

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SUGAR CREEK REST

LEGAL ENTITY

To operate MEADOW LAKE MANOR OF SUGAR CREEK REST

NAME OF FACILITY OR AGENCY

Located at 109 PERSONAL CARE LANE WORTHINGTON, PA 16262

(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 47

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 August 13,

2010

until August 13,

2011

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

No: 426810

Robert E. Robinson

ISSUING OFFICER

Kevin J. 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

AUG 19 2010

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

Mr. Philip E. Tack, Administrator
Sugar Creek Rest
120 Lakeside Drive
Worthington, Pennsylvania 16262

Re: Meadow Lake Manor of Sugar Creek Rest
109 Personal Care Lane
Worthington, Pennsylvania 16262

Dear Mr. Tack:

As a result of the Department of Public Welfare's licensing inspection on May 11, 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

Western Region

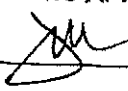
AUG 04 2010

Adult Residential Licensing

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

Page 1 of 11

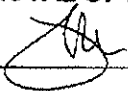
Aug 04 2010 7:22AM MEADOWLAKE MNR

NAME AND ADDRESS OF PERSONAL CARE HOME Meadow Lake Manor of Sugar Creek Rest 169 Personal Care Lane, Worthington, PA 16262		CURRENT LICENSE NUMBER 426810	
INSPECTION DATE(S) (Include all dates of the inspection) May 11, 2010		REGIONAL REPRESENTATIVE K. Kruppa, A. Linhart	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Helen Andersm PC Director/Admin.			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Helen Anderson</i>		DATE 8-3-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
		DATE 8/6/10	

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
16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.	The home's incident policy did not address prevention, and management of incidents and conditions.	6/30/10 9/30/10	1. The home's incident policy was updated to include prevention and management of incidents and conditions. 2. The Administrator or designee will report any findings to Q&A Staff will be educated on incident policy reporting requirements.	Steps have been taken to correct violation; full compliance is not verifiable 8/6/10 Date Initials (DPW)

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

Aug 04 2010 7:22PM MENDOTA LAKE MNR

NAME AND ADDRESS OF PERSONAL CARE HOME Meadow Lake Manor of Sugar Creek Rest 109 Personal Care Lane, Worthington, PA 16262		CURRENT LICENSE NUMBER 426810	
INSPECTION DATE(S) (Include all dates of the inspection) May 11, 2010		REGIONAL REPRESENTATIVE K. Kruppa, A. Linhart	
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>Nelan Anderson</i>	DATE 8-3-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 8/3/10

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
65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an	Staff person A and staff person B, both hired 03/30/10, were not oriented to any of the required topics.	6/30/10	1. Staff member A. quit and staff member B. was oriented to Required topics ① Evacuation procedures ② staff duties and responsibilities during fire drills, as well as during emergency evacuation transportation and at emergency location if applicable ③ designated meeting place outside building or within the fire safe area in the event of an actual fire ④ Smoking safety procedures policy and location of smoking areas ⑤ The location and use of fire extinguishers ⑥ Smoke detectors and fire alarms ⑦ Telephone use and notification of emergency services 2. All staff will be oriented to required topics prior or during	Steps have been taken to correct violation; full compliance is not verifiable Date: 8/3/10 Initials (DPW): [Signature]

(Cont. p. 3)

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

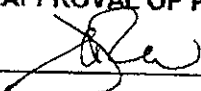
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Nelen Anderson</i>	DATE 8-3-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>[Signature]</i>

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emergency location if applicable. (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.		6/30/10	the first day of work. 3. The Administrator or designee will audit all new hires one month for compliance and report findings to QAAA.	


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

Aug 04 2010 7:22AM MEADDOULAKE MNR

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		DATE 8-6-10

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65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act. (4) Reporting of reportable incidents and conditions.	Staff person A and staff person B, both hired 03/30/10, were not oriented to the following topics: <ul style="list-style-type: none"> • Emergency medical plan. • Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act. • Reporting of reportable incidents and conditions. 	6/30/10	① Staff member A quit and staff member B was oriented to required topics (a) Emergency of medical plan (b) Mandatory reporting abuse and neglect under the older Adult Protective services Act. (c) Reporting of reportable incidents and conditions ② All staff will be required oriented to required topics prior to first work day. ③ The Administrator or designee will attend all new hires for one month compliance and report to DPW to ensure they receive all required training in the first 40 hours of employment. JW 8/6/10	Steps have been taken to correct violation; full compliance is not verifiable Date <u>8/6/10</u> Initials <u>JW</u> DPW

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

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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.	Epsom salts and denture cleaner were unlocked and accessible to residents in room #35. Both of the items had label precautions that indicated the need to call Poison Control if swallowed. None of the residents in the home have been assessed and determined that they can safely use and avoid poisonous materials.	7-15-2010	1. The Epsom salt and denture cleaner were locked up. 2. All residents were assessed for safety and poisonous materials. 3. Staff was educated to keep all poison materials locked up. 4. The Administrator oversees will audit weekly times 2 weeks and report findings to QAA.	

