

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PERSONACORP, INC.

LEGAL ENTITY

To operate LIBERTY SQUARE PERSONAL CARE

NAME OF FACILITY OR AGENCY

Located at 86 MAIN STREET, STOUCHSBURG, PA 19567

(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 19
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 21, 2010 until September 21, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 205720

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.

PW 628 - 4/02



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

ADULT RESIDENTIAL LICENSING

SEP 21 2010

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

Ms. Andrea L. Stone, President
Personacorp, Inc.
Liberty Square Personal Care
86 Main Street
Stouchsburg, Pennsylvania 19576

Dear Ms. Stone:

As a result of the Department of Public Welfare's licensing inspection on June 30, 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

NAME AND ADDRESS OF PERSONAL CARE HOME Liberty Square Personal Care Home, 86 Main Street, Stouchsburg, Pennsylvania, 19567		CURRENT LICENSE NUMBER 205720	
INSPECTION DATE(S) (Include all dates of the inspection) June 30, 2010		REGIONAL REPRESENTATIVE Betty Bloch and Leslie Patton	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Andrea L. Stone, President</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Andrea L. Stone</i>	DATE <i>08-02-2010</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C. Valene</i>	DATE <i>9-10-10</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
81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	The right side of the bed used by resident # 1 had two half-length bed rails; one measuring 32 inches and the second measuring 24 inches. The resident's assessment and support plan, dated 11/11/09, do not address the resident's needs and the health and safety protections necessary for the use of the half-length rails nor has the resident's physician completed a written assessment indicating the need and appropriate use of the bed rails. Staff person A, who is the administrator, stated that the resident does not use the bed rails.	<i>06-30-2010</i>	<i>*Violation was corrected at time of inspection. (Bed rails were removed from metal frame of bed and placed in storage) *VA medical Supply Provider instructed to <u>always</u> check with administrator before leaving medical equipment to ensure proper setup. * Administrator will monitor to ensure that current resident's assessment support plan identify the need for half length bed rails, at this time there are no residents requiring the removal of the bed rails. Administrator staff will monitor each administrator staff will monitor future needs as they become identified</i>	<i>DCV 9-10-10</i>

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Adult Residential Licensing

Original

*per file
call
9-14-10
DCV*



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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Andrea L. Stone</i>	DATE 08-02-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duane Valencia</i>	DATE 9-10-10

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
92 Windows, including windows in doors, shall be in good repair and securely screened when doors or windows are open.	The screen was detached from the frame in the lower right-hand corner of the screen door leading to the outside of the home; the solid kitchen door in this same kitchen exit was propped open at the time of inspection. This allowed for the possible penetration of insects and/or rodents.	09-01-2010	*New screen door will be installed. Bottom of new screen door will be reinforced to avoid tearing/damage.	DCV 9-10-10

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95 Furniture and equipment shall be in good repair, clean and free of hazards.	The metal bar on the front of the portable grab/assist unit of the toilet in the bathroom adjoining bedroom # 12 was rusty. There was a leak at the base of the toilet, where it meets the floor, from the toilet in the bathroom adjoining bedroom # 10.	09-01-2010 09-01-2010	Toilet Assist Bars in bathroom/bedroom #12 will be replaced. Floor seal replaced in toilet/bedroom # 10. Resident instructed not to stand on toilet.	DCU 9-10-10

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Andrea L. Stone</i>	DATE 08-02-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duane Wallace</i>	DATE 9-10-10

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
101r-2 Window coverings shall be clean, in good repair, provide privacy and cover the entire window when drawn.	In bedroom # 1D, the 3 sets of windows facing Main Street had sheer lace curtains on them which did not provide privacy for the resident.	09-01-2010	Blinds will be installed on windows in room #1-D. Per tele call 9-14-10 administrator and home keeping staff will do weekly checks of resident rooms to ensure that all window coverings are of the type that provide privacy and cover the resident bedroom window entirely. <i>DWallace</i>	DCV 9-10-10

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Andrea L. Stone</i>	DATE 08-02-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Janice Williams</i>	DATE 9-10-10

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
103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	<ul style="list-style-type: none"> •The "General Electric" brand freezer located in the home's kitchen had a temperature reading of 6 degrees Fahrenheit •The freezer compartment of the middle refrigerator located in the home's kitchen had a temperature reading of 12 degrees Fahrenheit •The freezer section of the "General Electric No Frost" brand refrigerator had a temperature reading of 5 degrees Fahrenheit •The refrigerator section of the "General Electric No Frost" brand refrigerator had a temperature reading of 48 degrees Fahrenheit. 	06-30-2010	<p>Freezer temperatures immediately adjusted and monitored to bring reading down to 0°F.</p> <p>Refrigerator immediately adjusted and monitored to bring reading down to 40°F.</p> <p>* Administrator will monitor freezer and refrigerator settings monthly. → per tele call 9-14-10 D. Williams</p>	DCV 9-10-10

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Andrea L. Stone</i>	DATE 08-02-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Valencia</i>	DATE 9-10-10

