Also the Administrator will make sure if the diagnosis are not added that they will be added.	4/28/10 B.G.

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221a The administrator shall develop a program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community.	The home did not have a completed activity calendar for the months of February 2010 and March 2010. The home was not positing or planning activities on an ongoing weekly or daily basis.	3-5-2010	Activity Calendar was compleated and posted. Administrator will make sure that the Activities coordinator will post monthly calendar on bulletin board.	4/28/10 G.B.

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