

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SISTERS OF SAINTS CYRIL AND METHODIUS

LEGAL ENTITY

To operate MARIA JOSEPH MANOR

NAME OF FACILITY OR AGENCY

Located at 875 MONTOUR BLVD., DANVILLE, PA 17821

(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 95
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 September 29, 2010 until September 29, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 200320

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

OCT 01 2010

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

Sister Marcine Klocko, Treasurer
Sisters of Saints Cyril and Methodius
Maria Joseph Manor
875 Montour Boulevard
Danville, Pennsylvania 17821

Dear Sister Klocko:

As a result of the Department of Public Welfare's licensing inspection on June 9, 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**

SEP-21-2010 08:44 From: MARIJA JOSEPH

15702754711

To: 9633018637

P.2

NAME AND ADDRESS OF PERSONAL CARE HOME Maria Joseph Manor, 875 Montour Boulevard, Danville, Pennsylvania 17821		CURRENT LICENSE NUMBER 200320	
INSPECTION DATE(S) (Include all dates of the inspection) June 9, 2010		REGIONAL REPRESENTATIVE Ann O'Haire and Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Raymond R. Ripka, Administrator			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Raymond R. Ripka</i>	DATE 07-15-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dune Valence</i>	DATE 9-17-10

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 forms for resident #5 (DOA 4/20/10), #6 (DOA 11/19/09) and #7 (DOA 3/2/10) did not address if the needs of the resident could be met by the services provided by the home. The area on the form to document this was left blank.</p> <p>In addition, the forms for residents #5 and #6 did not include the date the preadmission screenings were completed.</p>	<p>July 10, 2010</p>	<p>This was a simple oversight in data recording. A re-assessment was done to ensure both residents needs could be met and that no change in status had occurred since original admission.</p> <p>1. Area on form now highlighted *</p> <p>2. Pre-Screen now completed.</p> <p>(224a) - Same correction as above.</p> <p>* Exhibit "A"</p> <p>Double Checks will be done by Resident Care Director (LPN)</p>	<p>DCV 9-17-10</p>

original

3. Pre-Screen will be initially completed by the administrator, Resident Care Director will complete double check. This will be done for all new admissions to PC#.

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

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Raymond R. Riska</i>	DATE 7/15/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen C. Valence</i>	DATE 9-17-10

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 for resident # 8 was undated as to when it was completed. Therefore, it could not be determined if it was completed within the required time frame. The resident was admitted to the home on 1/11/10.</p> <p>Repeated Violation - 4/30/09</p>	<p>July 10, 2010</p>	<p>(22a3) Oversight in data recording (225a) 1. Closer attention will be our caution and priority during data collection and recording 2. Form will be highlighted in areas frequently missed * 3. Assessment now completed * Exhibit "B" Initial Assessment done by Resident Care Director Double Check to be done by Administrator For all new admissions and annual and status change assessments.</p>	<p>DCV 9-17-10</p>

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Raymond R. Ryska</i>	DATE 7/15/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen Valencia</i>	DATE 9-17-10

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
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 the hospice license for Columbia Montour Home Health and Hospice, who provided hospice services to resident # 9 in 2010, at the time of inspection.	June 10, 2010	(2a) We had the license in our possession. Due to an Administrator change, it was unclear of where the filing location existed. 1. It was faxed to your office the following day. 6-10-10 2. Location: Administrator's Office Administrator will take on responsibility of checking updates and compliances with all outside agencies, on a weekly basis.	DCV 9-17-10

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Raymond R. Rosta</i>	DATE 7/15/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dianne C. Valerese</i>	DATE 9-17-10

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
51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults).	At the time of inspection, the home did not have copies of the PA criminal history background checks on the employees of Columbia Montour Home Health and Hospice, who provided hospice services to resident # 9 in 2010, and who are currently providing home health services to resident # 10.	June 10, 2010	(S1 & S2) - Same as #29 - Copies on background checks faxed to your office on 06-10-10. 1. We will continue to monitor agencies, who may provide additional care to our residents for new employees. (Administrator) 2. We have developed a roster form to be used when a resident utilizes an outside agency. Exhibit "C" 3. 1 copy will become part of the resident's record. Another copy will be available in Administrator's office.	Steps have been taken to correct violation; full compliance is not verifiable 9-17-10 DCV Date Initials (DPW)
52 Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.	Repeated Violation - 4/30/09			

Checks of the recorded data will be completed on a weekly basis by Resident Care Director and Administrator

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

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Raymond R. Repka</i>	DATE 7/15/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duane Valencia</i>	DATE 9-17-10

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54a Direct care staff persons shall have the following qualifications: (2) Have a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry.	Staff person A did not have an acceptable GED in their record. This individual had a copy of their final test results on the GED exam but did not have a diploma stating it was recognized by the Commonwealth of Pennsylvania. Repeated Violation - 4/30/09	July 14, 2010	(54a) Recognized GED will become part of employee record when received from Harrisburg. * 1. We will re-examine all employee records for accuracy. 2. We will correct inaccuracies. Human Resource Director will assist Administrator in making all employee records compliant. Exhibit *It will be sent to you as "D"	DCV 9-17-10

Administrator will maintain a duplicate set of all documents to qualify staff for employment.

