

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to REBECCA'S PERSONAL CARE HOME, INC.
LEGAL ENTITY

To operate REBECCA'S AT EVERETT
NAME OF FACILITY OR AGENCY

Located at 118 MASTERS AVENUE, EVERETT, PA 15537
(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 37
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 July 19, 2010 until January 19, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 324072

Robert E. Robinson

ISSUING OFFICER

Kenneth V. 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

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

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE:

JUL 20 2010

Mr. Dustin C. Miller, Administrator
Rebecca's Personal Care Home, Inc.
5865 Lincoln Highway
Mann's Choice, Pennsylvania 15550

RE: Rebecca's at Everett
118 Masters Avenue
Everett, Pennsylvania 15537

Dear Mr. Miller:

As a result of the Department of Public Welfare's (Department) licensing inspection on March 4, 2010, March 5, 2010, April 2, 2010, April 5, 2010 and June 28, 2010 of the above personal care home, we found that violations specified for your previous PROVISIONAL license have not been corrected and we found new violations not found during our previous inspection.

A SECOND PROVISIONAL license is being issued based on substantial compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

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.

In accordance with 55 Pa.Code § 2600.269 (b) (relating to ban on admissions) no new resident admissions are permitted after the date of this letter.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

| 55 Pa.Code Chapter 2600 Section no. | Class of Violation | Census at Inspection X | Fine Per resident Per day | Calculated Fine = Per day | Mandated Correction Date (to avoid Fine) |
|---|--------------------------|---------------------------|---------------------------------|---------------------------------|---|
| 132d | II | 30 | \$5 | \$150 | 5 calendar days from mailing date of this letter |
| 187b | II | 30 | \$5 | \$150 | 5 calendar days from mailing date of this letter |

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Adult Residential Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Financial Operations with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

Once you receive your invoice from the Bureau of Financial Operations, if you disagree with the amount of the penalty, you have the right to appeal through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare. If you decide to appeal, a written request to appeal the fine must be received, along with the assessed daily fine, not to exceed \$500, in accordance with 55 Pa.Code § 2600.263 (relating to appeal of penalty). All appeal requests must be sent to the address indicated on the invoice you will receive from the Bureau of Financial Operations.

If you disagree with the decision to issue a PROVISIONAL license or ban on admissions, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

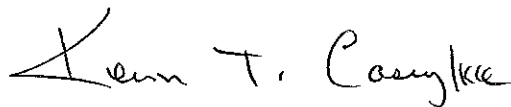
Karen E. Kroh, Director
 Adult Residential Licensing
 Department of Public Welfare
 423 Health and Welfare Building
 7th and Forster Streets
 Harrisburg, Pennsylvania 17120

Mr. Dustin C. Miller

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This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink that reads "Kevin T. Casey". The signature is written in a cursive style with a large initial 'K' and a distinct 'T'.

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 Rebecca's At Everett 118 Masters Ave.; Everett, PA 15537 | | CURRENT LICENSE NUMBER 324071 | |
| INSPECTION DATE(S) (Include all dates of the inspection) March 4, 2010 and March 5, 2010 | | REGIONAL REPRESENTATIVE V. Beard and R. Minnich (March 4, 2010 and March 5, 2010) M. Palermo (March 4, 2010) | |
| SIGNATURE OF LEGAL ENTITY Evelyn Pitt PCHA/WPN | DATE 6/10/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i> | DATE 6/10/10 |

| 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 |
|--|---|---|--|--|
| 16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow 15 (relating to abuse reporting covered by law). | The Administrator, A, received a report of suspected abuse on 2/4/10. The home did not report this suspected abuse to the Department. | 6/25/10 | The administrator will hold additional training with all staff to review the incidents required to be reported by 2600.16a. All future incidents will be reported to the Department as required. | Steps have been taken to correct violation; full compliance is not verifiable 6/30/10 <i>MES</i> Date Initials (DPW) |

0-410 0111 UNCL SPENDING 000001 01 11 1110

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

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|--|--|---|---|--------------------------------------|
| <p>22a2 and 141a-1 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 #2, admitted 7/9/09, did not have a medical evaluation completed on the Department's specified form.</p> | <p>6/23/10</p> <p>6/30/10</p> | <p>Resident #2 will have a medical evaluation that addresses all of the areas required by 2600.141a. Documentation of the evaluation will be made on the Department's required medical evaluation form.</p> <p>The administrator will audit all residents' medical evaluation forms to ensure that each resident has received a medical evaluation within the past year or more recently if the resident experienced a significant change in medical status. Any residents in need of a medical evaluation will receive one within 15 days of the audit as physician availability permits.</p> <p>The home will ensure that residents receive medical evaluations within the time frames specified by this Chapter.</p> | <p><i>MES 6/30/10</i></p> |

