

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to NORTH PENN MANOR, INC.

LEGAL ENTITY

To operate NORTH PENN MANOR

NAME OF FACILITY OR AGENCY

Located at 240 NORTH SHERMAN STREET, WILKES-BARRE, PA 18702

(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 80  
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 October 6, 2010 until October 6, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 220320

*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

OCT 08 2010

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

Ms. Judy Lee, Administrator  
North Penn Manor, Inc.  
North Penn Manor  
240 North Sherman Street  
Wilkes-Barre, Pennsylvania 18702

Dear Ms. Lee:

As a result of the Department of Public Welfare's licensing inspection on July 29, 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.

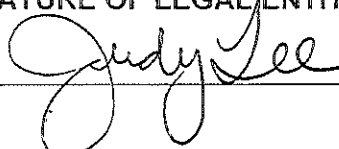
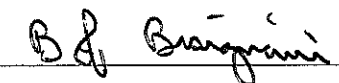
Sincerely,

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

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

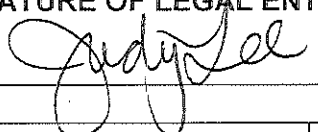
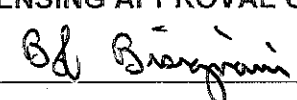
**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

NAME AND ADDRESS OF PERSONAL CARE HOME NORTH PENN MANOR 240 NORTH SHERMAN STREET, WILKES-BARRE, PENNSYLVANIA 18702		CURRENT LICENSE NUMBER 220320	
INSPECTION DATE(S) (Include all dates of the inspection) July 28, 2010		REGIONAL REPRESENTATIVE GERALD DUMAS, FLORENCE BABIARZ, MARY ANN DOMANSKI	
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 9/11/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 9/27/10

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
54a Direct care staff persons shall have the following qualifications: (2) Have a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry.	Staff person "A", hired 6-25-10, did not have a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry.	7/28/10	Staff person "A" lost her GED and had applied online to get a copy. As of the employee's termination date of 8/20/10, she had still not received it in the mail. From the date of the site visit to her termination date, her position was changed from PCA to housekeeper. Per reg 54a(2) the Administrator will ensure that all newly hired PCA staff have proper documentation for a high school diploma, GED diploma or active registry status on the PA nurse aide registry.	9/27/10 G.S.

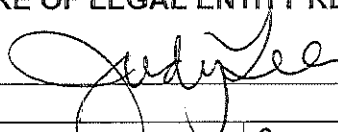
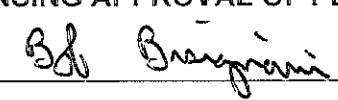
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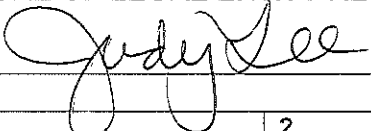
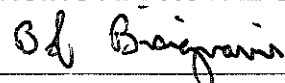
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95 Furniture and equipment shall be in good repair, clean and free of hazards.	The bathroom light in resident room #18 does not remain lit properly as it has strobe-like effects.	7/28/10	Light bulb was replaced at the time of site visit in the bathroom located off of Rm #18. Staff have been instructed to monitor resident light fixtures on a daily basis and immediately report any problems to maintenance. Maintenance will also do routine checks to ensure compliance with Reg 95.	9/27/10 B.S.

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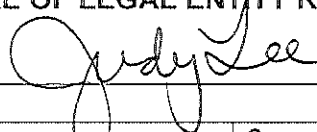
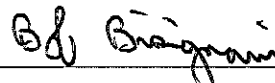
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101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	Bedroom #13 did not have a source of bedside lighting for 2 residents.	7/28/10	Bedside lighting for 2 residents was provided for at the time of site visit by rearranging furniture and adding a lamp. Staff have been instructed to monitor resident rooms on a daily basis to ensure that all residents have an operable lamp or other source of lighting that can be turned on/off at bedside. Maintenance will also routinely check to ensure compliance with reg 101j7.	9/27/10 S.S.

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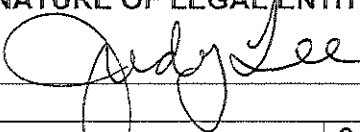
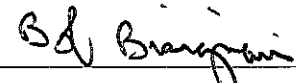
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REGULATION 55 Pa.Code § 2600.	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY DPW
103g Food shall be stored in closed or sealed containers.	Bags of tortilla chips, noodles, and spaghetti were completely open and were not stored in closed or sealed containers.	7/28/10	The opened bags of tortilla chips, noodles, and spaghetti were disposed of immediately at the time of site visit. The cooks and dietary staff have been instructed that all food needs to be stored in closed or sealed containers. The kitchen supervisor will do daily checks to ensure that we are in compliance with reg 103g.	9/27/10 BB

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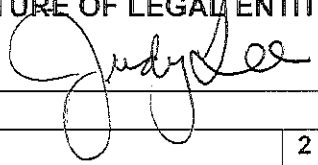
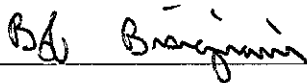
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132b A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	The home did not have a fire safety inspection and fire drill conducted by a fire safety expert completed in the past year.	8/30/10	The fire safety inspection was completed by Captain [REDACTED] from the City of W-B Bureau of Fire on 7/30/10. Inspection is attached. The fire drill was completed by fire safety expert [REDACTED] on 8/30/2010 and is attached. The administrator will ensure that per reg 132b, a fire safety inspection & fire drill by a fire safety expert will be completed annually and documentation kept on file. Maintenance will also closely monitor when inspection & fire drill should be scheduled.	9/27/10 G.S.

