



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: October 8, 2010

Ms. Aundrea Leonard, Owner
Elite Care Group, LLP
125 Treymore Court
Pennington, New Jersey 08534

RE: Liza's House
1357 Blue Mountain Drive
Danielsville, Pennsylvania 18038

Dear Ms. Leonard:

As a result of the Department of Public Welfare's licensing inspection on June 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.


Sincerely,


Bob Besignoni

Regional Licensing Administrator

Enclosure
Violation Report

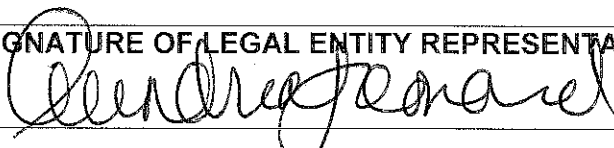
VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Liza's House, 1357 Blue Mountain Drive, Danielsville, Pennsylvania, 18038		CURRENT LICENSE NUMBER 214771	
INSPECTION DATE(S) (Include all dates of the inspection) June 11, 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 	DATE 6/30/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION B of Brigrani	DATE 9/21/10

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
22a4 The following admission document shall be completed for each resident - Support plan developed and implemented within 30 days after admission. 227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	Resident # 3 Initial support plans was not dated. This individual had an DOA 2/3/10 and today's date is 6/11/10. It can not be determine if this Support Plan was completed within 30 days of admission. Repeated violation- 2/16/10 <div style="text-align: center;">  JUL 07 2010 </div>	6/11/2010	<ul style="list-style-type: none"> - Resident # 3 chart reviewed including support plan on date of survey. - All residents charts include support plans have been reviewed. - All charts are in compliance. - Administrator developed & implemented documentation calendar with all dates for charting of annuals, support plans and MASI. ^{see} attached. - Project had been implemented into fully S.A. program - see attached. - Ongoing audits to be conducted by Administrator or designee to ensure 22a4 and 227a are in compliance. 	Steps have been taken to correct violation; full compliance is not verifiable Date 9/21/10 Initials (DPW) B.P.

SCRANTON FIELD OFFICE
 Adult Residential Licensing

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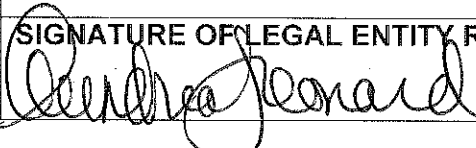
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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (12) Diagnosis or purpose for the medication, including pro re nata (PRN).	The Medication Administration Record of resident #1 does not indicate the diagnosis or purpose for Aricept 5mg. Repeated violation- 2/16/10	6/11/2010	- MAR was updated for resident # 1 on date of survey. - Administrator contacted pharmacy for updates. - Administrator to work with pharmacy consultant for review on MARS - meeting on - Please see attached MAR. - Administrator or designee to ensure compliance by conducting audits	Steps have been taken to correct violation; full compliance is not verifiable 9/23/10 Date Initials (DPW) FB

OF MARS.
- Violation has been added to QA program.

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187c If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.	Resident #2 refused the following medications on the stated dates: 5/26/10: Colace 100mg at 5:00pm, Seroquel 25mg at 8:00pm, and Aricept 10mg at 8:00pm 5/27/10: Norvasc 10mg at 8:00am, Caltrate 600 at 8:00am, Ferrous Sulfate 325mg at 8:00am, Colace 100mg at 5:00pm, Seroquel 25mg at 8:00pm, and Aricept 10mg at 8:00pm. The prescribing physician was not notified of the medication refusals. Repeated violation- 2/16/10		- Additional insertes by conducted on 6/14/2010 for regulation 187 and for for new form on refusals that will be sent to physicians. - Please see attached. - Administrator / Designee to monitor forms (refusal) and Mars to ensure compliance. - Violation to be reviewed at QA meeting.	Steps have been taken to correct violation; full compliance is not verifiable 9-2-10  Date Initials (DPW)

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<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>	<p>Resident #3 and their designee did not sign the Initial Support Plan. This form was not signed or dated by the resident and there was no indication as to why Resident #3 failed to sign this Support Plan.</p> <p align="center">RECEIVED</p>	6/11/2010	<p>- Resident #3 reviewed and signed off on initial support plan - see attachment</p> <p>- Chart audit for residents conducted to ensure compliance of Regulation 227.</p> <p>- Violation is part of chart audit and has been implemented in QA program.</p> <p>- Ongoing chart audits to be conducted by Administrator or designee</p>	9/21/10 B.B.

JUL 07 2010

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