VIOLATION REPORT
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| SIGNATURE OF LEGAL ENTITY <i>Evelyn P. ... PCNA/LPN</i> | DATE 6/10/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i> | DATE 6/10/10 |

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|--|---|---|---|--------------------------------------|
| 22a3 and 225a 22a3 The following admission document shall be completed for each resident - Personal care home assessment completed within 15 days after admission on a form specified by the Department. 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. | Resident #3 was admitted on 2/16/10 and an assessment has not been completed for this resident. | 6/23/10 6/30/10 6/30/10 | Resident #3 will have a detailed, comprehensive assessment that identifies all of the resident's personal care needs. The assessment will be documented on the Department's required form. Forms will be filled out in their entirety, including signatures and dates. The administrator will audit all residents' assessments to ensure they are detailed, current, comprehensive, and filled out in their entirety, including signatures and dates. The administrator will develop a system to ensure that all assessments are done correctly, completely, and within the time frames required by this Chapter. | <i>MES 6/30/10</i> |

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

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| 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. | Resident #2's contract dated 7/9/09 is not signed by the resident. | 6/23/10 6/30/10 | The administrator will obtain resident #2's signature on the contract. The administrator will review each contract to ensure it is signed by the administrator or a designee, the resident and the payer, and cosigned by the resident's designated person if any, if the resident agrees for residents admitted after the date shown. | <i>MES 6/30/10</i> |

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|---|--|---|--|---|
| 26b The quality management plan shall address the periodic review and evaluation of the following: (1) Reportable incident and condition reporting procedures. (2) Complaint procedures. (4) Licensing violations and plans of correction, if applicable. (5) Resident or family councils, or both, if applicable. | During the home's periodic review of the quality management plan, the home failed to review the following areas: Reportable incidents and conditions including reporting procedures, complaint procedures, licensing violations and resident or family counsels. | 7/15/10 | The home's quality management reviews will include, at a minimum: (1) The effectiveness of the reportable incident and condition reporting procedures developed as required by 2600.16b, and a plan to correct any errors or inefficiencies identified during a review of all incidents reported within the past year. (2) All of the complaints received from residents within the past year, a plan to reduce future complaints, and a review of how the home addressed each complaint in accordance with the requirements of these regulations. (3) Review of all training provided to direct care staff within the past year, addressing which trainings were effective, which were not effective, and what additional training courses would be helpful. (4) Review of all of the violation reports | Steps have been taken to correct violation; full compliance is not verifiable <i>6/30/10</i> <i>MES</i> Date Initials (DPW) |

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

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| 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. | The home video tapes areas inside the home where residents are present, including main hallways and dining areas. Copies of the videos are kept by the home. | 4/8/10 | The home will no longer make any video recordings of any areas inside the home. Video monitoring in common areas of the home for immediate viewing through a monitor will be used but no recordings will be made. | <i>MES 6/30/10</i> |
| | | 4/8/10 | Video recording of external public areas such as external doors and parking lots will be used for security purposes. Signs will be posted in these areas to alert residents of the video recording. | |
| | | 4/8/10 | The home will ensure that the right to privacy of self and possessions is protected. | |

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

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| SIGNATURE OF LEGAL ENTITY <i>Ellen Patti PERHA/LPN</i> | DATE 6/10/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i> | DATE 6/10/10 |

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| 53a 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. | On 3/22/10 from 3pm -11pm only staff persons C and D were working and neither is currently trained in first aid or certified in CPR. On 3/26/10, 3/27/10, and 3/28/10 from 7am -3pm only staff persons C and D were working and neither is currently trained in first aid or certified in CPR. The home is required to have at least one person in the home currently trained in first aid and certified in CPR at all times. | 6/23/10 | All staff members will be trained in CPR and first aid within their first 40 hours of work. The administrator will monitor the schedule to ensure there is at least one CPR and first aid-trained staff on duty in the home at all times. | Steps have been taken to correct violation; full compliance is not verifiable <u>6/30/10</u> Date <i>[Signature]</i> Initials (DPW) |

