

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to BERKS LEISURE LIVING, INC.

LEGAL ENTITY

To operate BERKS LEISURE LIVING

NAME OF FACILITY OR AGENCY

Located at 1399 FAIRVIEW DRIVE, LEESPORT, PA 19533

(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 49

49

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 June 22,

2010

until June 22,

2011

unless sooner revoked for non-compliance with applicable laws and regulations.

No: **205690**

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

JUL 01 2010

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

Mr. Ray Calvin Miller, Jr. Administrator
Berks Leisure Living, Inc.
Berks Leisure Living
1399 Fairview Drive
Leesport, Pennsylvania 19533

Dear Mr. Miller:

As a result of the Department of Public Welfare's licensing inspection on March 16, 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 BERKS LEISURE LIVING		CURRENT LICENSE NUMBER 205690	
INSPECTION DATE(S) (Include all dates of the inspection) MARCH 16, 2010		REGIONAL REPRESENTATIVE GERALD DUMAS, BETTY BLOCH	
SIGNATURE OF LEGAL ENTITY <i>Elinor Ely</i> Berks Leisure Living	DATE 4/17/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joan Hawary</i>	DATE 6-3-10

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>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.</p> <p>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.</p>	<p>The initial assessment, dated 3/3/10, for resident # 1 did not address occupational therapy and physical therapy needs indicated on the resident's initial medical evaluation dated 2/25/10. The area on the form addressing these concerns indicated "no" for both.</p>	<p>6-3-2010</p>	<p>The medical evaluation that stated phys + occ. therapy was needed was incorrect. Doctor will change med. evaluation. In the future co-admin will check med. evals. for errors.</p>	<p>6-3-10 <i>[Signature]</i></p>

RECEIVED

APR 30 2010

SCRANTON FIELD OFFICE
 Adult Residential Licensing

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

NAME AND ADDRESS OF PERSONAL CARE HOME BERKS LEISURE LIVING		CURRENT LICENSE NUMBER 205690	
INSPECTION DATE(S) (Include all dates of the inspection) MARCH 16, 2010		REGIONAL REPRESENTATIVE GERALD DUMAS, BETTY BLOCH	
SIGNATURE OF LEGAL ENTITY <i>co-admin</i> <i>Elizabeth [Signature]</i> Berks Leisure Living	DATE 4/17/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 6-2-10

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
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 # 1 did not sign the resident-home contract, dated 3/1/10. The resident has not been deemed incompetent by a court of law. The resident was admitted to the home on 3/1/10.	<i>4/17/2010</i>	<i>It was believed POA signature was sufficient. Because it is not sufficient. The resident signed the contract, & it was placed in the record. In the future the director will make sure all residents sign the contract.</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>6-3-10</i> Date Initials (DPW)

The Administrator will ENSURE All CONTRACTS will be signed by The RESIDENT, Administrator, The PAYER and cosigned by The RESIDENT'S designated person if ANY, 6-3-10 [Signature]

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

NAME AND ADDRESS OF PERSONAL CARE HOME BERKS LEISURE LIVING		CURRENT LICENSE NUMBER 205690	
INSPECTION DATE(S) (Include all dates of the inspection) MARCH 16, 2010		REGIONAL REPRESENTATIVE GERALD DUMAS, BETTY BLOCH	
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i> Berks Leisure Living	DATE 4/17/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 6-2-10

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
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. (3) Staff person training. (4) Licensing violations and plans of correction, if applicable. (5) Resident or family councils, or both, if applicable.	The home's quality management review meeting on 3/24/09 did not address the following: (1) Reportable incident (2) Complaint procedures (3) Staff person training (4) Licensing violations and plans of corrections (5) Family councils (if any)	<i>6-2-10</i>	<i>The home did a new quality management review meeting that addressed the five categories that were missed. In the future the co-admin will make sure all topics are discussed.</i>	<i>6-2-10 JH</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME BERKS LEISURE LIVING		CURRENT LICENSE NUMBER 205690	
INSPECTION DATE(S) (Include all dates of the inspection) MARCH 16, 2010		REGIONAL REPRESENTATIVE GERALD DUMAS, BETTY BLOCH	
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i> Berks Leisure Living	DATE 4/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 6-2-10

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
65c Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.	Staff person A (Date of Hire 7/7/09), trained as a direct care staff is also currently performing ancillary duties specifically, as a housekeeper. This staff person did not receive training in specific job functions as it relates to the staff's responsibilities. Repeat Violation - 3/5/09	6-3-10	Staff person A was trained in housekeeping and in the future co-admin will train all the duties they are responsible for. Administrator will conduct quarterly audits of all staff training for compliance.	Steps have been taken to correct violation; full compliance is not verifiable 6-3-10 <i>[Signature]</i> Date Initials (DPW)

