

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WHITEHALL MANOR, INC.

LEGAL ENTITY

To operate WHITEHALL MANOR

NAME OF FACILITY OR AGENCY

Located at 1177 SIXTH STREET, WHITEHALL, PA. 18052

(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 215
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 78

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 29, 2010 until September 29, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 216650

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 01 2010

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

Ms. Nimita Kapoor-Atiyeh, President
Whitehall Manor, Inc.
Whitehall Manor
1177 Sixth Street
Whitehall, Pennsylvania 18052

Dear Ms. Kapoor-Atiyeh:

As a result of the Department of Public Welfare's licensing inspection on August 12, 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 Whitehall Manor, 1177 Sixth Street, Whitehall, Pennsylvania 18052		CURRENT LICENSE NUMBER 216650	
INSPECTION DATE(S) (Include all dates of the inspection) August 12, 2010		REGIONAL REPRESENTATIVE Ann O' Haire, Betty Bloch & Anne Graziano	
SIGNATURE OF LEGAL ENTITY <i>Sumita Kapoor - Abiyeh</i>	DATE 9/14/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>John Hany</i>	DATE 9-22-10

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
95 Furniture and equipment shall be in good repair, clean and free of hazards.	The electrical room, located next to the wellness center was unlocked with exposed wiring causing a possible hazard.	8/12/10 Corrected at the time of inspection	Please see attached photos of memo placed on door to remind all who enter the electrical room to keep this door locked at all times. A new lock was placed on the door so the door will automatically lock when the door closes. Maintenance will be checking this daily (on morning rounds and afternoon rounds) to ensure compliance.	9-22-10 <i>Jk</i>

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originals

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

NAME AND ADDRESS OF PERSONAL CARE HOME Whitehall Manor, 1177 Sixth Street, Whitehall, Pennsylvania 18052		CURRENT LICENSE NUMBER 216650	
INSPECTION DATE(S) (Include all dates of the inspection) August 12, 2010		REGIONAL REPRESENTATIVE Ann O' Haire, Betty Bloch & Anne Graziano	
SIGNATURE OF LEGAL ENTITY <i>Manuela Kapoor - Abuel</i>	DATE 9/14/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hanning</i>	DATE 9-22-10

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
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.	Room # C 87 did not have a bed side lamp in reach of the resident's bed.	8/12/10 corrected at the time of inspection	The resident had moved [redacted] bed over, there was a lamp on [redacted] nightstand, but not next to [redacted] bed. At the time of inspection, the co-administrator placed a lamp (another one) on the window sill next to [redacted] bed. To ensure future compliance we moved [redacted] bed back to being next to [redacted] nightstand. House Keeping, and Direct Care staff will check Daily to ensure compliance. Please see photos to guarantee compliance.	9-22-10 JH

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INSPECTION DATE(S) (Include all dates of the inspection) August 12, 2010		REGIONAL REPRESENTATIVE Ann O' Haire, Betty Bloch & Anne Graziano	
SIGNATURE OF LEGAL ENTITY <i>Namita Kapur - Abuel</i>	DATE 9/14/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 9-22-10

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
101r-2 Window coverings shall be clean, in good repair, provide privacy and cover the entire window when drawn.	In bedroom # C27, the horizontal blinds covering the glass window in the door were missing approximately a 4" portion of a slat, which prevented total privacy for the resident. This door led to the outside of the home.	8/12/10 corrected at the time of inspection	Please see photo attached to ensure compliance. At inspection, our maintenance department immediately put up new blinds in Room - C-27. To ensure future compliance, housekeeping, maintenance, and direct care staff will check this room and all rooms daily.	9-22-10 <i>JH</i>

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SIGNATURE OF LEGAL ENTITY <i>Nimrod Kapran - Abigail</i>	DATE 9/14/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hurray</i>	DATE 9-22-10

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
103g Food shall be stored in closed or sealed containers.	The following opened food items were found unsealed on a shelf in the home's pantry: <ul style="list-style-type: none"> • 5-lb. bag of Hilltop Hearth brand Buttermilk Pancake Mix. • 4-lb. bag of Golden Dipt brand Bread Crumbs Seasoned. 	8/12/10 corrected at the time of inspection	please see attached photo, and memo from our executive chef to ensure compliance. Our executive chef and her second in charge will check at preparation of every meal to ensure future compliance. Administration will also be checking to guarantee compliance.	9-22-10 <i>JK</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Whitehall Manor, 1177 Sixth Street, Whitehall, Pennsylvania 18052		CURRENT LICENSE NUMBER 216650	
INSPECTION DATE(S) (Include all dates of the inspection) August 12, 2010		REGIONAL REPRESENTATIVE Ann O' Haire, Betty Bloch & Anne Graziano	
SIGNATURE OF LEGAL ENTITY <i>Nimeta Kapor - Abigel</i>	DATE 9/14/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 9-22-10