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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| 65i A record of training including the direct care staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept. | Direct care staff E's 2009 training received was not recorded. | 6/30/10 | The administrator will develop a staff training plan that includes the following information: (1) The name, position and duties of each direct care staff person, ancillary staff person, substitute personnel and regularly-scheduled volunteer (2) The required training courses for each person identified in (1). (3) The dates, times and locations of the scheduled training for each person identified in (1) for the upcoming year. The training plan will include, at a minimum, the topics required by 2600.65f and 2600.65g. The home will implement the developed plan. Compliance with the plan will be kept in accordance with 2600.65i and 2600.66c. | <i>MES 6/30/10</i> |

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|--|---|---|--|--------------------------------------|-------------|---|---|--------|-----------|---|---|-------------|-----------|---|---|-----------------|-----------|---|---|-----------------------|-----------|---|---|--------|-----------|--------------|----|-----------------------------|------------|---------|--|--|
| 101c Each bedroom for one or more residents with a mobility need shall have at least 100 square feet per resident, to allow for easy passage between beds and other furniture, and for comfortable use of a resident's assistive devices, including wheelchairs, walkers, special furniture or oxygen equipment | The following resident rooms do not have at least 100 square feet and the residents residing in these rooms have mobility needs requiring the use of an assistive device and/or use oxygen equipment: <table border="1"> <thead> <tr> <th>Resident #</th> <th>Rm #</th> <th>Assistive Device</th> <th>Sq. Footage</th> </tr> </thead> <tbody> <tr> <td>4</td> <td>1</td> <td>Walker</td> <td>95 sq. ft</td> </tr> <tr> <td>5</td> <td>3</td> <td>Oxygen tank</td> <td>95 sq. ft</td> </tr> <tr> <td>6</td> <td>5</td> <td>Walker and Cane</td> <td>95 sq. ft</td> </tr> <tr> <td>7</td> <td>6</td> <td>Walker and wheelchair</td> <td>95 sq. ft</td> </tr> <tr> <td>8</td> <td>7</td> <td>Walker</td> <td>95 sq. ft</td> </tr> <tr> <td>9, 10, 2, 11</td> <td>10</td> <td>4 walkers and 1 oxygen tank</td> <td>250 sq. ft</td> </tr> </tbody> </table> | Resident # | Rm # | Assistive Device | Sq. Footage | 4 | 1 | Walker | 95 sq. ft | 5 | 3 | Oxygen tank | 95 sq. ft | 6 | 5 | Walker and Cane | 95 sq. ft | 7 | 6 | Walker and wheelchair | 95 sq. ft | 8 | 7 | Walker | 95 sq. ft | 9, 10, 2, 11 | 10 | 4 walkers and 1 oxygen tank | 250 sq. ft | 6/30/10 | The home will obtain written documentation from Resident #2, 4, 5, 6, 7, 8, 9, 10 and 11's physicians indicating that the residents have sufficient square footage to safely ambulate in their bedrooms with the existing square footage. If this documentation cannot be obtained, the home will move the residents to rooms that have sufficient square footage. If the home is unable to move the resident to another room in the home, the resident will be relocated to another home where the resident's needs can be met. The home will provide assistance in relocating the resident. In the future, the home will ensure that residents have sufficient square footage in bedrooms to meet their needs. | Steps have been taken to correct violation; full compliance is not verifiable Date <u>6/30/10</u> Initials <u>MES</u> (DPW) |
| Resident # | Rm # | Assistive Device | Sq. Footage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 1 | Walker | 95 sq. ft | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 3 | Oxygen tank | 95 sq. ft | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 5 | Walker and Cane | 95 sq. ft | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 6 | Walker and wheelchair | 95 sq. ft | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 7 | Walker | 95 sq. ft | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9, 10, 2, 11 | 10 | 4 walkers and 1 oxygen tank | 250 sq. ft | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

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| 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 |
|---|--|---|---|--------------------------------------|
| 101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside. | On 3/4/10 resident #12's room did not contain an operable lamp or lighting which could be operated from the bedside. | 6/23/10 6/30/10 | The lamp in resident # 12's room will be replaced. The administrator will assign staff to check the rooms daily to ensure each resident has an operable source of lighting that can be turned on/off at bedside. | <i>MES 6/30/10</i> |

