

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to COUNTRY COMFORT ASSISTED LIVING, INC.

To operate COUNTRY COMFORT ASSISTED LIVING, INC.

Located at 10546 RIVER ROAD, NEW COLUMBIA, PA 17856

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes

The total number of persons which may be cared for at one time may not exceed 20  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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

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: 202050

Robert E. Robinson  
ISSUING OFFICER

Kurt 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.



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

ADULT RESIDENTIAL LICENSING

JUL 07 2010

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

Ms. Rose M. Bolich, President  
Country Comfort Assisted Living, Inc.  
10546 River Road  
New Columbia, Pennsylvania 17856

Dear Ms. Bolich:

As a result of the Department of Public Welfare's licensing inspection on May 14, 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**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Country Comfort Assisted Living, Inc., 10546 River Road, New Columbia, Pennsylvania 17856		<b>CURRENT LICENSE NUMBER</b> 202050	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> May 14, 2010		<b>REGIONAL REPRESENTATIVE</b> Betty Bloch	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b>			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Rose M. Bolich</i>	<b>DATE</b> 6/9/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Jason Harvey</i>	<b>DATE</b> 6-14-10

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>22a1 The following admission document shall be completed for each resident - Preadmission screening completed prior to admission on a form specified by the Department.</p> <p>224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.</p>	<p>The preadmission screening for resident #1, dated 11/18/09, did not address if the needs of the resident could be met by the services provided by the home. This area on the form was left blank.</p> <p align="center"><b>RECEIVED</b></p> <p align="center">JUN 14 2010</p>	<p>5/14/10 (did while inspector was present.)</p>	<p>Review forms more carefully to be sure all questions are answered. Comment: I feel this question is redundant. If I, the administrator, answered no to the question there would be no records to review on that individual because they would not be residing in the home since we could not meet their needs.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable 6-15-10 <i>JH</i> Date Initials (DPW)</p>

SCRANTON FIELD OFFICE  
Adult Residential Licensing

*Original*

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			<b>DATE</b> 6-14-10

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25c9 The contract shall specify the conditions under which the agreement may be terminated including home closure as specified in 228b (relating to notification of termination).	The only grounds for discharge or transfer of a resident in regulation 228h do not include "fraudulent statements on application, contract, and/or admission forms", as added into the home's "Addendum to Resident's Contract", under subsection "h".	5/20/10	<p>1. Redo addendum and remove item "h".</p> <p>2. Have each resident and their designee sign the new addendum relating to grounds for discharge. Copy of new addendum included.</p> <p>Comment: I feel not being able to include this statement as a grounds for discharge is a violation of my rights as an owner and administrator to protect the residents, staff and business. This puts the home as a higher liability risk.</p>	6-14-10 JH

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141a-2 The medical evaluation shall include the following:  (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate.	The most current medical evaluation, dated 12/23/09, for resident # 2 did not address temperature, treatment / therapies or body positioning. These areas on the form were left blank.  In addition, the area addressing medications indicated "see attached". The attachment was not signed or dated by the physician who completed the medical evaluation to indicate that they were reviewed at the time the medical evaluation was completed.	6/4/10	1. Have the physician complete the items not marked on resident #2's medical evaluation 2. Review forms more carefully to be sure the physician completes <u>ALL</u> items properly. 3. Request a printout from physician of all medications ordered by them or have doctor sign list of medications sent at time of medical evaluation  <i>(Copies of completion included)</i>	6-14-10 JH

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183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	The PRN medication Acetaminophen 325 mg tab for resident # 3 was in the home's "PRN" drawer and was not on the resident's current medication administration record.	5/17/10	<p>Comment: The resident had 500mg acetaminophen listed on the MAR as a PRN</p> <p>1. Met a new order from doctor to discontinue the 500mg acetaminophen and get an order to use the 325 mg acetaminophen (copy of order included)</p>		<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>6-14-10 <i>AK</i></p> <p>Date                      Initials (DPW)</p>

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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.	<p>Direct care staff person B did not follow the home's policy and procedures for documenting controlled and narcotic counts of resident medications.</p> <p>On the day of this inspection, they stated that they sign the "Controlled and Narcotic Medication Count Sheet" twice at the end of each shift; once for when they first started the shift and once for when s/he completed the shift.</p> <p>The home's policy and procedures is for the incoming and outgoing staff persons to each sign the count sheet at the change of each shift: Once at the beginning of the shift worked and a second time at the end of the shift worked.</p>	5/14/10	<p>1. Review procedure with all staff who do medication administration.</p> <p>2. Do random checks to make sure procedure is being followed.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>6-14-10 <i>JL</i></p> <p>Date Initials (DPW)</p>

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(Continued from the previous page)	In the mid-afternoon on the day of this inspection, staff person B had not signed the control sheet for the incoming staff person for resident # 4's Oxycodon 5mg count. They started his/her shift at 7am that morning.			Steps have been taken to correct violation; full compliance is not verifiable <u>6-14-10</u> <i>JB</i> Date Initials (DPW)

**RECEIVED**

JUN 14 2010

SCRANTON FIELD OFFICE  
 Adult Residential Licensing