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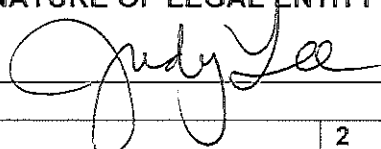
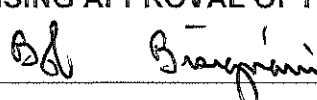
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132e A fire drill shall be held during sleeping hours once every 6 months.	The home did not hold a sleep fire drill in the past six months.	7/30/10	A sleep fire drill was held on 7/30/2010 at 5:45 am. Documentation is attached. The Administrator will ensure that per reg 132e, a fire drill will be held during sleeping hours once every 6 months and documented accordingly. Maintenance will also monitor for proper scheduling of the fire drill.	9/27/10 B.S.


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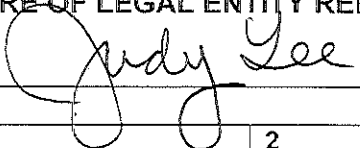
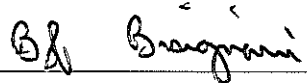
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141a-2 The medical evaluation shall include the following:  (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate.	The medical evaluation for resident # 1 completed 4/14/09 reads, "See attached" under the medication section. The attachment was not signed or dated by a physician. The area on the form for body positioning was blank.	7/28/10	The medical evaluation for Resident #1 was not the current med evaluation on file. The current medical evaluation has the medications listed on the medical evaluation form instead of as an attachment. The current medical evaluation form also has the body positioning field completed. Per reg 141a-2, the Administrator will closely check each medical evaluation form to ensure that all fields of the form are completely filled in. Current medical form for Resident #1 is attached.	9/27/10 B.B.

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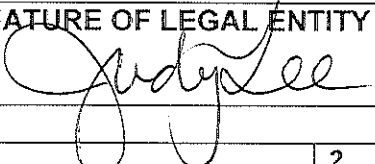
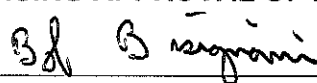
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185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	Prescribed medication, Acetaminophen 500 mg for resident # 2 directed to take 2 tabs by mouth every 6 hours as needed for mild pain was not available for administration at the time of the inspection.	8/30/10	Staff have been instructed that if a medicine is not available for administration, to properly document why the medicine is not available. The procedures for the safe storage, access, security distribution and use of medications and medical equipment by trained staff persons per reg 185a has been revised to include this information. The revised policy is attached and has been read by all PCA staff.	Steps have been taken to correct violation; full compliance is not verifiable 9/27/10 Date Initials (DPW) 

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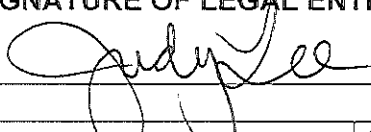
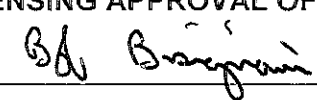
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184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following:  (1) The resident's name.	A labeled prescription bottle from the Veterans Administration containing prescribed Acetaminophen 325 mg was found locked in the home's medication room without a resident's name on the label. Additionally, the medication had an expiration date of 5/31/10.	8/31/10	Acetaminophen was disposed of at time of site visit. Staff were in-serviced on 8/31/10 on reg 184a that a label must be placed on all original containers for prescription medications which includes the resident's name, name of the medication, date the prescription was issued, prescribed dosage, instructions for administration and the name and title of the prescriber. The PCA supervisor will check the medication carts and medication room daily to ensure that we are in compliance with reg 184a.	9/27/10 B.B.

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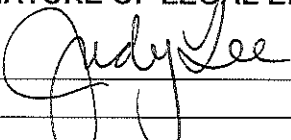
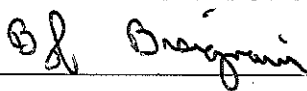
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183f Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.	A labeled prescription bottle from The Veterans Administration containing prescribed Acetaminophen 325mg was found locked in the home's medication room without a resident's name. The medication had an expiration date of 5/31/10 belonging to resident # 2.  A bottle of Arthritic Pain Reliever from the Veterans Administration once belonging to a discharged resident # 3 was found in the medication room.	8/31/10	Acetaminophen and arthritic pain reliever were disposed of at the time of site visit. Staff were in-serviced on 8/31/10 on reg 183f to properly dispose of expired drugs and drugs left behind by residents no longer residing in our facility. The PCA Supervisor will check the medication carts and medication room daily to ensure compliance with reg 183f.	9/27/10 B.B.