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

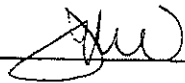
AUG 04 2010 7:24AM MEMPHIS

NAME AND ADDRESS OF PERSONAL CARE HOME Meadow Lake Manor of Sugar Creek Rest 109 Personal Care Lane, Worthington, PA 16262		CURRENT LICENSE NUMBER 426810	
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85a Sanitary conditions shall be maintained.	There was a strong smell of stale urine in the bathroom adjacent to room #13. REPEAT VIOLATION 2/12/2009	6/30/2010	<ol style="list-style-type: none"> 1. Bathroom adjacent to room 13 was cleaned. 2. All bathrooms were assessed for odors. 3. Staff was educated to report any odors to house-keeping and off hours will will clean clean the bathroom as necessary. 4. Administrator or designee will monitor and report findings to O.A. & A. Administrator or designated staff person will monitor sanitary conditions daily to ensure cleanliness is maintained. 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date <u>8/6/10</u> Initials (DPW) <u>[Signature]</u></p>

cleanliness is maintained
JAN 8/6/10

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

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88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	The ceiling vents in the following locations were coated with dust: <ul style="list-style-type: none"> Bathroom between rooms #11 and #13. Bathroom between rooms #18 and #20. Bathroom between rooms #19 and #21. 	5-18-2010	1. All floors walls ceilings windows doors and other surfaces shall be clean in good repair and free of hazards. 2. Designated staff persons for monitor and documentation will be kept on file every two weeks. 3. The Administrator or designee will review documentation at QA meeting every other month.	

AUG 04 2010 7:24AM MEADOWLAKE MNR

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


AUG 04 2010 7:24AM MERIDOWLAKE MNR


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102d-1 Toilet and bath areas shall have grab bars, hand rails or assist bars.	A secure grab bar was not adjacent to the toilet in the hallway bathroom across from the water fountain. REPEAT VIOLATION 2/12/2009	7-15-10	1. A secure grab bar placed in the hallway bathroom across from the water fountain. 2. All bathrooms were assessed for grab bars	<i>[Signature]</i> 8/6/10


100517


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

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103g Food shall be stored in closed or sealed containers.	The following food items were unsealed: <ul style="list-style-type: none"> • Dry breakfast cereals – Frosted Flakes, Cocoa Puffs, Raisin Bran, and Honeycomb. • Dry instant mashed potatoes. • Dry combread mix. • Dry chocolate cake mix. 	7-15-10	1. The food items were sealed labeled and dated. 2. The staff was educated to keep food stored and sealed properly/documentated. 3. The administrator or designee will audit food service and will be reviewed at Q.A.A.	

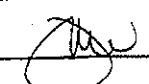
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131c A fire extinguisher with a minimum 2A-10BC rating shall be located in each kitchen. The kitchen extinguisher meets the requirements for one floor as required in 131a.	A fire extinguisher with a 2A-10BC rating was not in the kitchen.	5-11-10	1. The fire extinguisher was placed in the kitchen. 2. All kitchen areas were accessed for fire extinguishers and hood above the stove. 3. The administrator or designee will admit and accept report findings to the OAAA. monitor fire extinguishers to ensure that fire extinguishers with the correct rating are in the required areas of the home.	8/6/10 

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

AUG 04 2010 7:28AM MERRIDULAKE HNR

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254c Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.	The following items contained resident information and were unlocked and unattended at a desk at the nurse's station opposite room #17: <ul style="list-style-type: none"> • The emergency medical transfer sheet book. • The incident report book. • The visiting nurse/home health communication book. 	5-11-10	1. The emergency medical transfer sheet book, the incident report book and the visiting nurse/home health communication book was all stored in locked area. 2. The staff was educated on proper storage of resident records/documentation. 3. The Administrator or designee will incorporate and report findings to O.A. & A.	 8/6/10