

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SUGAR CREEK REST

LEGAL ENTITY

To operate MEADOW LAKE MANOR OF SUGAR CREEK REST

NAME OF FACILITY OR AGENCY

Located at 109 PERSONAL CARE LANE WORTHINGTON, PA 16262

(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 47
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 18, 2010 until April 18, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 426811

Robert E. Robinson

ISSUING OFFICER

Kenneth 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

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

CERTIFIED MAIL – RETURN RECEIPT

MAILING DATE:

OCT 20 2010

Mr. Philip E. Tack, Administrator
Sugar Creek Rest
120 Lakeside Drive
Worthington, Pennsylvania 16262

RE: Meadow Lake Manor of Sugar Creek Rest
109 Personal Care Lane
Worthington, Pennsylvania 16262

Dear Mr. Tack:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 11, 2010 of the above personal care home, the violations specified on the enclosed Violation Report were found.

Based on violations with 55 Pa.Code Ch. 2600, your current license #426810 dated August 13, 2010 to August 13, 2011 is REVOKED. A FIRST PROVISIONAL license, effective October 18, 2010 to April 18, 2011 is being issued based on your plan to correct the violations as specified on the Violation Report. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

All violations specified on the 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.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Karen E. Kroh, Director
Adult Residential Licensing
Department of Public Welfare
423 West, Health and Welfare Building
Seventh and Forster Streets
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



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 Meadowlake Manor of Sugar Creek Rest Home 109 St. Patricks Road, Worthington, PA 16262		SEP 18 2010	CURRENT LICENSE NUMBER 426810
INSPECTION DATE(S) (Include all dates of the inspection) August 11, 2010		REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Adult Residential Licensing M.Orme and R. Lasto	
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>Nileen Anderson</i>	DATE 9-16-10	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
	This abuse was not reported to AAA and PDA in accordance with the Older Adult Protective Services Act.			

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

NAME AND ADDRESS OF PERSONAL CARE HOME Meadowlake Manor of Sugar Creek Rest Home 109 St. Patricks Road, Worthington, PA 16262		SEP 18 2010	CURRENT LICENSE NUMBER 426810
INSPECTION DATE(S) (Include all dates of the inspection) August 11, 2010		REGIONAL REPRESENTATIVE Licensing M.Orme and R. Lasto	
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>Helen Anderson</i>	DATE 9/16/10	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
42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	On 8/6/10 staff person, A slapped resident #1 twice on the upper body in the shower room. Prior to this incident staff person A lead resident #1 in a hallway to the shower room insisting he/she shower stating "you stink" and calling him/her a "pervert." Resident #1 did not want to shower. While in the shower room, after slapping resident #1, staff persona yelled to resident #1 "If you touch me again, I'll punch you so hard in the head you'll..."	9/29/10 10-31-10	1. The staff member was terminated from employment. 2. The staff was in-service on Resident abuse and neglect. All direct care staff and management staff including the Administrator will receive training in residents rights, abuse and abuse prevention from an outside source. Documentation will be kept. 9-27-10	Steps have been taken to correct violation; full compliance is not verifiable 10-27-10 Date Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME Meadowlake Manor of Sugar Creek Rest Home 109 St. Patricks Road, Worthington, PA 16262		SEP 18 2010 Adult Residential Licensing	CURRENT LICENSE NUMBER 426810
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	Staff person A indicated he/she did not care for resident #1 because he/she behaved in sexually inappropriate ways.	10-31-10	50% of the residents will be interviewed by the Administrator weekly for three months, then monthly for three months to ensure residents are not neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. Documentation will be kept. 9-27-10	

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

Western Region

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225c The resident shall have additional assessments as follows: (2) If the condition of the resident significantly changes prior to the annual assessment.	Staff person C indicated resident #1, admitted 05/21/10, has been sexually inappropriate with the female residents. The resident's assessment dated 06/05/10, was not updated to include this behavior issue.	9/29/10 10-21-10	1. The Residents assessment was updated 2. The staff was inserviced on Regulation 2600 225c that an assessment needs completed if the condition of a resident changes prior to the Annual assessment. The Administrator or designated staff person will review all current and newly completed assessments for accuracy and completion. 9-27-10	Steps have been taken to correct violation; full compliance is not verifiable 10-7-10 Date: _____ Initials (DPW): _____

Western Region

VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600
 SEP 18 2010

NAME AND ADDRESS OF PERSONAL CARE HOME Meadowlake Manor of Sugar Creek Rest Home 109 St. Patricks Road, Worthington, PA 16262		CURRENT LICENSE NUMBER 426810
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		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
227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	Resident #1 has made inappropriate sexual advances to female residents on several occasions. Staff person C indicates resident #1 has been rubbing female residents' legs and will "get cozy with them." Resident #1's support plan dated 06/20/10 indicated, "revised 6/23/10 wanting to be friendly with female residents" in the behavioral care section.	9/29/10	1. The resident support plan was updated to include sexually inappropriate behavior. 2. The staff was educated on regulation 2600 227c and that a support plan needs updated 30 days from the annual assessment and/or upon changes in the residents needs.	Steps have been taken to correct violation; full compliance is not verifiable. Date: 10-7-10 Initials (DPW): g/c

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

SEP 18 2010

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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
	The support plan does not clearly indicate sexually inappropriate behavior.	10-31-10 10-31-10	All staff persons completing support plans will receive training on the completion of an individualized support plan. Documentation will be kept. 9-27-10 The administrator or designated staff person will review all current and newly completed resident assessments and support plans to ensure a detailed, complete, accurate and individualized support plan has been developed for each resident. 9-27-10	