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>141a-2 The medical evaluation shall include the following:</p> <p>(1) A general physical examination by a physician, physician's assistant or nurse practitioner.</p> <p>(2) Medical diagnosis including physical or mental disabilities of the resident, if any.</p> <p>(3) Medical information pertinent to diagnosis and treatment in case of an emergency.</p> <p>(4) Special health or dietary needs of the resident.</p> <p>(5) Allergies.</p> <p>(6) Immunization history.</p> <p>(7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.</p>	<p>The most current medical evaluations for the following residents were incomplete, as indicated below:</p> <ul style="list-style-type: none"> • Resident # 1, medical evaluation dated 12/9/09: Did not address treatment/therapies. The area on the form addressing this was left unanswered. • Resident # 2, medical evaluation dated 1/17/10: Did not address the Level of Care indicating that a personal care home was needed. It only indicated the need for "Specialized Care"... "MIP" <p>The medical evaluation for resident #3 dated 1/28/10 did not indicate allergies.</p> <p>The medical evaluation for resident #4 dated 5/7/10, indicated "see attached" for medications; the</p>	<p>8/12/10 corrected at time of inspection</p> <p>8/12/10 corrected at the time of inspection</p> <p>8/12/10 corrected at the time of inspection</p> <p>corrected at the time of inspection fax received 8/13/10</p>	<p>Whited out as per DPW conversation 9/14/10</p> <p>Please see attached medical evaluation for Resident #1.</p> <p>please see attached medical evaluation for resident #2.</p> <p>please see attached medical evaluation for resident #3.</p> <p>please see attached medical evaluation for Resident #4.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><u>9-22-10</u> Date Initials (DPW)</p>

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SIGNATURE OF LEGAL ENTITY <i>Nemita Kypko-Chrych</i>	DATE 9/14/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hawey</i>	DATE 9-22-10

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
(8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.	attachment is signed by the doctor but is dated. The initial medical evaluation for resident # 5, dated 01/20/10 has an medication regiment attachment that is dated 01/21/10.	8/12/10 corrected at the time of inspection	Please see attached medical evaluation for Resident #15. To ensure future compliance, administration and our administrative clerk will be checking and rechecking all medical evaluations for accuracy, Date, and all information. We will be working with our Doctors to educate them on the importance of details in our medical evaluations.	Steps have been taken to correct violation; full compliance is not verifiable 9-22-10 <i>dk</i> Date Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME Whitehall Manor, 1177 Sixth Street, Whitehall, Pennsylvania 18052		CURRENT LICENSE NUMBER 216650	
INSPECTION DATE(S) (Include all dates of the inspection) August 12, 2010		REGIONAL REPRESENTATIVE Ann O' Haire, Betty Bloch & Anne Graziano	
SIGNATURE OF LEGAL ENTITY <i>Nimita Kapur - Chigek</i>	DATE 9-14-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Henry</i>	DATE 9-22-10

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
181d If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.	<ul style="list-style-type: none"> The following medications were found stored on the bedside table and the coffee table in resident # 6 bedroom, who self-administers medications: Centrum Silver 220 tabs . Os-Cal 160 coated caplets Voltaren Gel 100 mg The resident was not present in the room at the time of inspection, the door was unlocked and propped open, and the medications were not stored in a locked or secure area within the room. The following OTC medications were found in an unlocked medication lockbox in resident # 7's bedroom, who self-administers with assistance to store medications in a secure place: ▪ Debrox Earwax Removal 	8/14/10 8/12/10	Please see order we attached to medical eval. and support plan was updated, when we received Doctor's orders to not let resident #6 self medicate. on the day of inspection all OTCs meds were removed from room.	Steps have been taken to correct violation; full compliance is not verifiable <u>9-22-10</u> Date <i>JK</i> initials (DPW)

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INSPECTION DATE(S) (Include all dates of the inspection) August 12, 2010		REGIONAL REPRESENTATIVE Ann O' Haire, Betty Bloch & Anne Graziano	
SIGNATURE OF LEGAL ENTITY <i>Nimata K. Lynn-Abiger</i>	DATE 9/14/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joanna Haire</i>	DATE 9-22-10

