

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to THE GREEN HOME

LEGAL ENTITY

To operate THE LAURELS

NAME OF FACILITY OR AGENCY

Located at 39 CENTRAL AVENUE, WELLSBORO, PA 16901

(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 60
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 3, 2010 until June 3, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 203410

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

JUN 04 2010

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

Ms. Jan E. Fisher, President
The Green House
37 Central Avenue
Wellsboro, Pennsylvania 16901

RE: The Laurels
39 Central Avenue
Wellsboro, Pennsylvania 16901

Dear Ms. Fisher:

As a result of the Department of Public Welfare's licensing inspection on April 28, 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		CURRENT LICENSE NUMBER	
The Laurels, 39 Central Avenue, Wellsboro, Pennsylvania, 16901		203410	
INSPECTION DATE(S) (Include all dates of the inspection)		REGIONAL REPRESENTATIVE	
April 28, 2010		Leslie Patton and Ann O'Haire	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
Debra L. Wivell PCHA			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE		REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	
Debra L. Wivell		Diane Valerius	
DATE	DATE	DATE	DATE
5/13/10		5-25-10	

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												
132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	The home's fire drill logs for the following dates did not reflect the same number of residents that were in the facility and the same number of residents that were evacuated from the facility: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>Date</th> <th>Time</th> <th># Res</th> <th># Res Evac.</th> </tr> </thead> <tbody> <tr> <td>7/28/09</td> <td>1:30 am</td> <td>32</td> <td>28</td> </tr> <tr> <td>8/18/09</td> <td>2:03 pm</td> <td>31</td> <td>29</td> </tr> </tbody> </table>	Date	Time	# Res	# Res Evac.	7/28/09	1:30 am	32	28	8/18/09	2:03 pm	31	29	4/28/10	See New Policy Attached #1. PCHA created Policy and educated facility manager and designee. Facility manager is responsible for assuring policy is followed and will audit throughout the year to ensure ongoing compliance.	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center">5-25-10 DW</p> <p align="center">Date Initials (DPW)</p>
Date	Time	# Res	# Res Evac.													
7/28/09	1:30 am	32	28													
8/18/09	2:03 pm	31	29													

RECEIVED

MAY 19 2010

SCRANTON FIELD OFFICE
Adult Residential Licensing

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

NAME AND ADDRESS OF PERSONAL CARE HOME The Laurels, 39 Central Avenue, Wellsboro, Pennsylvania, 16901		CURRENT LICENSE NUMBER 203410	
INSPECTION DATE(S) (Include all dates of the inspection) April 28, 2010		REGIONAL REPRESENTATIVE Leslie Patton and Ann O'Haire	
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>Debra R. Wivell</i>	DATE 5/13/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C. Valance</i>	DATE 5-25-10

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
184c Sample prescription medications shall have written instructions from the prescriber that include the components specified in 184a.	The following sample medication prescribed to the indicated resident did not contain written instructions from the prescribing physician including the resident's name, the name of the medication, the date the prescription was issued, the prescribed dosage and instructions for administration and the name and title of the prescriber: Resident #1: 1 bottle of Azor 5/20mg Resident#2: 3 boxes, each containing 7 pills of Vesicare 5mg	4/28/10	See new Policy Attached # 2. PCHA created Policy and educated all staff that pass medication. Medication Resident Associate is responsible for assuring policy is followed and will audit monthly to ensure ongoing compliance.	

RECEIVED

MAY 19 2010