

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SUNNY CREST HOME, INC.

LEGAL ENTITY

To operate SUNNY CREST HOME

NAME OF FACILITY OR AGENCY

Located at 2587 VALLEY VIEW ROAD, MORGANTOWN, PA 19543

(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 71  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: No Residents with mobility needs may be served - Bedrooms F1,F4,F7,F9,G2,G10

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 November 19, 2010 until November 19, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 321920

*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

PHONE: (717) 783-3670

FAX: (717) 783-5662

DEC 02 2010

Ms. Mary Ellen Farber, CEO  
Sunny Crest Home, Inc.  
Sunny Crest Home  
2587 Valley View Road  
Morgantown, Pennsylvania 19543

Dear Ms. Farber:

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**

|  |                        |   |                         |
|--|------------------------|---|-------------------------|
| <b>NAME AND ADDRESS OF PERSONAL CARE HOME</b><br>Sunny Crest Home, 2587 Valley View Road, Morgantown, Pennsylvania 19543   |                        | <b>CURRENT LICENSE NUMBER</b><br>321920   |                         |
| <b>INSPECTION DATE(S) (Include all dates of the inspection)</b><br>August 12, 2010   |                        | <b>REGIONAL REPRESENTATIVE</b><br>John Bungo and Doug Hoover                              |                         |
| <b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b> |                        |   |                         |
| <b>OF LEGAL ENTITY REPRESENTATIVE</b><br><i>Mary Ellen Fisher, CEO</i>   | <b>DATE</b><br>8/31/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF SIGNATURE CORRECTION</b><br><i>Cybil Berman</i> | <b>DATE</b><br>10/26/10 |

| 1<br>REGULATION<br>55 Pa.Code § 2600.  | 2<br>VIOLATION   | 3<br>DATE BY WHICH<br>CORRECTION<br>WILL BE<br>COMPLETED | 4<br>PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)   | 5<br>DATE<br>COMPLIANCE<br>VERIFIED<br>BY DPW |
|--|--|--|--|---|
| 20b9<br>A copy of the itemized account in 20b8 shall be kept in the resident's record. | Quarterly account statements were not in the resident records reviewed for Residents No. 1, 2, 3, 4, 5, 6 and 7.<br><br>SEP 7 2010 | 8/30/2010  | <p><i>Quarterly account statements will be kept in residents individual file.</i></p> <p><i>CHANGE MADE BY: ADMINISTRATOR</i></p> <p><i>When: Immediately</i></p> <p><i>How: Residents quarterly account statements will be kept in each Residents file as well as in the Resident account Transaction Binder.</i></p> <p><i>System Implemented: Quarterly account statements will be in each Residents file.</i></p> <p><i>TRAINING: ADMINISTRATIVE STAFF</i></p> | 10/26/10 <i>CB</i>                            |

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

|  |                        |   |                         |
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|--|---|---|---|---|
| 42o<br>A resident has the right to freely associate, organize and communicate with others privately. | Item No. 16 of the Home Rules states, "Residents of the opposite sex shall not enter each other's room without staff supervision."<br><br>Repeated Violation—7/27/09, et al | <i>New House Rules were generated on 7/23/2010<br/>Copies were placed in Resident files<br/>old Copies were not removed<br/>8-31-10</i> | <i>Remove old House Rules from files when new ones are generated.<br/>Language changed to: Privacy: For the respect of Privacy to our men and women Residents no Resident shall enter another persons room without their consent.</i> | <i>10/26/10 CB</i>                            |

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

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|---|---|---|--|--------------------------------------|---|---------|---------|---|--------|---------|---|---------|---------|-------------------------|--|---|
| <p>51<br/>Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults).</p> <p>52<br/>Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.</p> | <p>The criminal background checks were not obtained within 30 days of hire for the following employees:</p> <table border="1" style="margin-left: 40px; border-collapse: collapse;"> <thead> <tr> <th>Staff Person</th> <th>DOH</th> <th>Background</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>10/1/09</td> <td>7/27/10</td> </tr> <tr> <td>B</td> <td>3/8/10</td> <td>7/27/10</td> </tr> <tr> <td>C</td> <td>6/18/10</td> <td>7/22/10</td> </tr> </tbody> </table> <p>Repeated Violation—7/27/09, et al</p> | Staff Person                                    | DOH  | Background                           | A | 10/1/09 | 7/27/10 | B | 3/8/10 | 7/27/10 | C | 6/18/10 | 7/22/10 | <p><i>8/30/2010</i></p> | <p><i>Criminal Background checks will be done online on date of hire. Filed in Employee's file as well as a copy placed in the Employee Credentials file.</i></p> <p><i>The administrator or designee will review the records of new staff hires within 30 days of hire to ensure that the criminal history checks are completed and in compliance with OAPSA.</i></p> | <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="right"> <i>10/26/10</i><br/> Date                      Initials (DPW) </p> |
| Staff Person  | DOH   | Background                                      |  |                                      |   |         |         |   |        |         |   |         |         |                         |  |   |
| A   | 10/1/09   | 7/27/10   |  |                                      |   |         |         |   |        |         |   |         |         |                         |  |   |
| B   | 3/8/10  | 7/27/10   |  |                                      |   |         |         |   |        |         |   |         |         |                         |  |   |
| C   | 6/18/10   | 7/22/10   |  |                                      |   |         |         |   |        |         |   |         |         |                         |  |   |

