



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
100 LACKAWANNA AVENUE
ROOM 330, SCRANTON STATE OFFICE BUILDING
SCRANTON, PENNSYLVANIA 18503-1923

ADULT RESIDENTIAL LICENSING

PHONE: (570) 963-3209
1-800-833-5095
FAX: (570) 963-3018

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: September 28, 2010

Ms. Paula Sagan-Hahn, Executive Director
Lakewood Senior Living-Drums, LLC
Fritzingertown Senior Living Community
159 South Old Turnpike Road
Drums, Pennsylvania 18222

Dear Ms. Sagan-Hahn:

As a result of the Department of Public Welfare's licensing inspection on May 12, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Harvey", written over a horizontal line.

Regional Licensing Administrator

Enclosure
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME Fritzingertown Senior Living Community, 159 South Old Turnpike Road, Drums, Pennsylvania 18222		CURRENT LICENSE NUMBER 201660	
INSPECTION DATE(S) (Include all dates of the inspection) May 12, 2010		REGIONAL REPRESENTATIVE Betty Bloch and Mary Ann Domanski	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Paula Sagan-Balcer Executive Director</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Paula Sagan-Balcer</i>	DATE <i>06/21/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE <i>9-24-10</i>

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
29 Hospice care and services that are licensed by the Pennsylvania Department of Health as a hospice may be provided in a personal care home.	The home did not have a copy of the current hospice license for Diakon Lutheran Social Ministries D/B/A Diakon Hospice Saint John, who currently provides hospice services to resident #s 1 and 2. The hospice license on file expired 2/28/10.	5/12/10	The renewed license was presented to Inspector at time of inspection. Copy is attached. Administrator will assure that all hospice services provide facility with current license. Administrator will maintain copy of these records at all times.	<i>9-24-10 JH</i>

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JUN 28 2010

SCRANTON FIELD OFFICE
Adult Residential Licensing

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

NAME AND ADDRESS OF PERSONAL CARE HOME Fritzingertown Senior Living Community, 159 South Old Turnpike Road, Drums, Pennsylvania 18222		CURRENT LICENSE NUMBER 201660	
INSPECTION DATE(S) (Include all dates of the inspection) May 12, 2010		REGIONAL REPRESENTATIVE Betty Bloch and Mary Ann Domanski	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Paula Sagon - Dolan Executive Director</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Paula Sagon Dolan</i>		DATE <i>06/21/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hurney</i>
			DATE <i>9-24-10</i>

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
226a The resident shall be assessed for mobility needs as part of the resident's assessment.	The most current medical evaluations for resident #s 1 and 2, dated 10/1/09 and 9/18/09 respectively, indicated that they have difficulty understanding and following oral directions in the event of an emergency; their most current assessments, dated 10/1/09 and 9/18/09 respectively, indicated that they were mobile in the event of an emergency. In addition, staff persons interviewed stated that these residents could not evacuate without continued assistance in the event of an emergency.	06/01/10	Residents #1 and 2 have received updated mobility assessment and medical evaluations. Residents have been deemed "Resident with Mobility Needs". See attached copies of updated documentation including notification to local fire depts. of addition of immobile person to facility.	Steps have been taken to correct violation; full compliance is not verifiable <i>9-24-10 JH</i> Date Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME Fritzingertown Senior Living Community, 159 South Old Turnpike Road, Drums, Pennsylvania 18222		CURRENT LICENSE NUMBER 201660	
INSPECTION DATE(S) (Include all dates of the inspection) May 12, 2010		REGIONAL REPRESENTATIVE Betty Bloch and Mary Ann Domanski	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Paul Sagon, Director Executive Director</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Paul Sagon</i>		DATE <i>06/28/2010</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hanning</i>
			DATE <i>9-24-10</i>

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>227g Individuals who participate in the development of the support plan shall sign and date the support plan.</p> <p>227h If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.</p>	<ul style="list-style-type: none"> The signatures on the support plans developed 10/1/09 and 10/1/08 for resident # 1 were photocopied from the prior support plan developed 10/1/07. The signatures included the resident's, staff person A, who is the administrator, and four other signatures. The signatures of the resident, the resident's family member and staff person A, who is the administrator, on the support plan developed 6/1/09 for resident # 3 was photocopied from a prior support plan developed 6/6/07. <p>In addition, none of the individuals whose signatures appeared on the support plan included the date in which they signed them.</p>	06/01/10	Administrator will monitor and assure that all support plans are signed and dated with each update. Inability or refusal to sign will be documented.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>9-24-10</i> <i>AL</i></p> <p>Date Initials (DPW)</p>

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