VIOLATION REPORT
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| NAME AND ADDRESS OF PERSONAL CARE HOME Rebecca's At Everett 118 Masters Ave., Everett, PA 15537 | | CURRENT LICENSE NUMBER 324071 | |
| INSPECTION DATE(S) (Include all dates of the inspection) March 4, 2010 and March 5, 2010 | | REGIONAL REPRESENTATIVE V. Beard and R. Minnich (March 4, 2010 and March 5, 2010) M. Palermo (March 4, 2010) | |
| SIGNATURE OF LEGAL ENTITY <i>Colleen Pitt PC#A/LR</i> | DATE 6/10/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i> | DATE 6/10/10 |

| 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 |
|--|---|---|---|--------------------------------------|
| 103g Food shall be stored in closed or sealed containers. | On 3/4/10 two roasts were partially covered in foil in the chest freezer by the kitchen door. One roast was labeled 1.20 and the other 12.23 without an indication of the year. | 4/8/10 6/30/10 | All staff have been inserviced as to proper storage of foods and to label with the full date and the contents. The administrator will assign staff to check all foods stored in the home daily to ensure they are properly sealed. Any unsealed food that could be contaminated or freezer burned will be discarded. | <i>MES 6/30/10</i> |

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

| | | | |
|--|------------------------|---|------------------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME Rebecca's At Everett 118 Masters Ave.; Everett, PA 15537 | | CURRENT LICENSE NUMBER 324071 | |
| INSPECTION DATE(S) (Include all dates of the inspection) March 4, 2010 and March 5, 2010 | | REGIONAL REPRESENTATIVE V. Beard and R. Minnich (March 4, 2010 and March 5, 2010) M. Palermo (March 4, 2010) | |
| SIGNATURE OF LEGAL ENTITY <i>Evelyn Pizzo PC/HA/LPN</i> | DATE 6/10/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i> | DATE 6/10/10 |

| 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 |
|---|--|---|--|--------------------------------------|
| 107a The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located. | The home does not have the county's emergency preparedness plan. | 4/8/10 6/30/10 6/23/10 | The administrator obtained a copy of the Everett Borough emergency preparedness plan. The administrator will read the plan to become familiar with the Borough's procedures. The plan will be kept on file by the administrator and will also be posted in a conspicuous and public place in the home. | <i>MES 6/30/10</i> |

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

| | | | |
|--|------------------------|---|------------------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME Rebecca's At Everett 118 Masters Ave.; Everett, PA 15537 | | CURRENT LICENSE NUMBER 324071 | |
| INSPECTION DATE(S) (Include all dates of the inspection) March 4, 2010 and March 5, 2010 | | REGIONAL REPRESENTATIVE V. Beard and R. Minnich (March 4, 2010 and March 5, 2010) M. Palermo (March 4, 2010) | |
| SIGNATURE OF LEGAL ENTITY <i>Evelyn Pata PCHA/LE</i> | DATE 6/10/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i> | DATE 6/10/10 |

| 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 |
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| 130b The smoke detectors specified in 130a shall also be located in hallways. | Room #14, currently occupied by resident #13, is located 17 ½ feet from the nearest hallway smoke detector. | 4/18/10 6/30/10 | A smoke detector was installed in the hallway 15 feet from room 14. The administrator will measure to ensure there is an operable smoke detector in the hallway within 15 feet from each bedroom door. | <i>MES 6/30/10</i> |

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

| | | | |
|--|------------------------|---|------------------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME Rebecca's At Everett 118 Masters Ave.; Everett, PA 15537 | | CURRENT LICENSE NUMBER 324071 | |
| INSPECTION DATE(S) (Include all dates of the inspection) March 4, 2010 and March 5, 2010 | | REGIONAL REPRESENTATIVE V. Beard and R. Minnich (March 4, 2010 and March 5, 2010) M. Palermo (March 4, 2010) | |
| SIGNATURE OF LEGAL ENTITY <i>Collyer Pico PCNA/LPA</i> | DATE 6/10/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i> | DATE 6/10/10 |