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
105g-2 Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.	The inside of the external vent duct for the home's clothes dryer was caked with lint.	06-30-2010	* violation was corrected at time of inspection. * facility has current contract with appliance dealership to clean dryer vent. Servicemen will be reminded to clean exterior vent as well as interior vent & equipment <i>per the call 9/10/10. Admin intruder stated external dryer duct work will be checked every 6 months and cleaned if needed. Contract with Martin Appliance to clean vent ductwork every 6 months. D Valencia</i>	DCV 9-10-10

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Andrea L. Stone</i>		DATE <i>08-02-2010</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen Valere</i>
			DATE <i>9-10-10</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
141a-2 The medical evaluation shall include the following: (8) Body positioning and movement stimulation for residents, if appropriate.	•The medical evaluation in the record of resident # 2, dated 4/26/10, and the medical evaluation in the record of resident # 3, dated 2/17/10, did not specify the resident's body positioning needs, if any.	<i>07-29-2010</i> <i>07-14-2010</i>	<i>Medical evaluations for residents # 2 & # 3 were returned to physicians for correcting.</i> <i>Administrator will check for completeness immediately when receiving new med. evals.</i>	<i>DCV</i> <i>9-14-10</i>

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 08-02-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 9-10-10

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144c A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures. The written fire safety policy and procedures shall include proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including extinguishing procedures.	The home allows smoking and does not have a policy and procedures for smoking. The designated smoking location is on the outside patio area which is on the southeast side of the home.	07-09-2010	* Policy and procedures for designated smoking area were written. - COPY ENCLOSED - * Newlywritten policy and procedures were reviewed by staff and residents.	DV 9-14-10

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Andrea L. Stone</i>	DATE 08-22-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dune Calverce</i>	DATE 9-10-10

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
144c-1 If smoking is permitted, the designated smoking room or area outside the home shall have fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, fire resistant furniture and fire extinguishers.	In the designated outside smoking location on the side of the home, there were six lawn chairs and two accent tables without labels indicating if they were made of a fire-resistant material. This furniture was made of a woven material with metal frames.	09-01-2010	<i>Cited patio furniture donated to GoodWill. Furniture purchased in future will be labeled as fire-resistant or be solid wood or hard plastic.</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>9-14-10 Del</i> Date Initials (DPW)

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Andrea L. Stone</i>	DATE 08-02-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen C. Salence</i>	DATE 9-10-10

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
144c-2 The location of a smoking room or outside smoking area shall be a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.	Over 40 cigarette butts were found on the dirt area to the right of the first rung of the outside fire escape. There were dry weeds in this area.	06-30-2010 07-09-2010	Cigarette butts were cleaned up. All residents were inserviced on the Policy and Procedures for the designated smoking area. <i>Per tele call 9-14-10. Administrator and staff will physically monitor the area outside the fire escape daily to ensure that no residents or staff are smoking in this area but are smoking in the home's</i>	Steps have been taken to correct violation; full compliance is not verifiable 9-14-10 DCV Initials (DPW)

*outside designated smoking area
D Salence*

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE 08-05-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 9-10-10

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
183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	Two 16 fl.oz. bottles of Pepto-Bismol were found in an unlocked area of the bathroom adjoining resident # 4's bedroom. They were stored on a shelf in the bathroom. The resident was not present in the room at the time of inspection and the door to the bedroom which leads to the bathroom was unlocked and accessible to other residents.	06-30-2010 08-05-2010	* Pepto-Bismol was removed from room # 1 and locked in medication room. (It will stay locked up until we receive a note from physician stating that [redacted] may have it by bedside and be responsible to take it correctly.) * Policy and Procedures written for OTC medications. Reviewed by resident # 4 & signed.	DCV 9-14-10

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Andrea L. Stone</i>	DATE 08-02-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Debra C. Spera</i>	DATE 9-10-10

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.	Ibuprofen 200mg and Trazadon 50mg prescribed to resident # 2 expired 6/10/10. The Trazadon 50mg was discontinued by the prescribing physician on 6/23/10. Repeated Violation - 3/4/09	06-30-2010	* violation corrected at time of inspection. Medications were thrown out. * When receiving medications from family - expiration dates will be checked before medications are accepted. * Medications will be disposed of immediately when discontinued. <i>per Tele call 9-14-10 to Administrator</i>	DCV 9-14-10

stated she developed a form to track when medications are discontinued and destroyed. Administrator will review tracking form when preparing and reviewing Resident MAR's at next monthly Dvel

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Andrea L. Stone</i>	DATE 08-05-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diana Calver</i>	DATE 9-10-10

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>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>The support plan in the record of resident # 2, dated 5/24/10, and the support plan in the record of resident # 3, dated 3/11/10, were not signed by the resident nor was there any documentation regarding the resident's inability or refusal to sign.</p>	<p>08-05-2010</p>	<p>* explanations of refusal to sign were added to support plans of residents # 2 & 3.</p> <p>* explanations of refusal to sign will be added to support plans when resident refuses to sign.</p> <p><i>per file call 9-14-10 administrator completed all support plans and will ensure all documentation</i></p>	<p><i>DCV</i> 9-14-10</p>

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is prepared when there is a resident refusal to sign on the resident is not capable of signing his or her support plan. Orland