

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ECUMENICAL ENTERPRISES, INC.
LEGAL ENTITY

To operate THE MEADOWS MANOR
NAME OF FACILITY OR AGENCY

Located at 200 LAKE STREET, DALLAS, PA 18612
(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 66
(MAXIMUM CAPACITY)
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
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 20, 2010 until August 20, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 243650

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

AUG 23 2010

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

Mr. Carl Noto, Executive Director
Ecumenical Enterprises, Inc.
The Meadows Manor
200 Lake Street
Dallas, Pennsylvania 18612

Dear Mr. Noto:

As a result of the Department of Public Welfare's licensing inspection on July 6, 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 The Meadows Manor, 200 Lake Street, Dallas, Pennsylvania, 18612		INSPECTION DATE(S) (Include all dates of the inspection) July 6, 2010		CURRENT LICENSE NUMBER 243650	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE multiple representatives produce the plan			REGIONAL REPRESENTATIVE Leslie Patton and Florence Babiarz		
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Carl M. B.</i>		DATE 8/10/10		REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen C. Valence</i>	
				DATE 8-12-10	

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
16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.	The home's policy regarding reportable incidents did not specify how the home will prevent reportable incidents from occurring, the home's investigative methods, or the management of reportable incidents.	8/9/10	See attached Policy and Procedure regarding Reportable Incidents - which has been revised to specify how we will prevent reportable incidents from occurring, our investigative methods and the management of reportable incidents. The Resident Care Manager and Administrator are responsible for carrying out this policy. All staff is trained during orientation and yearly in-services are held on how to report reportable incidents.	DCU 8-13-10

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SCRANTON FIELD OFFICE
 Adult Residential Licensing

003

08/13/2010 13:01 FAX

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

004

NAME AND ADDRESS OF PERSONAL CARE HOME The Meadows Manor, 200 Lake Street, Dallas, Pennsylvania, 18612		CURRENT LICENSE NUMBER 243650	
INSPECTION DATE(S) (Include all dates of the inspection) July 6, 2010		REGIONAL REPRESENTATIVE Leslie Patton and Florence Babiarz	
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>Carol J. [Signature]</i>	DATE 8/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dune [Signature]</i>	DATE 8-12-10

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>	The preadmission screening in the record of resident #1 (dated 10/15/09) did not indicate if the needs of the resident can be met by the services provided by the home.	7/6/10	<p>Screening was completed on date of survey - see attached.</p> <p>All preadmission screening will be filled out by the Resident Care Manager and reviewed by the Administrator and Administrative Assistant to be sure that the needs of the individual can be met by the services provided by this personal care home.</p> <p>See attached copies of new admissions since survey.</p>	<p>DCU 8-13-10</p>

08/13/2010 13:01 FAX

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

NAME AND ADDRESS OF PERSONAL CARE HOME The Meadows Manor, 200 Lake Street, Dallas, Pennsylvania, 18612		CURRENT LICENSE NUMBER 243650	
INSPECTION DATE(S) (Include all dates of the inspection) July 6, 2010		REGIONAL REPRESENTATIVE Leslie Patton and Florence Babiarz	
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>Carol Patton</i>	DATE 8/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen C. Salence</i>	DATE 8-12-10

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
86b A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.	The exhaust fan in the bathroom of room #207 was found to be inoperable.	7/29/10	Fan was ordered and replaced. All bathroom fans are checked weekly by the Housekeeper and quarterly by Maintenance during quality management review.	DCV 8-12-10

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

013

NAME AND ADDRESS OF PERSONAL CARE HOME The Meadows Manor, 200 Lake Street, Dallas, Pennsylvania, 18612		CURRENT LICENSE NUMBER 243650	
INSPECTION DATE(S) (Include all dates of the inspection) July 6, 2010		REGIONAL REPRESENTATIVE Leslie Patton and Florence Babiarz	
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>Carl M. B.</i>	DATE 8/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jane C. Wallace</i>	DATE 8-13-10