*CB 10/26/10*

**VIOLATION REPORT**  
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|--|--|---|--|---|
| 65e<br>Direct care staff persons shall have at least 12 hours of annual training relating to their job duties. | Staff Person D received 9 of the required 12 hours of annual training during the 2009 training year. | <del>Each Staff person will</del><br><i>8/31/10</i> | <del>Each Staff person will</del><br><i>Each Staff person will have a training documentation sheet placed in the Staff Training Binder. This will be reviewed quarterly for training compliance. Staff names will be pre-printed on the training signature sheet so that those not present can be easily identified &amp; make-up training provided.<br/>New spreadsheets attached</i> | Steps have been taken to correct violation; full compliance is not verified!<br><i>10/26/10</i><br>Date Initials (DPW) <i>[Signature]</i> |

*The administrator or designee will conduct quarterly reviews of training records to ensure that all staff obtain required training each year. 08/10/2010*

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|---|---|--|--|---|
| 65g<br>Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas:<br><br>(1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.<br>(5) Falls and accident prevention. | <ul style="list-style-type: none"> <li>Staff Person D did not receive training in falls &amp; accident prevention during the 2009 training year.</li> <li>Staff Person E did not receive annual training in fire safety and falls &amp; accident prevention in 2009.</li> </ul> | <i>8/31/10</i>   | <i>Each staff person will have training documentation sheet placed in the staff training binder as well as given to them showing "Mandatory" training and outlining the training requirements. Employee training will be reviewed quarterly for compliance. Staff names will be pre-printed on training signature sheets so those not present will be easily identified &amp; make-up training provided.</i><br><br><i>"spreadsheets Attached"</i> | Steps have been taken to correct violation; full compliance is not verifiable<br><i>10/26/10</i> <i>DS</i><br>Date Initials (DPW) |

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|--|--|---|--|--|
| 89b<br>Hot water temperature in areas accessible to the resident may not exceed 120°F. | The hot water temperature measured 125.9°F in room B-9 and 123.4°F in room B-15. | 8/16/10   | Hot water temp. adjusted to fall at 120°F or less.<br>Facilities Manager to adjust & maintain proper temp.<br>Change made Aug. 16 2010 and monitored ongoing<br>Hot water temps. are to be tested at various times of the day to insure consistent temperatures of 120°F or less | <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>10/26/10 <i>CS</i><br/>Date Initials (DPW)</p> |

**VIOLATION REPORT**  
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|--|---|---|--|--------------------------------------|
| 103b<br>Kitchen surfaces shall be of a nonporous material and cleaned and sanitized after each meal. | There was a large (30" X 72" X 3") serving table with a wooden butcher block top located in the main kitchen. The wooden butcher block top is a nonporous material. | <i>8/31/10</i>                                  | <ul style="list-style-type: none"> <li>• Butcher Block table will be removed from the kitchen. By Maintenance.</li> <li>• NO nonporous materials will be used in the kitchen.</li> </ul> <p><i>Kitchen staff have been advised of 103b kitchen surfaces shall be a nonporous material and cleaned and sanitized after each use / meal.</i></p> | <i>10/26/10 [Signature]</i>          |

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|---|---|--|---|---|
| 121a<br>Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed. | <p>--The left exit door at the end of the hallway on the B Wing (Men's Wing) would not open unless the right door was opened first. This created a partially obstructed emergency egress.</p> <p>--The left exit door at the end of the hallway on the A Wing (Women's Wing) would not open unless the right door was opened first. This was a partially obstructed egress.</p> | <i>8/12/2010</i>   | <p><i>doors did not open due to weather stripping. the weather stripping was trimmed back to allow both doors to individually open easily. Repair done by Facilities Manager</i></p> <p><i>Emergency Exit doors will be checked weekly to make sure there is no obstructed emergency egress.</i></p> <p><i>Trained Facilities Manager and Staff to recognize &amp; report any obstructed emergency egress to the Facilities Manager or CEO (immediately Report)</i></p> | <i>10/26/10</i> <i>JB</i>                     |