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
(Continued from the previous page)	<ul style="list-style-type: none"> Aid ½ fl. oz. Tylenol Extra Strength 50 tabs Aleve 50 caplets <p>The resident's bedroom door was unlocked and s/he was not present in the room at the time of this inspection.</p>	<p>8/12/10 corrected at time of inspection 8/13/10</p>	<p>In front of DPW, all OTC meds were removed from Resident #7's room.</p> <p>We spoke with Resident #7, and [redacted] son to explain the importance of keeping the medication box locked with meds inside at all times. Also that [redacted] room remains locked at all times.</p> <p>To ensure compliance in the future, all direct care staff, and administration will be checking daily for locked med boxes, and locked rooms of all residents who self administer.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>9-22-10 Date Initials (DPW)</p>

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SIGNATURE OF LEGAL ENTITY <i>Nimita Kagon-Ahyer</i>	DATE 9/14/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 9-22-10

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
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	<ul style="list-style-type: none"> An expired bottle of Lantus U100 insulin was found in the refrigerator located in the Care Plus wing of the home. The label on the bottle indicated it was first used on 7/12/10 and that it was "good until 8/9/10". The home's policy is to discard insulin after 28 days from the first puncture date. The home had two containers of prescription Nystop 100,000 u/gm powder for resident # 6 which was discontinued on 8/7/10. 	<p>8/12/10 corrected at the time of inspection</p> <p>8/12/10 corrected at the time of inspection</p>	<p>The expired bottle of Lantus was disposed off. A new one was delivered within one hour by our pharmacy. This was seen by the inspector.</p> <p>DPW error - Resident #6 is really Resident #8. The Nystop was removed from the room. See attached hospital discharge to see it was not reordered. To ensure compliance with Regulation 183d. med aides, nursing</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><u>9-22-10</u> Date Initials (DPW)</p>

supervisors, will be checking all medications of all residents to make sure all medications are current and accurate.

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SIGNATURE OF LEGAL ENTITY <i>Nunita Lynn - Chiyah</i>	DATE 9/14/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hawry</i>	DATE 9-22-10

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
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	The August 2010 medication administration record (MAR) for resident # 8 was not initialed or dated by the staff person who administered the prescription Nystop 100,000u/gm powder at 8pm on 8/2/10, 8/3/10 and 8/4/10 to the resident. In addition, it was not documented on the MAR that the resident was in the hospital on 8/5/10 for the 8pm dose.	8/12/10 corrected at the time of inspection.	Please see attached corrected MAR and hospital discharge paper. Please also see attached memo to further clarify this and other points to all med aides, and nurses who administer meds. To ensure future compliance, we will use a buddy system between all 3 shifts, so each med aide checks the previous med aide daily. Director of wellness will oversee this process.	Steps have been taken to correct violation; full compliance is not verifiable <u>9-22-10 Jk</u> Initials (DPW)

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SIGNATURE OF LEGAL ENTITY <i>Nimble Kapor - Atty</i>	DATE 9/14/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hanning</i>	DATE 9-22-10

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
187d The home shall follow the directions of the prescriber.	Resident # 9 did not take their Milk of Magnesium, 30 ml to be taken as needed available and on hand at time of inspection.	8/13/10	This was a PRN med that Resident #9 never asked for. We received a new bottle of Milk of Magnesium, 30 ml on 8/13/10 if the Resident ever asks for it. Our preferred pharmacy is now checking on all PRN meds, along with our med aides so we always have all current PRN's available for Residents. Director of Wellness and Unit Coordinators will ensure compliance.	Steps have been taken to correct violation; full compliance is not verifiable 9-22-10 <i>Jk</i> Date Initials (DPW)

will ensure compliance.

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SIGNATURE OF LEGAL ENTITY <i>Nimita Kapron - Abiyel</i>	DATE 9/14/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hany</i>	DATE 7-22-10

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
202 The following procedures are prohibited: (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.	The August 2010 medication administration record for hospice resident # 8 had an order which stated: "Haloperidol 2mg/ml oral concentrate. Take 0.5ml (1mg) by mouth or under the tongue every 6 hours as needed Diagnosis: agitation". Resident #10, date of admission 07/01/09 has an order for lorazepam, 0.5 mg. PRN every 12 hours for anxiety. On 07/27/10 and 07/29/10 staff administered the medication for "increased agitation". This was noted on the back side of the MAR for July 2010.	8/12/10 corrected at the time of inspection 8/22/10 memo sent out	DPW error; Resident #8 is really Resident # 10. Please see Hospice memo, please see our memo. DPW error; Resident # 10 is really Resident # 11. Please see our memo. We will continue to educate our direct care staff on this issue, as well	Steps have been taken to correct violation; full compliance is not verifiable 9-22-10 <i>JA</i> Date Initials (DPW)

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SEP 15 2010

SCRANTON FIELD OFFICE
Adult Residential Licensing

as all hospice and outside agencies our Residents use. Director of Wellness and Administration will check to ensure compliance.