



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

ADULT RESIDENTIAL LICENSING

JUL 12 2010

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

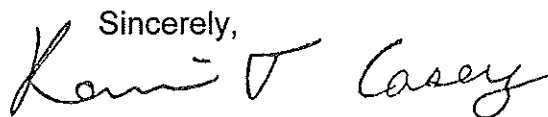
Mr. Thomas H. Prickett, Executive Director
St. John Specialty Care Center
500 Wittenberg Way
PO Box 928
Mars, Pennsylvania 16046

Dear Mr. Prickett:

As a result of the Department of Public Welfare's licensing inspection on June 18, 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.

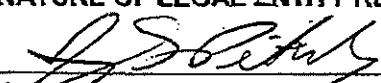
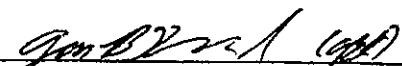
Sincerely,


Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

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

002

NAME AND ADDRESS OF PERSONAL CARE HOME St. John Specialty Care Center 500 Wittenberg Way Mars, PA 16046		CURRENT LICENSE NUMBER 448330		
INSPECTION DATE(S) (include all dates of the inspection) June 18, 2010		REGIONAL REPRESENTATIVE B. McAfee and N. Mandock		
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Amy L. Pietrolaj Associate Director				
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 		DATE 6-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	
			DATE 6-30-10	

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
17 Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or	The medication administration record for all 19 residents was unlocked and accessible on top of the medication cart at the nurse's station.	07/03/2010	1) MAR immediately removed and locked in cabinet; 2) Personal Care Home Administrator to educate all staff by 07-03-10 regarding record storage and Regulation 17; 3) Personal Care Home Administrator to monitor daily times four weeks, then once a month until 100% compliance.	Steps have been taken to correct violation; full compliance is not verifiable. Date: 6-28-10 Initials: (DPW)



Western Region
 JUN 28 2010
 Adult Residential Licensing

ST JOHN SPECIALTY

06/28/2010 15:11 FAX 1 724 625 0087

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

003

NAME AND ADDRESS OF PERSONAL CARE HOME St. John Specialty Care Center 500 Wittenberg Way Mars, PA 16046		CURRENT LICENSE NUMBER 448330		
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 		DATE 6-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6-30-10

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health care proxy or a resident's designated person, or if a court orders disclosure.				
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>Western Region</p> <p>JUN 28 2010</p> <p>Adult Residential Licensing</p> </div>				

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

004

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INSPECTION DATE(S) (include all dates of the inspection) June 18, 2010		REGIONAL REPRESENTATIVE B. McAfee and N. Mandock	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Amy L. Pietrolgi - Associate Director</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>[Signature]</i>		DATE 6-28-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
			DATE 6-28-10

ST JOHN SPECIALTY

06/28/2010 15:11 FAX 1 724 625 0087

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63d A staff person who is trained in first aid or certified in obstructed airway techniques or cardiopulmonary resuscitation shall provide such services in accordance with their training, unless the resident has a "do not resuscitate" order.	The do not resuscitate (DNR) orders for residents #1, #2, and #3 were not signed by the residents.	07/03/2010	<ol style="list-style-type: none"> 1) Personal Care Home Administrator to educate staff on Regulation 63 and utilization of the Advance Directive Form; 2) Advance Directive Form implemented for all residents with a DNR status by 07-03-10; 3) Personal Care Home Administrator to audit all new admissions for Advance Directive Form weekly times four weeks and then for one month to assure compliance. 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>6-30-10 <i>[Signature]</i></p> <p>Date Initials (DPW)</p>

Western Region

JUN 28 2010

Adult Residential Licensing