

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to THE WILLIAMSPORT HOME, INC.

LEGAL ENTITY

To operate WOODLAND VISTA AT THE WILLIAMSPORT HOME

NAME OF FACILITY OR AGENCY

Located at 1900 RAVINE ROAD, WILLIAMSPORT, PA 17701

(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 16
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 September 17, 2010 until September 17, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **210380**

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

SEP 21 2010

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

Ms. Mary Camp, President, Board of Managers
The Williamsport Home, Inc.
Woodland Vista at the Williamsport Home
1900 Ravine Road
Williamsport, Pennsylvania 17701

Dear Ms. Camp:

As a result of the Department of Public Welfare's licensing inspection on August 6, 2010 and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch.2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,
Handwritten signature of Kevin T. Casey in cursive.

Kevin T. Casey
Deputy Secretary

Enclosure
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME Woodland Vista at the Williamsport Home 1900 Ravine Road, Williamsport, Pennsylvania 17701		CURRENT LICENSE NUMBER 210380	
INSPECTION DATE(S) (Include all dates of the inspection) August 6, 2010		REGIONAL REPRESENTATIVE Ann O'Haire 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>Denise C. Bower, Assoc. Dir</i>	DATE 9-9-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Denise C. Bower</i>	DATE 9-10-10

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
141a-2 The medical evaluation shall include the following: (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.	The Medical Evaluation for resident #1, completed on 5/3/10, stated "See list at NH" under the section for medications. The list was not attached to the medical evaluation and it did not have the physician's signature or date.	9/10/2010	<ol style="list-style-type: none"> 1) The physician's signed and dated "Resident Medication Record" for Resident #1 has been attached to [redacted] "Medical Evaluation". (see attachment) 2) Licensed Staff will review all "Medical Evaluations" for completeness and to verify all physician noted attachments are received, signed and dated. 3) Staff responsible will be reeducated on the need for completeness of "Medical Evaluations" and required attachments. 4) Associate Director or designee will review all "Medical Evaluations". 	<i>DCV</i> <i>9-10-10</i>

Original

RECEIVED

SEP 10 2010