



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

ADULT RESIDENTIAL LICENSING

MAY 07 2010

PHONE: (717) 783-3670
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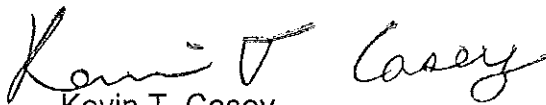
Ms. Marsha N. Pepper, Owner
Twin Oaks Personal Care Home, Inc.
RR 1, Box 182T
Granville Summit, Pennsylvania 16926

RE: Twin Oaks Personal Care Home
Corner of Route 514 & Cowley Road
Granville Summit, Pennsylvania 16926

Dear Ms. Pepper:

As a result of the Department of Public Welfare's licensing inspection on March 8, 2010 and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,


Kevin T. Casey
Deputy Secretary

Enclosure
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME TWIN OAKS PERSONAL CARE HOME, CORNER OF RT 514 & COWLEY RD., GRANVILLE SUMMIT, PENNSYLVANIA 16926		CURRENT LICENSE NUMBER 214700	
INSPECTION DATE(S) (Include all dates of the inspection) MARCH 8, 2010		REGIONAL REPRESENTATIVE GERALD DUMAS	
SIGNATURE OF LEGAL ENTITY <i>Maisha Pepper</i>	DATE 3-22-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Bob Benjamin</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
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	4 single use packs of Quick 'n Clean Antiseptic hand wipes expired on 6/08. The packs were contained in the first aid kit of the home's vehicle used to transport residents.	<i>At time of inspection</i>	<i>Monthly checks will be performed to ensure all items in the first aid kits are within a current date. This check will be completed by the administrator and/or direct care staff. A log will be kept indicating date and name of person.</i>	<i>4/28/10 B.S.</i>

RECEIVED

MAR 25 2010

SCRANTON FIELD OFFICE
 Adult Residential Licensing