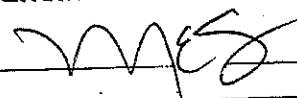
| 1 REGULATION 55 Pa.Code § 2600. | 2 VIOLATION/CLASS | 3 DATE BY WHICH CORRECTION WILL BE COMPLETED | 4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | 5 DATE COMPLIANCE VERIFIED BY DPW | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|--------------------------------------|---------|------|------|---------|-----|------|----------|------|------|---------|--------|------|----------|---------|------|--------|--------|------|--------|--|--|
| 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 home does not have a letter completed with in the past year from a fire safety expert specifying a safe evacuation time. Fire drill times are as follows: <table border="1"> <thead> <tr> <th>Date</th> <th>Time</th> <th>Min:Sec</th> </tr> </thead> <tbody> <tr> <td>2/20/10</td> <td>10AM</td> <td>3:15</td> </tr> <tr> <td>1/17/10</td> <td>8PM</td> <td>2:17</td> </tr> <tr> <td>12/14/09</td> <td>12AM</td> <td>2:17</td> </tr> <tr> <td>11/9/09</td> <td>6:30PM</td> <td>2:29</td> </tr> <tr> <td>10/12/09</td> <td>10:45AM</td> <td>2:24</td> </tr> <tr> <td>9/1/09</td> <td>6:30AM</td> <td>2:19</td> </tr> </tbody> </table> Repeated violation – 8/5/09 | Date | Time | Min:Sec | 2/20/10 | 10AM | 3:15 | 1/17/10 | 8PM | 2:17 | 12/14/09 | 12AM | 2:17 | 11/9/09 | 6:30PM | 2:29 | 10/12/09 | 10:45AM | 2:24 | 9/1/09 | 6:30AM | 2:19 | 4/1/10 | The home will evacuate all residents within 3 minutes and 15 seconds or less to the outside of the building as specified by [REDACTED] Director, Bedford County Department of Emergency Services in his letter dated 4/1/10. | |
| Date | Time | Min:Sec | | | | | | | | | | | | | | | | | | | | | | | |
| 2/20/10 | 10AM | 3:15 | | | | | | | | | | | | | | | | | | | | | | | |
| 1/17/10 | 8PM | 2:17 | | | | | | | | | | | | | | | | | | | | | | | |
| 12/14/09 | 12AM | 2:17 | | | | | | | | | | | | | | | | | | | | | | | |
| 11/9/09 | 6:30PM | 2:29 | | | | | | | | | | | | | | | | | | | | | | | |
| 10/12/09 | 10:45AM | 2:24 | | | | | | | | | | | | | | | | | | | | | | | |
| 9/1/09 | 6:30AM | 2:19 | | | | | | | | | | | | | | | | | | | | | | | |

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

| | | | |
|--|------------------------|---|------------------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME Rebecca's At Everett 118 Masters Ave.; Everett, PA 15537 | | CURRENT LICENSE NUMBER 324071 | |
| INSPECTION DATE(S) (Include all dates of the inspection) March 4, 2010 and March 5, 2010 | | REGIONAL REPRESENTATIVE V. Beard and R. Minnich (March 4, 2010 and March 5, 2010) M. Palermo (March 4, 2010) | |
| SIGNATURE OF LEGAL ENTITY <i>Evelyn P. ...</i> | DATE 6/10/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i> | DATE 6/10/10 |

| 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 |
|---|--|---|---|--|
| 141a-2 The medical evaluation shall include the following: (10) Mobility assessment, updated annually or at the Department's request. | Resident #14's 5/15/09 medical evaluation did not include a mobility assessment. | 6/23/10 6/23/10 | The administrator will have resident #14's medical evaluation completed in full, to include the mobility assessment. All medical assessments will be reviewed upon receipt to ensure they are completed in full. | <i>R #14's med eval completed w/ 5/15/10 to include mobility assessment.</i> <i>Upon receiving medical assessments the Administrator will review immediately to ensure they are completed.</i> Steps have been taken to correct violation; full compliance is not verifiable. 6/30/10 <i>MES</i> Date Initials (DPW) |

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

| | | | |
|--|------------------------|---|------------------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME Rebecca's At Everett 118 Masters Ave., Everett, PA 15537 | | CURRENT LICENSE NUMBER 324071 | |
| INSPECTION DATE(S) (include all dates of the inspection) March 4, 2010 and March 5, 2010 | | REGIONAL REPRESENTATIVE V. Beard and R. Minnich (March 4, 2010 and March 5, 2010) M. Palermo (March 4, 2010) | |
| SIGNATURE OF LEGAL ENTITY <i>Wesley P. Pitt PCN/HRS</i> | DATE 6/10/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  | DATE 6/10/10 |