6-3-10 *[Signature]*

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

NAME AND ADDRESS OF PERSONAL CARE HOME BERKS LEISURE LIVING		CURRENT LICENSE NUMBER 205690	
INSPECTION DATE(S) (Include all dates of the inspection) MARCH 16, 2010		REGIONAL REPRESENTATIVE GERALD DUMAS, BETTY BLOCH	
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
		<i>Jason Harvey</i>	6-3-10

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
89e The home shall keep documentation of the laboratory certification, in addition to the results and corrections made to ensure safe water for drinking.	The home did not have documentation of water testing from a certified laboratory to ensure safe drinking water.	01000061616	The testing was done, we could not find the reports. Submitted are copies of the reports that we found after the inspection. Administrator will keep documentation of laboratory certification on file to ensure compliance. DA 6-3-10	6-3-10 JK

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

NAME AND ADDRESS OF PERSONAL CARE HOME BERKS LEISURE LIVING		CURRENT LICENSE NUMBER 205690	
INSPECTION DATE(S) (Include all dates of the inspection) MARCH 16, 2010		REGIONAL REPRESENTATIVE GERALD DUMAS, BETTY BLOCH	
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i> Berks Leisure Living	DATE 6/23/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 6-3-10

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
90b For a home serving 9 or more residents, there shall be a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.	Staff person B, who is the administrator, stated that the home does not have an alternate means of communication in the event of an emergency. It was observed during a fire drill, due to a false alarm, on the day of inspection that the staff did not have a way to communicate with each other from the outside meeting locations.	6/23/10	The admin. brought back the radios to place at each exit to use in an emergency. Administrator will make sure there is a means of communication during emergencies.	6-3-10 <i>[Signature]</i>

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

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SIGNATURE OF LEGAL ENTITY <i>[Signature]</i> Berks Leisure Living	DATE 4/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 6-2-10

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
107c The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.	<p>The home does not have at least a 3-day supply of drinking water for residents or a contract with a water company to deliver water to the home immediately in the event of an emergency.</p> <p>The census was 49 residents on the day of this inspection. A minimum of 147 gallons of drinking water was required to be on-hand; the home had 136 gallons on-hand. An additional 11 gallons was required to be maintained in the home.</p>	<p>W-116-0000</p>	<p>The director purchased 10 more gallons of water when inspectors were here. In the future the director will make sure there is enough water on hand.</p>	<p>6-2-10 <i>[Signature]</i></p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME BERKS LEISURE LIVING		CURRENT LICENSE NUMBER 205690	
INSPECTION DATE(S) (Include all dates of the inspection) MARCH 16, 2010		REGIONAL REPRESENTATIVE GERALD DUMAS, BETTY BLOCH	
SIGNATURE OF LEGAL ENTITY <i>Dignity Health Services-admin</i> Berks Leisure Living	DATE 4/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan Harvey</i>	DATE 6-2-10

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
132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	On the day of this inspection, it was observed during a fire drill (due to a false alarm) that two of the residents used the front main entrance of the building as a designated meeting location and that they were not supervised by a staff person at all times. In addition, the residents did not relocate to one of the two outside designated meeting locations on the sides of the home.	4/27/2010	All residents will be directed to designated meeting areas in the back of the building. The front of the building will no longer be used. The staff members will be directed to go to the two designated areas within 30 seconds & remain there until drill is complete. Co-admin will monitor.	Steps have been taken to correct violation; full compliance is not verifiable 6-2-10 Date <i>JK</i> Initials (DPW)

ON 5-4-2010 The Home went over designated meeting place at a resident meeting and demonstrated walk-through
 6-3-10

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INSPECTION DATE(S) (Include all dates of the inspection) MARCH 16, 2010		REGIONAL REPRESENTATIVE GERALD DUMAS, BETTY BLOCH	
SIGNATURE OF LEGAL ENTITY <i>Elizabeth [unclear] co-admin</i> <i>Berks Leisure Living</i>	DATE 4/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 6-2-10

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: (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.	Resident # 2's most current medical evaluation, dated 6/3/09, had the notation "see attached" for medications. The attachment was not signed or dated by the physician who completed the medical evaluation to indicate that the medications were reviewed by him/her.	4-27-10	The med-eval sheet was faxed to the doctor. There is now a copy and signature on attached sheet. In the future CO-admin will make sure all sheets are dated and signed by the physician.	Steps have been taken to correct violation; full compliance is not verifiable 6-2-10 <i>[Signature]</i> Date Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME BERKS LEISURE LIVING		CURRENT LICENSE NUMBER 205690	
INSPECTION DATE(S) (Include all dates of the inspection) MARCH 16, 2010		REGIONAL REPRESENTATIVE GERALD DUMAS, BETTY BLOCH	
SIGNATURE OF LEGAL ENTITY <i>Digant, Day co-admin Berks Leisure Living</i>	DATE 4/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 6-2-10