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																						
132f Alternate exit routes shall be used during fire drills.	The home's fire drill records indicate the home is not alternating exit routes during monthly fire drills: <table border="1"> <thead> <tr> <th>Date/ Time</th> <th>Evacuation route</th> </tr> </thead> <tbody> <tr><td>12/8/09 9:41am</td><td>Exit B</td></tr> <tr><td>11/16/09 11:33pm</td><td>Exit B</td></tr> <tr><td>10/15/09 3:42pm</td><td>Exit B</td></tr> <tr><td>9/30/09 7:59pm</td><td>Exit B</td></tr> <tr><td>9/28/09 1:39pm</td><td>Exit A & B</td></tr> <tr><td>8/18/09 4:56am</td><td>Exit A & B</td></tr> <tr><td>7/27/09 7:54pm</td><td>Exit A & B</td></tr> <tr><td>4/30/10 1:41pm</td><td>Exit A & B</td></tr> <tr><td>3/5/10 5:56am</td><td>Exit A & B</td></tr> <tr><td>2/23/10 10:07am</td><td>Exit A & B</td></tr> </tbody> </table> Repeated violation- 3/31/09	Date/ Time	Evacuation route	12/8/09 9:41am	Exit B	11/16/09 11:33pm	Exit B	10/15/09 3:42pm	Exit B	9/30/09 7:59pm	Exit B	9/28/09 1:39pm	Exit A & B	8/18/09 4:56am	Exit A & B	7/27/09 7:54pm	Exit A & B	4/30/10 1:41pm	Exit A & B	3/5/10 5:56am	Exit A & B	2/23/10 10:07am	Exit A & B	8/9/10	All future fire drills will use a different exit each month. Example: A, B, A & B Enclosed is a copy of recent fire drills. The Maintenance Director will ensure that all drills are properly done. The Administrator will monitor the drills monthly.	Steps have been taken to correct violation; full compliance is not verifiable! <i>8-13-10 DCU</i> Date Initials (DPW)
Date/ Time	Evacuation route																									
12/8/09 9:41am	Exit B																									
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**VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Carl Patton</i>	DATE 8/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE

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
184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	The home's pharmacy pre-fills syringes for insulin prescribed to residents #2 and #3. The insulin is stored in the home's medication refrigerator and is package by the pharmacy in a Zip Lock bag. A staff person from the pharmacy wrote the name of the medication, who the medication is prescribed to, the dose, the date the insulin was filled and the number of syringes in each bag. The Zip Lock bags do not have a pharmacy label with all of the information required by the regulation: • Resident #2: - Lantus 66 units, filled 6/23/10, 28 syringes - Novolog 30 units, filled 7/1/10, 5 syringes - Novolog 2 units, filled	8/9/10	Pharmacy has provided labels for all insulin - see attached pictures. The Resident Care Manager will do periodic checks on the insulin to be sure they are labeled.	<i>DCU</i> <i>8-12-10</i>

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

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Carl M. [Signature]</i>	DATE 8/10/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C. Valene</i>	DATE 8-12-10

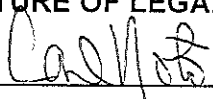
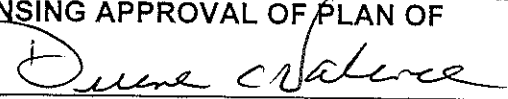
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
See previous page	7/1/10, 5 syringes - Novolog 24 units, filled 6/23/10, 84 syringes • Resident #3: - Lantus 15 units, filled 6/24/10, 28 syringes	8/9/10	(see previous page)	

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SCRANTON FIELD OFFICE
Adult Residential Licensing

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

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184c Sample prescription medications shall have written instructions from the prescriber that include the components specified in 184a.	Resident #4 was provided a sample of Zaditor eye drops by the resident's prescribing physician. Written directions by the physician, including all of the components of 184a were not stored with the medication. A sticker was placed on the medication stating the name of the medication, who the medication was prescribed to, the directions for administration but did not indicate the prescribing physician or the date the medication was prescribed.	7/6/10- completed on day of survey	As shown on the attached picture; all sample drugs from the doctor will include not only the Resident name, date, physician and directions for the script, it will include the written script from the doctor and placed in a ziploc bag. This will be monitored by the Resident Care Manager.	