| 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 |
|--|---|---|--|---|
| 187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered. | <ul style="list-style-type: none"> - Resident #5's <i>Novolin 70/30</i> 20units with 5PM meal was not initialed as administered on 3/2/10. - Resident #15's <i>Novolin N 25</i> units in the PM was not initialed as administered for the 16:00 dose on 3/2/10. - Resident #16's <i>T Gel Shampoo</i> was not initialed as administered on 3/2/10. - Resident #8's <i>Cephalexin</i> 500mg 1 cap. Every 8 hrs for infection was not initialed as administered on 3/2/10 at 23:00. Repeated violation – 8/5/09 | 4/8/10 6/25/10 6/30/10 | All staff who administer medications were inserviced to document the MARs when medications have been administered. The administrator will review the MARs daily to ensure they are documented correctly. The administrator will hold ongoing training regarding documentation of medication administration when necessary. | Administrator does review MARs to ensure documentation is <i>done</i> . Steps have been taken to correct violation; full compliance is not verifiable 6/30/10 <i>MPS</i> Date Initials (DPW) |

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

| | | | |
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| NAME AND ADDRESS OF PERSONAL CARE HOME Rebecca's At Everett 118 Masters Ave.; Everett, PA 15537 | | CURRENT LICENSE NUMBER 324071 | |
| INSPECTION DATE(S) (Include all dates of the inspection) March 4, 2010 and March 5, 2010 | | REGIONAL REPRESENTATIVE V. Beard and R. Minnich (March 4, 2010 and March 5, 2010) M. Palermo (March 4, 2010) | |
| SIGNATURE OF LEGAL ENTITY <i>Evelyn Platt PCHA/LPN</i> | DATE 6/10/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i> | DATE 6/10/10 |

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|---------------------------------------|---|---|--|--------------------------------------|
| | was not administered at 8:30AM on 3/1/10 due to not having the medication on hand (per the MAR) | | | |

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

| | | | |
|--|-------------------------|---|------------------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME Rebecca's At Everett 118 Masters Ave.; Everett, PA 15537 | | CURRENT LICENSE NUMBER 324071 | |
| INSPECTION DATE(S) (include all dates of the inspection) March 4, 2010 and March 5, 2010 | | REGIONAL REPRESENTATIVE V. Beard and R. Minnich (March 4, 2010 and March 5, 2010) M. Palermo (March 4, 2010) | |
| SIGNATURE OF LEGAL ENTITY <i>Wallyn P... PCHA/LR</i> | DATE 01/10/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>WES</i> | DATE 6/10/10 |

| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|--------------------------------------|---|---------|-------|----|---------|-------|----|---------|------|----|---------|-------|----|---------|------|----|---------|------|----|------|-------|----|------|-------|---------------------------------|--|---|
| <p>190b A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.</p> | <p>- Direct Care Staff F has not completed a Department-approved diabetes patient education program within the past 12 months and administered insulin on the following dates:</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>Resident</th> <th>Date</th> <th>Time</th> </tr> </thead> <tbody> <tr><td>4</td><td>2/26/10</td><td>20:00</td></tr> <tr><td>13</td><td>2/24/10</td><td>17:00</td></tr> <tr><td>13</td><td>2/22/10</td><td>8:30</td></tr> <tr><td>13</td><td>2/22/10</td><td>12:00</td></tr> <tr><td>13</td><td>2/25/10</td><td>7:00</td></tr> <tr><td>13</td><td>2/25/10</td><td>8:30</td></tr> <tr><td>13</td><td>2/26</td><td>17:00</td></tr> <tr><td>13</td><td>2/26</td><td>20:30</td></tr> </tbody> </table> | Resident | Date | Time | 4 | 2/26/10 | 20:00 | 13 | 2/24/10 | 17:00 | 13 | 2/22/10 | 8:30 | 13 | 2/22/10 | 12:00 | 13 | 2/25/10 | 7:00 | 13 | 2/25/10 | 8:30 | 13 | 2/26 | 17:00 | 13 | 2/26 | 20:30 | <p>4/23/10 6/30/10</p> | <p>All staff who administer insulin injections were re-trained by a Certified Diabetes Educator on 4/23/10.</p> <p>The administrator will track their training to ensure they are retrained every 12 months as required.</p> | <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><u>6/30/10</u> <u>WES</u> Date Initials (DPW)</p> |
| Resident | Date | Time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 2/26/10 | 20:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 2/24/10 | 17:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 2/22/10 | 8:30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 2/22/10 | 12:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 2/25/10 | 7:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 2/25/10 | 8:30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 2/26 | 17:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 2/26 | 20:30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

