

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to THOMAS AND DIANE FULMER
LEGAL ENTITY

To operate FULMERS PERSONAL CARE HOME
NAME OF FACILITY OR AGENCY

Located at 201 WOODWARD AVENUE, LOCK HAVEN, PA 17745
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 89
(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 October 27, 2010 until October 27, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 347360

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 28 2010

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

Thomas and Diane Fulmer
333 Ertel Road
Williamsport, Pennsylvania 17701

RE: Fulmers Personal Care Home
201 Woodward Avenue
Lock Haven, Pennsylvania 17745

Dear Mr. and Mrs. Fulmer

As a result of the Department of Public Welfare's licensing inspection on May 5, 2010 and July 28, 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 Fulmer's Personal Care Home, 201 Woodward Avenue, Lock Haven, Pennsylvania, 17745		CURRENT LICENSE NUMBER 347361	
INSPECTION DATE(S) (Include all dates of the inspection) May 5, 2010		REGIONAL REPRESENTATIVE Anne Graziano 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)			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Diane S. Fulmer</i>	DATE 6-21-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>B.G. Graziano</i>	DATE 7/13/10

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
<p>51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults).</p> <p>52 Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.</p>	<p>The personnel file of staff person A (hired 3/3/10) contained a PA criminal background check dated 4/5/10. The criminal background check was not completed within 30 days of the hire date and was therefore not completed in a timely manner.</p> <p align="center">RECEIVED</p> <p align="center">JUN 23 2010</p>	<p>5/10/2010</p>	<p>Background checks will be completed by one of the administrators, either [REDACTED]. They will be done on the day the staff member is hired or at least within the first 2 days after hiring. OAPSA and 6 Pa. Code Chapter 15 are on our schedule to be covered in staff training in August and will continue to be addressed and discussed yearly or as often as needed.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p align="center">7/13/10 B.G.</p> <p>Date Initials (DPW)</p>

SCRANTON FIELD OFFICE
 Adult Residential Licensing

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

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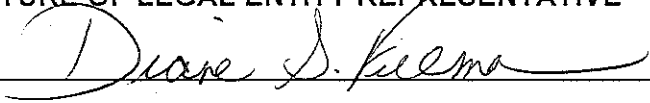
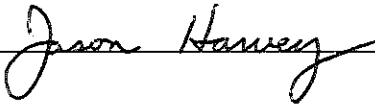
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252 Each resident's record shall include the following information: (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.	The record of resident #1 did not contain identifying marks.	5/7/2010	The record of resident #1 said "N/A" in the identifying marks section rather than "None". Each resident record was reviewed to ensure that this portion of the record was either completed with the resident's identifying marks or with the word "None" rather than "N/A". For all new residents, this portion of the application was revised to include a box that needs only to be marked if the resident does not have any identifying marks. See a copy of this page.	7/13/10 B.G.



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JUN 23 2010

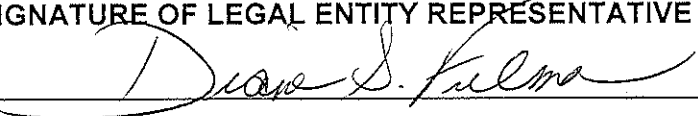
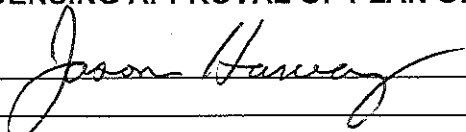
SCRANTON FIELD OFFICE
 Adult Residential Licensing

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

NAME AND ADDRESS OF PERSONAL CARE HOME Fulmers Personal Care Home, 201 Woodward Avenue, Lock Haven, Pennsylvania 17745		CURRENT LICENSE NUMBER 347361	
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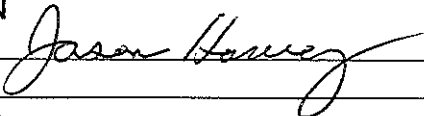
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57b . Direct care staff persons shall be available to provide at least one hour per day of personal care services to each mobile resident.	On 7/11/10 the home provided only 54 hours of direct care staffing hours not the minimum hours required (60) based on number of residents served. The home erroneously counted ancillary staff hours which were spent performing other duties such as cleaning rather than care services in calculating total personal care service hours provided.	8/3/10	A new column has been added to our schedule showing the number of direct care hours worked by each staff member, making it clear and easy to see how many direct care hours we have total. Two new positions have also been added, "personal care aide" and "designee helper". This adds a total of twelve hours daily to our schedule for direct care hours as their duties are assisting residents with activities of daily living. See copy of job descriptions.	10-20-10 
 SEP 07 2010				

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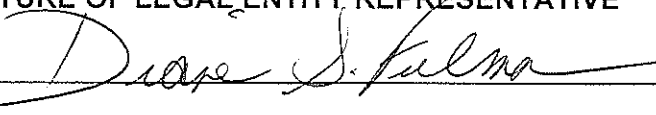
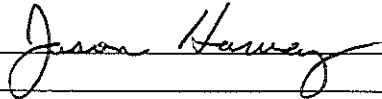
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93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	The wooden railings located on the exterior exit ramps designated E-2 and W-3 were not secured; they wobbled when touched.	7/29/10	3a Handrails The loose railings have been tightened and secured. Within the next two months those railings and porches will be replaced completely. New stainless steel railings have already been ordered and will be arriving September 9. For the time being they are safe and secure. See copy of invoice from LPS Williamsport.	10-20-10 gk