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Raymond R. Risher</i>		DATE 2/15/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen C Valence</i>
			DATE 9-17-10

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88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	The aqua blue oval bath rug located on the floor in the bathroom adjoining bedroom # 214 did not have a non-slip backing on it which could pose a possible slipping hazard to the resident.	July 13, 2010	(88a) The rug was removed from the building by POA (sister) with residents permission. They will shop for a non-slip backing replacement. 1. Resident Care Director will oversee a monthly inspection of each room by 60r Care staff. Housekeepers will check daily. Mon-Fri. Care Aides will check daily. Sat-Sun.	DCV 9-17-10

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To: 9633018637

15702754711

SEP-21-2010 08:53 From: MARIA JOSEPH

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

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Raymond L. Keph</i>	DATE 7/15/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C. Valence</i>	DATE 9-17-10

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96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The first aid kit located in the kitchenette located on the first floor did not contain a pair of eye goggles, gauze or a thermometer.	July 13, 2010	(96a) - Resident Care Director - rapsus. 1. The main Med Room will keep a complete up to date first Aid Kit. 2. Auxilliary boxes with the most used resident supplies will be available on each floor and will be labeled as "SUPPLIES" 3. All First Aid Kits and Supplies boxes will be checked monthly for expired products. 4. New form established * Exhibit "E"	DCV 9-17-10

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

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Raymond R. Rypla</i>	DATE 7/15/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duane C. Valence</i>	DATE 9-17-10

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141a-2 The medical evaluation shall include the following: (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (8) Body positioning and movement stimulation for residents, if appropriate. (10) Mobility assessment, updated annually or at the Department's request.	The most current medical evaluations for resident # 6, dated 11/19/09 and 5/12/10, did not address body positioning. In addition, the 5/12/10 medical evaluation did not address treatment/therapies.	July 23, 2010	1. Resident Care Director will send current ME back to physician to complete in completed areas of body positioning and therapies. 2. She will "keep on" the doctors for a quick correction as well as future monitoring of data. Administrator will double check. - We believe the assessments to be correct and the ME's to be incorrect. New ME will be procured. A. - Residents #5, #11 and #12. Their cognition has improved tremendously since coming here to reside.	Steps have been taken to correct violation; full compliance is not verifiable 9-17-10 DCU Date Initials (DPW)
	The most current medical evaluation for resident # 7, dated 2/26/10, did not address treatment/therapies.	July 23, 2010		
	The most current medical evaluations for the following residents indicated that the residents are immobile in the event of an emergency; their most current assessments indicate that they are mobile: Resident # 5 Medical evaluation, dated 4/13/10.	July 23, 2010		

* by Resident Care Director

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

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To: 9633018637

15702754711

SEP-21-2010 08:55 From: MARIA JOSEPH

NAME AND ADDRESS OF PERSONAL CARE HOME Maria Joseph Manor, 875 Montour Boulevard, Danville, Pennsylvania 17821		CURRENT LICENSE NUMBER 200320	
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Raymond R. Ripke</i>	DATE 7/15/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen Valencia</i>	DATE 9-17-10

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(Continued from the previous page)	<p>indicated the resident has difficulty understanding and following oral directions in the event of an emergency. The assessment, dated 4/28/10, indicated that the resident is "mobile"</p> <p><u>Resident # 11</u> Medical evaluation, dated 1/11/10, indicated that the resident was unable to move from one location to another without physical assistance or oral prompting from others, and that the resident has difficulty understanding and following oral directions in the event of an emergency. The assessment, dated 1/10/10, indicated that the resident is "mobile"</p> <p><u>Resident # 12</u> The medical evaluation dated 3/3/10 indicated that the resident was</p>	July 23, 2010	<p>Cont'd - Resident #5 continues to be our best "pinnoche" player and is very independently mobile in our building with a great sense of direct.</p> <p>Residents #11 & #12 - very similar situations as #5. In fact, #12 drives a vehicle.</p> <p>Our Plan: 1. - Resident Care Director & Administrator will co-author a letter to the physicians of residents #5, 11, & 12, to</p>	See page 8

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Raymond L. Ryska</i>	DATE 7/15/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen C. Valasek</i>	DATE 9-17-10

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
(Continued from the previous page)	<p>unable to move from one location to another without oral prompting from others.</p> <p>Interview with staff indicated that resident #s 11 and 12 would require continued assistance to evacuate in the event of an emergency and resident # 5 may need continued assistance, depending on the resident's mental status at the time of the emergency.</p> <p>• Until the discrepancy is resolved the more stringent assessment applies.</p>	July 23, 2010	<p>Explain the improvement and ask for help in re-assessing each individual. EXHIBIT "F"</p> <p>2. We have re-checked our records of all residents and if inaccuracies are/were found we will have them corrected in the same manner.</p> <p>3. We will be more prudent on re-assessments as our resident's conditions improve following admissions. Resident Care Director - responsible</p>	See page 8

We will have new ME's completed for residents 5, 11, 12, and any resident we found during the double check.