| | | | |
|--|------------------------|---|------------------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME Rebecca's At Everett 118 Masters Ave., Everett, PA 15537 | | CURRENT LICENSE NUMBER 324071 | |
| INSPECTION DATE(S) (Include all dates of the inspection) March 4, 2010 and March 5, 2010 | | REGIONAL REPRESENTATIVE V. Beard and R. Minnich (March 4, 2010 and March 5, 2010) M. Palermo (March 4, 2010) | |
| SIGNATURE OF LEGAL ENTITY <i>William P. PCH/LEJ</i> | DATE 6/10/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>WMS</i> | DATE 6/10/10 |

| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------------|---|---|--|--------------------------------------|---|---------|-------|---|---------|-------|---|---------|--------|---|---------|--------|---|---------|-------|----|---------|-------|----|---------|--------|----|---------|---------|----|---------|--------|----|---------|---------|--|--|--|
| | <p>– Direct Care Staff D has not completed a Department-approved diabetes patient education program within the past 12 months and administered insulin on the following dates:</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>Resident</th> <th>Date</th> <th>Time</th> </tr> </thead> <tbody> <tr><td>7</td><td>2/21/10</td><td>17:00</td></tr> <tr><td>7</td><td>2/22/10</td><td>17:00</td></tr> <tr><td>7</td><td>2/26/10</td><td>7:30AM</td></tr> <tr><td>7</td><td>2/28/10</td><td>7:30AM</td></tr> <tr><td>7</td><td>2/28/10</td><td>17:00</td></tr> <tr><td>13</td><td>2/25/10</td><td>12:00</td></tr> <tr><td>13</td><td>2/26/10</td><td>7:00AM</td></tr> <tr><td>13</td><td>2/26/10</td><td>12:00PM</td></tr> <tr><td>13</td><td>2/27/10</td><td>7:00AM</td></tr> <tr><td>13</td><td>2/27/10</td><td>12:00PM</td></tr> </tbody> </table> | Resident | Date | Time | 7 | 2/21/10 | 17:00 | 7 | 2/22/10 | 17:00 | 7 | 2/26/10 | 7:30AM | 7 | 2/28/10 | 7:30AM | 7 | 2/28/10 | 17:00 | 13 | 2/25/10 | 12:00 | 13 | 2/26/10 | 7:00AM | 13 | 2/26/10 | 12:00PM | 13 | 2/27/10 | 7:00AM | 13 | 2/27/10 | 12:00PM | | | |
| Resident | Date | Time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 2/21/10 | 17:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 2/22/10 | 17:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 2/26/10 | 7:30AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 2/28/10 | 7:30AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 2/28/10 | 17:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 2/25/10 | 12:00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 2/26/10 | 7:00AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 2/26/10 | 12:00PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 2/27/10 | 7:00AM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 2/27/10 | 12:00PM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

| | | | |
|--|------------------------|---|------------------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME Rebecca's At Everett 118 Masters Ave.; Everett, PA 15537 | | CURRENT LICENSE NUMBER 324071 | |
| INSPECTION DATE(S) (Include all dates of the inspection) March 4, 2010 and March 5, 2010 | | REGIONAL REPRESENTATIVE V. Beard and R. Minnich (March 4, 2010 and March 5, 2010) M. Palermo (March 4, 2010) | |
| SIGNATURE OF LEGAL ENTITY <i>Everett PCH/PA</i> | DATE 6/10/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>VMS</i> | DATE 6/10/10 |

| 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 | | | | | | | | | |
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| 13 | 2/28/10 | 7:00AM | | | | | | | | | | | |
| 13 | 2/28/10 | 12:00PM | | | | | | | | | | | |
| 13 | 2/29/10 | 17:00 | | | | | | | | | | | |

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

05/05/2010 18:19 FAX 18146526090

| | | |
|---|--|---|
| NAME AND ADDRESS OF PERSONAL CARE HOME Rebecca's at Everett, 118 Masters Avenue, Everett, PA 15537 | | CURRENT LICENSE NUMBER 324071 |
| INSPECTION DATE(S) (include all dates of the inspection) 4/02/10, 4/05/10 | REGIONAL REPRESENTATIVE Thomas Roth, Victoria Beard (4/02/10) | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Evelyn Putter PCHA/LPN | | |
| SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Evelyn Putter</i> | DATE 5/5/2010 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i> |
| | | DATE 6/9/10 |

| 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 |
|--|--|--|--|--|
| 65j A record of training including the direct care staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept. | The original training records for former staff person A were not kept by the home. The home had transferred dates of training onto a form listing the required training topics, but did not include the names of the instructors, the length of each session, location or the signature of the staff person A. | Immediate and ongoing | Copy of training record now used follows (attached) All training now includes the required training topic, name of instructor, length of session, location, and trainer | Steps have been taken to correct violation; full compliance is not verifiable 6/30/10 <i>VVE</i> Date Initials (DPW) |
| | PCH Division Central Region Field Office | | | |

