

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to BISHOP MORROW PERSONAL CARE HOME, INC.
LEGAL ENTITY

To operate BISHOP MORROW HOME
NAME OF FACILITY OR AGENCY

Located at 118 PARK ROAD, LEECHBURG, PA 15656
(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 8
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: No Residents with mobility needs may be served
Bedroom across from the dining room (formerly the publication room)

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 6, 2010 until August 6, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **426530**

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 09 2010

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

Sister Mercy F. Anchalakal, President
Bishop Morrow Personal Care Home, Inc.
Bishop Morrow Home
118 Park Road
Leechburg, Pennsylvania 15656

Dear Sister Anchalakal:

As a result of the Department of Public Welfare's licensing inspection on July 12, 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.

As a result of your personal care home's recent adjustment of the use of physical space, we are revising your licensed capacity.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

Western Region

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

JUL 28 2010

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NAME AND ADDRESS OF PERSONAL CARE HOME Bishop Morrow Home 118 Park Road, Leechburg, PA 15656		Adult Residential License CURRENT LICENSE NUMBER 426530
INSPECTION DATE(S) (Include all dates of the inspection) July 12, 2010	REGIONAL REPRESENTATIVE N. Mandock and Mazza	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>PRESEDENT</i> SR. MERCY F. ANCHALAKAL <i>Sr. Mercy F. Anchalakal</i>		
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Sr. Mercy F. Anchalakal</i>	DATE 7/23/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joe J. Pezzino (JPP)</i>
		DATE 7-30-10

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
65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and	Ancillary staff person A did not complete any of the following required training for the 2009 training year: fire safety, emergency preparedness, resident rights, OAPSA, falls and accident prevention or new populations.	7/23/2010 7/19/2010 8-30-10	Staff A completed training on Fire Safety by fire chief and Emergency preparedness procedures and recognition and response to crises and emergency situations. The administrator or designee will review all current staff records to ensure that all staff are receiving required training annually. 7-30-10 JPP	Steps have been taken to correct violation; full compliance is not verifiable 7-30-10 JPP Initials (DPW)

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

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NAME AND ADDRESS OF PERSONAL CARE HOME Bishop Morrow Home 118 Park Road, Leechburg, PA 15656		Adult Residential Licensing	CURRENT LICENSE NUMBER 426530
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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>Sr. Mary F. Anchalakal</i>	DATE 7/23/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JFP</i>	DATE 7-30-10

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
emergency situations. (3) Resident rights (under these regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225 101— 10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.		7/22/2010 7/19/2010 7/19/2010 7/19/2010	Staff A completed on the training on Resident's rights. 4 - The older Adult protective Services Act - Falls and accident prevention - New population groups that are being served at the home The administration will review staff training during quality management review. Documentation will be kept and the copies are enclosed.	

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07/23/2010

Western Region

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

JUL 28 2010

Adult Residential Licensing

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Sr. Mercy F. Anchalakal</i>	DATE 7/23/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <div style="text-align: center;"><i>JSP</i></div>
		DATE 7-30-10

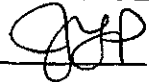
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
88a. Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	The wall to wall carpeting leading from the hallway to the resident living room was raised and uneven in numerous places and posed a tripping hazard.	7/26/2010	[Redacted] <i>the Contractor agreed to repair on 7/26/2010</i> A check list has been developed to check floors, walls, ceilings, windows, doors and other surfaces. Designated staff person to check monthly. The administrator will review the check list during quality management reviews. Documentation will be kept	7-30-10 <i>JSP</i>

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

July 28, 2010

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Adult Residential License

NAME AND ADDRESS OF PERSONAL CARE HOME Bishop Morrow Home 118 Park Road, Leechburg, PA 15656		CURRENT LICENSE NUMBER 426530	
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE Sr. Mercy F. Anchalakul	DATE 7/23/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7-30-10

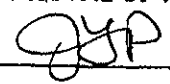
1 REGULATION 55 Pa. Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	The exterior steps by the exit near the chapel did not have a handrail.	7/28/2010	[Redacted] the Contractor will complete the handrail by 7/28/2010. A check list has been developed for designated staff person. The administrator will review the check list during quality management review. Documentation will be kept.	7-30-10 JJP


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VIOLATION REPORT
 PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600 22 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Bishop Morrow Home 118 Park Road, Leechburg, PA 15656		Adult Residential	CURRENT LICENSE NUMBER Licensing 426530
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE Sr. Henry F. Anchalakal	DATE 7/23/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7-30-10

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
93b Each porch shall have a well-secured railing.	The porch by the exit near the chapel did not have any railing.	7/28/2010	[Redacted] the Contractor will complete the hand rail by July 28, 2010. A checklist has been developed for designated staff person. The administrator will review the checklist during quality management review. Documentation will be kept.	7-30-10 

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

NAME AND ADDRESS OF PERSONAL CARE HOME Bishop Morrow Home 118 Park Road, Leechburg, PA 15856		CURRENT LICENSE NUMBER Adult Residential Licensing 426530	
INSPECTION DATE(S) (include all dates of the inspection) July 12, 2010	REGIONAL REPRESENTATIVE N. Mandock and Mazza		
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>Sr. Mercy F. Anchalakal</i>	DATE 7/23/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JSP</i>	DATE 7-30-10

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
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 home's first aid kit did not contain eye coverings.	7/22/10	All the items in first aid kit has been replenished as required in 96a. A list of all first Aid kit items has been developed for staff to check weekly. The administrator will review the list during quality management review and documentation will be kept	7-30-10 <i>JSP</i>

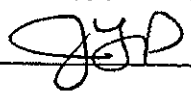
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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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Adult Residential Licensing

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE Sr. Mercy F. Anichalaka	DATE 7/23/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 7-30-10

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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.	The assessment for resident #1, dated 01/25/10, did not include the resident's diagnoses of degenerative joint disease and hypertension indicated on the resident's 01/25/10 medical evaluation. The assessment for resident #2, dated 05/05/10, did not include the resident's diagnoses of chronic atrial fibrillation, hyperlipidemia, and hypertension indicated on the resident's 05/05/10 medical evaluation.	7/14/10 7/14/10	The Assessment of Resident #1 has been Completed entirely including the diagnosis from medical Evaluation. The Assessment of Resident #2 has been Completed entirely including the diagnosis from medical Evaluation. The Designated Staff person will review residents assessment upon completion and annually. Documentation will be kept. The administrator will review residents assessment during quality management review and documents will be kept Copy in hand.	Steps have been taken to correct violation; full compliance is not verifiable 7-30-10 JJP Date Initials (DPW)

8/30/10 The administrator or designated staff person will review all current resident assessments to ensure they are completed in their entirety including the listing of the resident's diagnoses from the medical evaluation 7-30-10 JJP

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