

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to TLC ADULT CARE CENTER, INC

LEGAL ENTITY

To operate T.L.C. ADULT CARE CENTER

NAME OF FACILITY OR AGENCY

Located at 9 RIO VISTA DRIVE, WEST NEWTON, PA 15089

(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 30
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 9, 2010 until September 9, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 428200

Robert E. Robinson

ISSUING OFFICER

Kevin J. 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 14 2010

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

Ms. Stephanie R. Short, RN, Owner/Administrator
TLC Adult Care Center, Inc.
TLC Adult Care Center
9 Rio Vista Drive
West Newton, Pennsylvania 15089

Dear Ms. Short:

As a result of the Department of Public Welfare's licensing inspection on August 10, 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.

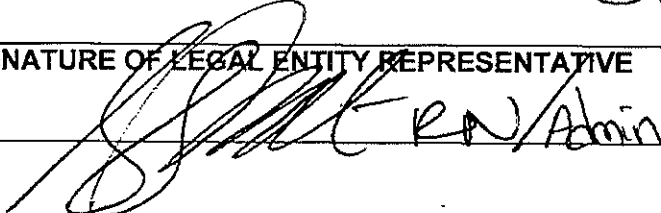
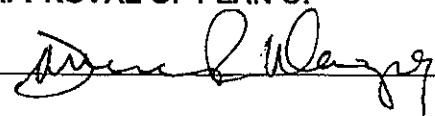
Sincerely,

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

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME T.L.C. Adult Care Center 9 Rio Vista Drive, West Newton, PA 15089		AUG 25 2010	CURRENT LICENSE NUMBER 428200
INSPECTION DATE(S) (Include all dates of the inspection) August 10, 2010		REGIONAL REPRESENTATIVE Licensing Caroline Goedert, Lisa Flinger-Alman, Susan Pollock	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Stephanie R Sheetz / Admin / RN</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE 	DATE <i>8/25/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>8/27/10</i>

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
65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (5) The location and use of fire extinguishers.	Staff person A was not oriented to the location and use of fire extinguishers during the first day of work on 06/25/10.	<i>Next New Hire 8/25/10</i>	<i>Admin as of next new hire will use pre-staff training documentation sheet along with newly revised orientation sheet so that clarity of training will be evident & correct. Will check quarterly for QM review to ensure future compliance (see attached training sheets)</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable 8/27/10 Date Initials (DPW)</i>

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

Western Region

AUG 26 2010

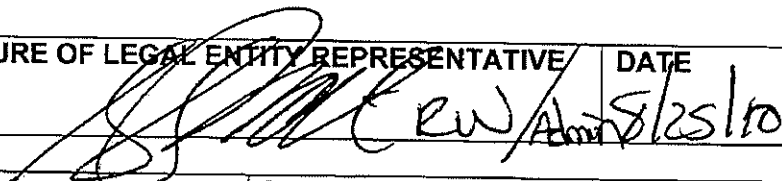
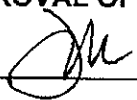
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96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The first aid kit in the medication room lacked a breathing shield.	8/10/10 Fixed on site	Admin will check first aid kits on a monthly basis when doing following months NALS, or AFTER emergency use to ensure all required supplies are present Breathing shield placed in medication room first aid kit.	 8/27/10

8/27/10

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

AUG 25 2010

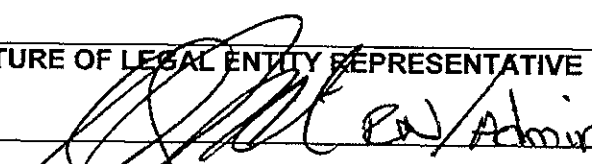
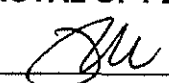
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101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	Resident #1's bedside lamp was inoperable. Resident #2 did not have a source of lighting at bedside.	Corrected on Site 8/10/10	Admin to schedule Staff training meeting after plan of corrections appeared by DPW to cover violations with Staff. Staff to report on a daily basis to Admin any inoperable equipment in building. Housekeeper to Review All Rooms on a weekly basis & Report to Admin any Client who does not have a source of lighting or has one which has been relocated in Resident's Room. Admin will install touch lamps for those Residents that don't want a lamp on a table or nightstand.	

#4 Continued
 Night staff will be responsible for ensuring batteries are operable in touch lamps. Will be checked every Monday night & reported to Admin if new batteries required.

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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.	Resident #4's medical evaluation dated 04/14/10 did not include the resident's medication regimen.	Next resident's Medical Date 9/30/10	Admin in future will review med eval the day of MD visit or following day if resident returns state instead of reviewing for PCP accuracy during PCP assessment. By this time meds cannot always have same date. If PCP forgot to sign day of medical completion.	Steps have been taken to correct violation; full compliance is not verifiable. 8/27/10 Initials (DPW)

Earlier detection of missing items will allow for future compliance. Administrator will obtain current medication list signed & dated by the physician and attach to medical evaluation
 9/30/10