REBECCAS PCH INC

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MAY 6 2010

RECEIVED

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

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| NAME AND ADDRESS OF PERSONAL CARE HOME Rebecca's at Everett, 118 Masters Avenue, Everett, PA 15537 | | CURRENT LICENSE NUMBER 324071 | |
| INSPECTION DATE(S) (Include all dates of the inspection) 4/02/10, 4/05/10 | | REGIONAL REPRESENTATIVE Thomas Roth, Victoria Beard (4/02/10) | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Evelyn Pott PCHA/LEN | | | |
| SIGNATURE OF LEGAL ENTITY REPRESENTATIVE Evelyn Pott | | DATE 5/5/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION MRS |
| | | | DATE 6/9/10 |

| 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 |
|--|---|--|--|---|
| 141b2 A resident shall have a new medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation. | A new medical evaluation was not obtained for resident #1 after he/she began having recurrent problems with rectal prolapse, beginning in December, 2009. The most recent medical evaluation was dated 7/08/09. | Immediate and ongoing | Residents will be scheduled for medical evaluation if resident's condition changes prior to annual med eval; requested a new med evaluation as RT had had recent appt. | Steps have been taken to correct violation; full compliance is not verifiable 0/30/10 MRS Date Initials (DPW) |

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

05/05/2010 18:22 FAX 18146525090

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| INSPECTION DATE(S) (include all dates of the inspection) 4/02/10, 4/05/10 | | REGIONAL REPRESENTATIVE Thomas Roth, Victoria Beard (4/02/10) | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) | | | |
| SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>William P. Putt</i> | DATE 5/5/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i> | DATE 6/9/10 |

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|---|---|--|---|--|
| 142a The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for such care, including updating the resident's assessment and support plan. | Beginning in December, 2009, resident #1 had an on-going medical condition that resulted in recurrent rectal prolapse requiring medical attention. However, on at least three occasions, the home's staff performed a physical procedure on the resident to relieve the situation. The home's staff had not been formally trained to perform the procedure by a medical professional. | Immediate and ongoing | The home shall assist to secure medical care if RT health status declines. The staff has documented on this RT and this RT has been sent to the ER to receive treatment as needed for this medical condition. | Steps have been taken to correct violation; full compliance is not verifiable 6/30/10 <i>MES</i> Date / Initials (DPW) |

REBECCAS PCH INC

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

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| INSPECTION DATE(S) (Include all dates of the inspection) 4/02/10, 4/05/10 | | REGIONAL REPRESENTATIVE Thomas Roth, Victoria Beard (4/02/10) | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) | | | |
| SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Eulley P... </i> | DATE 5/5/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i> | DATE 6/9/10 |

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|--|---|--|--|---|
| 225c The resident shall have additional assessments as follows: (2) If the condition of the resident significantly changes prior to the annual assessment. | The current assessment of 7/20/09, for resident #1, had not been updated to address the resident's ongoing chronic health issues. | Immediate and ongoing 6/30/10 | RTs will have additional assessments if their condition changes prior to annual assessment. RT #1 assessment has been updated to address the ongoing chronic health issue. The administrator will review each assessment to ensure it includes all the necessary information and it is current. MES 6/9/10 | Steps have been taken to correct violation; full compliance is not verifiable 6/30/10 MES Date Initials (DPW) |

**VIOLATION REPORT
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| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) | | | |
| SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Erin Plett RCHA/LOD</i> | DATE 5/5/10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i> | DATE 6/9/10 |

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|---|---|--|--|--|
| 227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment. | The current support plan of 7/22/09, for resident #1, had not been updated to address the resident's ongoing chronic health issues. | Immediate and ongoing 6/30/10 | Support plans will be revised within 30 days upon completion of annual assessment or upon changes in the RT's needs as indicated on assessment. This RT's support plan has been updated to address health issues. The administrator will review all resident support plans to ensure they are current and address all of each residents' needs. MES 6/9/10. | Steps have been taken to correct violation; full compliance is not verifiable. 6/30/10 MES Date Initials (DPW) |