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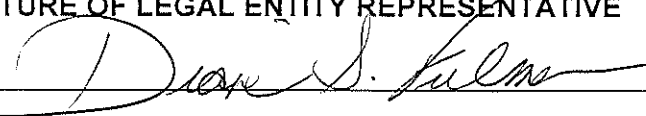
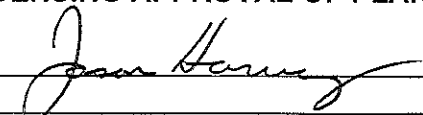
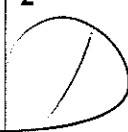
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103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	The temperature measured 50°F in the Delfield brand refrigerator that is located in the home's main kitchen. The temperature was read on two separate occasions on the day of the inspection.	7/29/10	The refrigerator temperature was adjusted and lowered to 38 degrees. It fluctuates no higher than 40 degrees. See picture of thermometer.	10-20-10 BK

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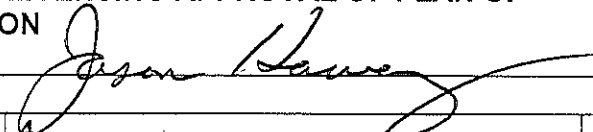
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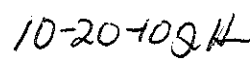
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185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	The home's policy and procedures indicated that only trained medication staff and appropriate office staff shall have access to the medication room unsupervised. However, an entrance to the medication room from the kitchen is only blocked by a metal open-counter with coffee makers on it. In addition, there is an opening in the wall to the medication room where a door was removed and a temporary mesh wall constructed, which permits entry into the medication room from the kitchen. The kitchen does not have a lock on its door to prevent others from gaining access to the medication room.	8/2/10	The doorway was completely enclosed with plywood. See photos.	10-20-10 JH

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PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

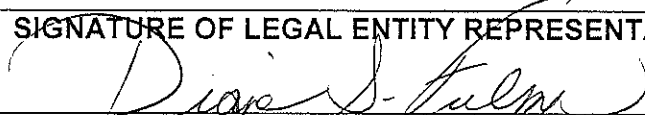
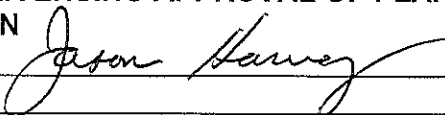
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(Continued from the previous page)		 Insulin bottles were stored in the unlocked refrigerator located in this medication room. OTC medications and treatments with prescription labels were stored unlocked on the shelves in this medication room.						See Previous page.	

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN).	The July 2010 medication administration record for resident # 2, who receives hospice care from Community Nursing, did not include the following PRN medications that were stored in the locked medication drawer of one of the three medication carts: •Morphine Sulfate 20mg/ml 4ml •Compro 25mg suppositories •Hyomax-SL 0.125mg tablets •Lorazepam 0.5mg tablets	7/29/10	This resident was on hospice and these meds were "comfort pack". We were unaware of our pharmacy's policy to automatically not renew these meds on the MAR after one month even though they were not expired. This is their policy for "comfort packs" unless otherwise specified. Even the hospice agency was unaware of this policy. The pharmacy was contacted and a new Mar was sent over listing these meds. Our head med staff now reviews each month's MAR for any individual on hospice to ensure the meds in the "comfort pack" are listed on the MAR.	10-20-10 

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187d The home shall follow the directions of the prescriber.	<p>The home did not have the following medications on-hand to administer to resident # 3 on 7/5/10, at the following times:</p> <ul style="list-style-type: none"> •<u>Colace</u> 100mg capsule/Docusate Sodium 100mg cap take one capsule by mouth twice daily; 7pm dose •<u>Ibuprofen</u> 800mg tablet take one tablet by mouth 3x daily; 7pm dose •<u>Oystercal 500+D</u> take one tablet by mouth 2x daily; 5pm dose •<u>Potassium CL</u> 10meq tablet take 1 tab by mouth 2x daily; 5pm dose. 	<p>7/6/10 - meds were rec'd</p> <p>7/29/10 - We started requiring 10 day coverage for meds upon admission.</p>	<p>The medications for this individual were missing because [redacted] was a very new resident and [redacted] scripts had run out. The medications that [redacted] came to us with had also run out. The doctor's office had been contacted to provide the refill orders and new scripts, and the doctor had not yet responded because they were contacted on a Friday and were closed the following Monday due to a holiday. In the future any new resident must come with medications (and accompanying doctor's orders) or scripts that will cover them for at least a period of 10 days. This will allow time for the doctor's office to be contacted and to respond to requests for new orders or refills.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>10-20-10 <u>JK</u></p> <p>Date Initials (DPW)</p>

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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.	The preadmission screening form, dated 4/27/10, for resident # 1 did not address if the needs of the resident could be met by the services provided by the home. This section on the form was left unanswered.	7/29/10	The screenings will only be completed by one of the administrators; either [redacted] In the future they will scrutinize each screening closely upon completion to be sure that each area is completely filled out.	10-20-10 <i>JK</i>

RECEIVED

SEP 07 2010

SCRANTON FIELD OFFICE
Adult Residential Licensing