

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ELIZABETH ROSE LOWRY

LEGAL ENTITY

To operate CARE

NAME OF FACILITY OR AGENCY

Located at P.O. BOX 190, MAINESBURG, PA 16932

(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 18
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: 203260

Robert E. Robinson

ISSUING OFFICER

Kurt V. 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. Elizabeth Rose Lowry, Owner
CARE
P.O. Box 190
Mainesburg, Pennsylvania 16932

Dear Ms. Lowry:

As a result of the Department of Public Welfare's licensing inspection on August 5, 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 C A R E P.O. Box 190 Mainesburg, Pennsylvania 16932		CURRENT LICENSE NUMBER 203261	
INSPECTION DATE(S) (Include all dates of the inspection) August 5, 2010		REGIONAL REPRESENTATIVE Anne Graziano, Florence Babiarz, Devon Grochowski	
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 9/8/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Bob Braegman	DATE 9/29/10


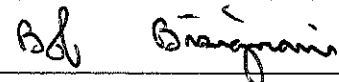
1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
25c2 The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services.	Resident # 2 has a contract dated 07/01/10. The "Duties and Responsibilities of the Resident" section of the contract, payment amount, was blank.	8/9/10	PAYMENT AMOUNT WAS ORIGINALLY WROTE IN WITH PENCIL (NOT BLANK) IT WAS CORRECTED WITH BY BY WRITING IT IN WITH PEN. OFFICE PERSONEL AND ADMINISTRATOR WILL ALWAYS USE AN INK PEN ON ALL CONTRACTS (SEE ATTACHED)	9/29/10 B.B.

RECEIVED

SEP 10 2010


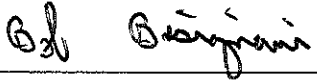
SCRANTON FIELD OFFICE
Adult Residential Licensing

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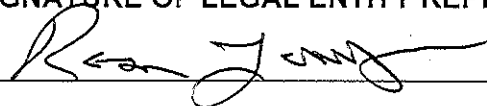
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82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	"Purex" brand liquid laundry detergent, 100 fluid ounces, was located in an unsupervised, unsecured laundry area and had a manufacturer's "caution" label that read in part "Call Physician immediately". The residents of the home are not all assessed to use poisons safely.	8/5/10	LAUNDRY DETERGENT WAS PUT IN THE LOCKED CUPBOARD WITH THE OTHER CLEANERS. STAFF WAS NOTIFIED TO KEEP IT IN THE LOCKED CUPBOARD. EVERY SHIFT CHANGE, STAFF WILL VERIFY THAT IT IS LOCKED IN THE CUPBOARD. ADMINISTRATOR WILL MONITOR THIS.	9/29/10 S.G.

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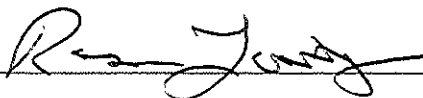
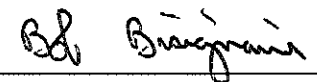
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89c A home that is not connected to a public water system shall have a coliform water test at least every 3 months, by a Department of Environmental Protection-certified laboratory, stating that the water is below maximum contaminant levels.	The home had coliform testing done on the home's well in July, 2009 and again in January, 2010. No testing was performed in September of 2009 or April of 2010 as required.	8/5/10	ADMINISTRATOR CALLED SEEWALD LABS ON THE DAY OF INSPECTION & WAS TOLD THAT THE TESTS ON THESE DATES WERE NOT DONE. ADMINISTRATOR FOLLOWED UP WITH A LETTER FOR A SCHEDULE OF TESTING (SEE ATTACHED) WHEN TESTING IS DUE TO BE DONE, THE ADMINISTRATOR WILL MAKE SURE THEY ARE COMING TO DO THE TEST.	9/27/10 B.B.

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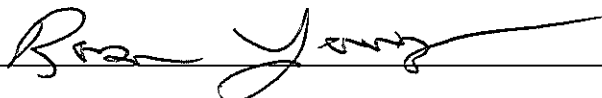
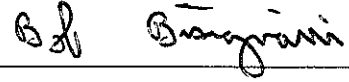
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101r-1 There shall be drapes, shades, curtains, blinds or shutters on the bedroom windows.	Resident room# 3 did not have a drape/window covering on the window.	8/6/10	ADMINISTRATOR TALKED TO THE RESIDENT AGAIN ABOUT LEAVING THE CURTAIN UP TO THE WINDOW. THE CURTAIN WAS RE-HUNG AGAIN & STAFF WILL CHECK HIS WINDOW CURTAIN DAILY. ADMINISTRATOR WILL MONITOR THIS.	9/27/10 B.S.