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> NORTH PENN MANOR 240 NORTH SHERMAN STREET, WILKES-BARRE, PENNSYLVANIA 18702		<b>CURRENT LICENSE NUMBER</b> 220320	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> July 28, 2010		<b>REGIONAL REPRESENTATIVE</b> GERALD DUMAS, FLORENCE BABIARZ, MARY ANN DOMANSKI	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b>			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> 	<b>DATE</b> 9/1/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 9/27/10

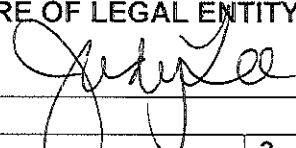
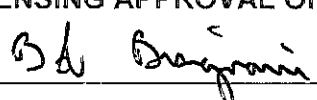
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187a A medication record shall be kept to include the following for each resident for whom medications are administered:  (14) Name and initials of the staff person administering the medication.	The medication administration record for resident # 4 did not include staff initials to indicate the administration or refusal of artificial tears at 8 a.m. on 7/8/10.  The medication administration record for resident # 5 did not include staff initials to indicate that an Accucheck was completed at 7p.m. on 7/25/10.  The medication administration record for resident # 6 did not include staff initials to indicate administration or refusal of Dilatin 100 mg. 1 capsule orally 3 times daily at 8 p.m. on 7/25/10.	8/31/10	The 2 staff members responsible for the missing initials were immediately consulted and instructed on proper procedure. All staff were in-serviced on reg 187a(14) on 8/31/2010. The PCA supervisor will check the MARS daily to ensure compliance with this regulation.	<div style="text-align: right;"> <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>9/27/10      B.B.</p> <p>Date                      Initials (DPW)</p> </div>

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> NORTH PENN MANOR 240 NORTH SHERMAN STREET, WILKES-BARRE, PENNSYLVANIA 18702		<b>CURRENT LICENSE NUMBER</b> 220320	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> July 28, 2010		<b>REGIONAL REPRESENTATIVE</b> GERALD DUMAS, FLORENCE BABIARZ, MARY ANN DOMANSKI	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b>			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> 	<b>DATE</b> 9/1/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 9/2/10

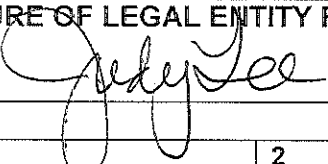

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(Continued from previous page.)	The medication administration record for resident # 6 did not include staff initials to indicate the administration or refusal of Abilify for resident # 6 on 7/25/10 at 8 p.m.  <b>REPEATED VIOLATION 7- 8- 09</b>	8/31/10	See previous page.	See previous page

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> NORTH PENN MANOR 240 NORTH SHERMAN STREET, WILKES-BARRE, PENNSYLVANIA 18702		<b>CURRENT LICENSE NUMBER</b> 220320		
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> July 28, 2010		<b>REGIONAL REPRESENTATIVE</b> GERALD DUMAS, FLORENCE BABIARZ, MARY ANN DOMANSKI		
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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> 		<b>DATE</b> 9/11/10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> 	<b>DATE</b> 9/27/10

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190a A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.	The home's training record for Department-approved medications administration training for staff person "B", hired 5-25-10, was not complete and the staff person has been administering medication.	7/29/10	A new medication test was given on 7/29/2010 for staff person "B" who passed the test and received a new certification. The Administrator will ensure that all medication certification documentation is included in the training record for each direct care staff person passing medications as per reg 190a.	Steps have been taken to correct violation; full compliance is not verifiable 9/27/10 O.S. Date Initials (DPW)

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

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INSPECTION DATE(S) (Include all dates of the inspection) July 28, 2010		REGIONAL REPRESENTATIVE GERALD DUMAS, FLORENCE BABIARZ, MARY ANN DOMANSKI	
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202 The following procedures are prohibited:  (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.	During the inspection resident # 8, who uses a wheelchair, was reclined completely back in a recliner in the recreation room. He/she could not get out of the chair on his/her own without staff assistance. He/she requested to be transferred from the recliner to <span style="background-color: black; color: black;">[REDACTED]</span> wheelchair. Staff person C verbalized to resident #2 he/she needed to wait to be moved until after lunch.	7/28/10	Staff person "C" was immediately consulted at the time of site visit and instructed on proper procedure by Administrator and PCA Supervisor. She was reprimanded by being suspended from work for two days. Staff person "C" was also not allowed to attend to resident #8 alone for 2 weeks following the incident to ensure that she was properly trained on the issue. The Administrator and PCA Supervisor will closely monitor Staff person "C" to ensure compliance with Reg 202.	<p align="center"><i>Steps have been taken to correct violation; full compliance is not verifiable</i></p> <p align="center">9/27/10      G.S.</p> <p align="center">Date                      Initials (DPW)</p>

**RECEIVED**

SEP 03 2010

SCRANTON FIELD OFFICE  
Adult Residential Licensing

Resident #8 is currently getting physical therapy. Until [REDACTED] is able to get out of recliner on [REDACTED] own, he will not be placed in the reclined position.