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144b The home rules shall specify whether the home is designated as smoking or non-smoking.	<ul style="list-style-type: none"> The home did not update their smoking policy and had information that was no longer relevant. The home's policy and rules were referring to a past time when the home had an interior smoking room which is no longer present and did not identify the present designated area that is located out in a Gazebo area near the parking lot. The home rules in all the contracts reviewed at the time of inspection did not clearly indicate in writing the location of the designated smoking location, which is the outside gazebo, adjacent to the front parking lot. 	July 16, 2010	<p>(144b) A review of our home rules indicates that our facility is smoke free. The reviewed contracts were obviously not updated.</p> <ol style="list-style-type: none"> We will distribute revised Home Rules to all residents. A signed copy will be retained for residents record. <p align="center">EXHIBIT "G"</p> <p>A smoking policy copy will be distributed to all residents.</p>	<p align="center">DCU</p> <p align="center">9-17-10</p>

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Raymond R. Kipko</i>	DATE 7/15/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duane C. Valence</i>	DATE 9-17-10

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
181e To be considered capable to self-administer medications, a resident shall: (1) Be able to recognize and distinguish his medication. (2) Know how much medication is to be taken. (3) Know when medication is to be taken.	When resident # 13 was asked to identify her/his prescribed medication Zocar 40mg at the time of inspection, s/he mistakenly identified it as the Vitron-C. This resident currently self-administers her/his medications.	July 16, 2010	(181e) We have reached a compromise with resident #13. 1. We will provide [redacted] with a lockbox for medication storage. 2. All meds will be stored, including OTC. 3. We will have the only key. 4. We will remind [redacted] when it is time for meds and make sure proper med is taken.	DCV 9-17-10

Per telephone call 9-17-10
 Resident assessment & Support plan will be amended to reflect that resident needs assistance with medication administration. D. Valence

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

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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
181f The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.	The home did not have a current list of resident # 13's medications that are being maintained by the resident in her/his bedroom, as noted below: <u>In the resident's bedroom and not listed in the resident's record</u> *Acetaminophen 500mg *Aspercream Heat Pain Relieving Gel *Ben Gay Pain Relieving Cream *CVS Antibiotic Pain Relief *CVS Extra Strength Pain Relief gel tabs *CVS Hemorrhoidal Cream *Preparation H Cream	July 16, 2010	(181f) 1. We will monitor for new arriving OTC meds. 2. If found, we will store in locked med box and list in residents record. 3. We will notify physician for instructions. Direct of Resident Care - Rishka and will monitor on a daily basis.	Steps have been taken to correct violation; full compliance is not verifiable 9-17-10 Date Initials (DPW) <i>DCV</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Maria Joseph Manor, 875 Montour Boulevard, Darville, Pennsylvania 17821		CURRENT LICENSE NUMBER 200320	
INSPECTION DATE(S) (include all dates of the inspection) June 9, 2010		REGIONAL REPRESENTATIVE Ann O'Haire and Betty Bloch	
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>Raymond R. Risher</i>	DATE 7/15/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Deanne C Valence</i>	DATE 9-17-10

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
182b Prescription medication that is not self-administered by a resident shall be administered by one of the following: (4) A staff person who has completed the medication administration training in 190 for the administration of oral, topical, eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.	Staff person B's Medication Training is incomplete. Staff person B has a Student Certification form dated 6/14/07 for their initial training but no student examination data summary form documenting their test score, MAR reviews and medication administration observations. There was no initial Annual Practicum form, which was due to be completed by 6/14/08. There was an annual practicum form dated 3/1/10. Staff person B is no longer qualified to administer medications and will need to be retrained.	July 16, 2010	(182b) Initial training done at another PCH. 1. We approached the problem by totaling retraining individual as if she were a new Med Tech. 2. All paperwork attached. EXHIBIT "H"	DCV 9-17-10

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Raymond R. Ripka</i>	DATE 7/15/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen Valencia</i>	DATE 9-17-10

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.	<ul style="list-style-type: none"> The home's first aid kit located in the medication room contained First Aid Brand antibiotic swabs which expired 9/09 The first aid kit located in the home's 2003 Ford van contained DG Triple Antibiotic Ointment 1 oz. tube which expired 6/09; this van is used to transport residents CVS Antibiotic Pain Relief that was maintained in resident # 13's bedroom, expired 2/09 	July 16, 2010	1. All cited OTC ^s have been removed. 2. Monthly checks of vans, first aid kits, and resident locked med boxes will be documented on a form. (new) EXHIBIT "I"	DCV 9-20-10