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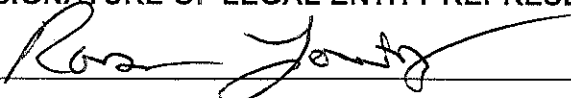
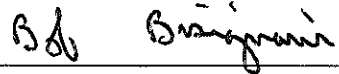
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103i Outdated or spoiled food or dented cans may not be used.	The home had the following expired foods: "Chef's Cupboard" brand stuffing mix, expired 6/17/2010. "Sysco" brand chicken herb stuffing mix (6 bags), expired 7/11/2010 "Lay's" brand potato chips, expired 7/27/2010 Brown gravy mix, expired 5/2009. Repeated Violation - 10/26/09	8/5/10	ADMINISTRATOR CALLED SYSCO FOODS ON THE GRAVY MIX BECAUSE WE HAD JUST RECEIVED IT. SYSCO CAME & LOOKED AT THE DATE, IT WAS NOT AN EXPIRATION DATE, IT WAS A MANUFACTURED DATE. ADMINISTRATOR REMOVED THE STUFFING & MIX FROM THE SHELF. THE POTATO CHIPS BELONGED TO A RESIDENT, ADMINISTRATOR REMOVED THEM FROM THE SHELF, ALSO. EVERY MONTH, WHEN NEW FOOD ORDER ARRIVES, DATES WILL BE CHECKED ON THE FOOD AS IT IS ROTATED. ADMINISTRATOR WILL MONITOR THIS MONTHLY.	9/27/10 B.S.

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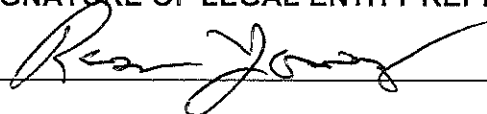

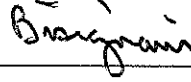
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141a-2 The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (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. (9) Health status.	The updated Medical Evaluation for resident #1, dated on 7/16/10, is missing information in the "Activities/Social Services" section and the attached medication list is not signed by the physician. The new Medical Evaluation for resident #2, dated on 7/07/10, is incomplete. "Treatment/Therapies" section box is blank. The updated Medical Evaluation for resident # 3, dated on 9/28/09, is incomplete. "Medical History", "Treatment/Therapies", "Activities/Social Services", and body positioning sections are blank. Also, the attached medication list is not signed by the physician.	8/12/10	ALL MEDICAL EVALUATIONS WERE CORRECTED BY PHYSICIANS (SEE ATTACHED) OFFICE PERSONEL + ADMINISTRATOR WILL MAKE SURE THEY ARE CORRECTLY FILLED IN, IF THEY ARE NOT, THEY WILL BE TAKEN BACK TO PHYSICIAN TO BE CORRECTED. ADMINISTRATOR WILL MONITOR ALL MEDICAL EVALUATIONS.	9/27/10 G.B.

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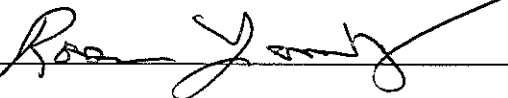
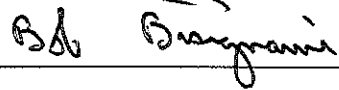
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144c-1 If smoking is permitted, the designated smoking room or area outside the home shall have fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, fire resistant furniture and fire extinguishers.	The Outside smoking area had 6 plastic chairs and 2 blue fabric cushions on two of the chairs. The seat cushions were not labeled as fire resistant.	8/5/10	ALL PLASTIC CHAIRS & CUSHIONS WERE REMOVED AT THE TIME OF INSPECTION. THEY WERE REPLACED WITH METAL CHAIRS WITH NO CUSHIONS. ALL RESIDENTS & STAFF WERE NOTIFIED NOT TO PUT PLASTIC CHAIRS OR CUSHIONS AT THE OUTSIDE SMOKING AREA. ADMINISTRATOR WILL MONITOR THIS WEEKLY.	9/27/10 G.B.

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184b If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.	Resident # 4 has an order for glucose tabs. The bottle in the medication closet did not have the resident's name on it as required. Repeated Violation - 10/26/09	8/5/10	CORRECTED IN FRONT OF THE INSPECTOR WITH THE RESIDENTS NAME. ALL STAFF WERE REMINDED THAT ALL OTC MEDICATIONS MUST BE PROPERLY LABELED. MED SUPERVISOR + ADMINISTRATOR WILL MONITOR THIS WEEKLY	9/27/10 S.B.


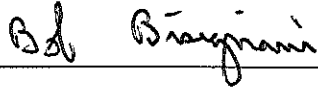
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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re	The home's Medication Administration Record (MAR) key for the Month of August, 2010 had only the initials and signatures of the staff who administer medication. The printed names of the staff were missing. The MAR for Resident # 5, date of admission 12/28/09, was not properly maintained. The resident was administered Aricpet, 10 mg at 7:00 pm on July 31, 2010. The MAR was not initialed by staff. In speaking with staff, the medication was given but the MAR was not initialed after administration. Resident # 3, date of admission 10/21/06, has an order for polyethylene glycol, PRN. On July 4, 5, 6, 7, 10 and 19 through 26,	8/5/10	PRINTED NAMES WERE ADDED AT THE TIME OF INSPECTION. THE STAFF MEMBER WAS REPRIMANDED + ADVISED TO SIGN FOR EACH MED AS GIVEN. WAS NOT AWARE THAT THIS WAS REQUIRED FOR PRN MEDICATIONS. STAFF HAS BEEN TRAINED ON THIS SINCE INSPECTION + IS NOW DOING THIS. MED SUPERVISOR + ADMINISTRATOR WILL MONITOR WEEKLY	9/29/10

Steps have been taken to correct violation; full compliance is not verifiable
 Date 9/29/10
 Initials (DPW) S.G.

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nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	2010, consecutively, the resident was administered this medication. It was documented on the front page of the MAR. On the back page the time, date, initials of staff administering, reason and effect were not noted. Repeated Violation - 10/26/09		see previous page	see previous page.

RECEIVED

SEP 10 2010