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.	Resident # 3's Novolog 100u/ml was first punctured for use on 1/29/10. The manufacturer's instructions indicated it expired 28 days from when it was first punctured. The medication was found in the locked medication box in the refrigerator.	<i>6-2-10</i>	<i>Medication was discarded and in the future medication will be discarded by the manufacturers date, med manager will monitor.</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>6-2-10</i> Date <i>JK</i> Initials (DPW)

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Robert E. Day co-admin</i> Berks Leisure Living	DATE 4/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jim Harvey</i>	DATE 6-2-10

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 is not following its policy and procedure to date the insulin bottles as to when they are first punctured. The following residents' used insulin medications were not labeled with this information: Res. # 4: Humalog 100 units per ml Res. # 5: Novolog Flex Pen Res. # 6: Lantus Inj. Solostar Res. # 7: Humalog Mix 75/25 Kwik Pen Res. # 8: Humalog Mix 75/25 Kwik Pen	<i>6-16-10</i>	<i>All insulins were dated when first opened in the future med manager will check daily for date opened.</i>	<i>6-3-10 DK</i>

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SIGNATURE OF LEGAL ENTITY <i>[Signature]</i> Berks Leisure Living	DATE 4/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 6-2-10

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<p>187a A medication record shall be kept to include the following for each resident for whom medications are administered:</p> <p>(8) Frequency of administration. (14) Name and initials of the staff person administering the medication.</p>	<ul style="list-style-type: none"> The 3/2010 medication administration record (MAR) for resident # 9 was improperly maintained for the frequency to administer the medication Nitrofurantoin/Mono/Macr 100mg. <p>It indicated to administer "as needed"; the physician's order dated 11/13/09 indicated "1 po at bed time".</p> <p>The recorded administration times were daily at 8pm from 3/1/10-3/16/10.</p> <ul style="list-style-type: none"> The 3/2010 master key which is used in conjunction with the MAR did not include the printed name of the staff persons who administered medications to residents. 	<p>3-16-2010</p>	<p>Resident #9 medication sheet now states med. on a standing order basis. The master key sheet now has initials, signature, & printed name. The med. manager will make sure it's maintained daily.</p>	

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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INSPECTION DATE(S) (Include all dates of the inspection) MARCH 16, 2010		REGIONAL REPRESENTATIVE GERALD DUMAS, BETTY BLOCH	
SIGNATURE OF LEGAL ENTITY <i>Gerald Dumas, Co-admin Berks Leisure Living</i>	DATE 4/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan Harvey</i>	DATE 6-3-10

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 only support plan for resident # 1, developed 3/3/10, did not address the resident's needs for physical and occupational therapies which were indicated on the resident's medical evaluation dated 2/25/10.	<i>6-3-10</i>	<i>The med. eval. that stated phys. and occ. therapy was needed was incorrect. We will change med. eval. in the future co-admin will check med. eval. when doing support plans & assessments.</i>	<i>6-3-10 JH</i>

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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INSPECTION DATE(S) (Include all dates of the inspection) MARCH 16, 2010		REGIONAL REPRESENTATIVE GERALD DUMAS, BETTY BLOCH	
SIGNATURE OF LEGAL ENTITY <i>Quynet Ely co-admin</i> Berks Leisure Living	DATE 4/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 6-3-10

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
228b If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract.	The contracts of resident #s 1, 6, 7, 8 and 10 did not indicate that a 30-day advance written notice of discharge would be given to the resident in the case of abuse, as noted below: "If abuse occurs by any resident toward anyone working or residing at Berks Leisure Living, it will be grounds for immediate and permanent removal from the premises, with no more than a 24 hour notice" (Section E# 4, page 3 of 7). The contracts were signed 3/1/10, 1/24/10, 9/1/09, 9/1/09 and 11/3/09 respectively.	<i>6-3-10</i>	<i>The state had approved the contract in the past, since it's become unacceptable we will change it, a 30 day notice will be given for any circumstance. Administrator will review contract in the future.</i>	<i>6-3-10 Jk</i>

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Berks Leisure Living</i>	DATE 4/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jana Haney</i>	DATE 6-3-10

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
251b The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.	Correction fluid, a non-permanent entry, was used in the following resident records: Res. # 7: Contract dated 9/1/09 page 4 of 7, payer information Res. # 8: Support plan dated 9/15/09, page 3 of 4, social recreational section	<i>4/27/10</i>	<i>went through residents records & made ourselves aware of correction type. In the future there will be no correction type used for required paperwork. CA Admin will monitor. STAFF were insourced ON How TO CORRECT ERRORS. JH 6-3-10</i>	<i>6-3-10 JH</i>