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|--|--|--|--|---|---------|-------|-------|---------|-------|-----------|---------|-------|------------|---------|--------|------------|---------|-------|-----------|--------|-------|------------|--------|--|-------------|
| 132d<br>Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. | <p>The fire drill on 7/26/10 took 9 minutes and 5 seconds and the fire drill on 8/3/10 took 7 minutes and 45 seconds to evacuate. These evacuation times were over the 7 minutes recommended by [redacted] in his letter of 10/28/09. Evacuation times were as follows:</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Time</th> <th>EvacTime</th> </tr> </thead> <tbody> <tr> <td>4/17/10</td> <td>1:30p</td> <td>55sec</td> </tr> <tr> <td>5/26/10</td> <td>3:15p</td> <td>2min 0sec</td> </tr> <tr> <td>6/22/10</td> <td>1:30p</td> <td>5min 58sec</td> </tr> <tr> <td>7/22/10</td> <td>10:05a</td> <td>5min 55sec</td> </tr> <tr> <td>7/26/10</td> <td>6:00a</td> <td>9min 5sec</td> </tr> <tr> <td>8/3/10</td> <td>6:35a</td> <td>7min 45sec</td> </tr> </tbody> </table> <p>Repeated Violation—7/27/09, et al</p> | Date   | Time   | EvacTime                                      | 4/17/10 | 1:30p | 55sec | 5/26/10 | 3:15p | 2min 0sec | 6/22/10 | 1:30p | 5min 58sec | 7/22/10 | 10:05a | 5min 55sec | 7/26/10 | 6:00a | 9min 5sec | 8/3/10 | 6:35a | 7min 45sec | 9/3/10 | <p>A Third staff person will be added to 3rd Shift to insure that evacuation can be accomplished in the allotted 7min. CEO and Facilities manager reviewed the fire Evac. Policy for maximum effectiveness and Retrained Staff on 8/26/2010. Staff training will continue through week of 8/30 with a fire drill (overnight) to be held on 9/1/10. Fire drill procedures (attached) include placing a cone where the fire is. Walkie-Talkies for maximum communication, Staff training and an added person on 3rd Shift.</p> | 11/12/10 CB |
| Date   | Time   | EvacTime   |  |   |         |       |       |         |       |           |         |       |            |         |        |            |         |       |           |        |       |            |        |  |             |
| 4/17/10  | 1:30p  | 55sec  |  |   |         |       |       |         |       |           |         |       |            |         |        |            |         |       |           |        |       |            |        |  |             |
| 5/26/10  | 3:15p  | 2min 0sec  |  |   |         |       |       |         |       |           |         |       |            |         |        |            |         |       |           |        |       |            |        |  |             |
| 6/22/10  | 1:30p  | 5min 58sec   |  |   |         |       |       |         |       |           |         |       |            |         |        |            |         |       |           |        |       |            |        |  |             |
| 7/22/10  | 10:05a   | 5min 55sec   |  |   |         |       |       |         |       |           |         |       |            |         |        |            |         |       |           |        |       |            |        |  |             |
| 7/26/10  | 6:00a  | 9min 5sec  |  |   |         |       |       |         |       |           |         |       |            |         |        |            |         |       |           |        |       |            |        |  |             |
| 8/3/10   | 6:35a  | 7min 45sec   |  |   |         |       |       |         |       |           |         |       |            |         |        |            |         |       |           |        |       |            |        |  |             |

Any drill that exceeds evac. time of 7 minutes will be repeated.

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

|  |                        |   |                         |
|--|------------------------|---|-------------------------|
| <b>NAME AND ADDRESS OF PERSONAL CARE HOME</b><br>Sunny Crest Home, 2587 Valley View Road, Morgantown, Pennsylvania 19543   |                        | <b>CURRENT LICENSE NUMBER</b><br>321920   |                         |
| <b>INSPECTION DATE(S) (Include all dates of the inspection)</b><br>August 12, 2010   |                        | <b>REGIONAL REPRESENTATIVE</b><br>John Bungo and Doug Hoover                              |                         |
| <b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b> |                        |   |                         |
| <b>OF LEGAL ENTITY REPRESENTATIVE</b><br><i>Mary Ellen Farber, CEO</i>   | <b>DATE</b><br>8/31/10 | <b>REGIONAL LICENSING APPROVAL OF PLAN OF SIGNATURE CORRECTION</b><br><i>Cybil Boring</i> | <b>DATE</b><br>10/26/10 |

| 1<br>REGULATION<br>55 Pa.Code § 2600.  | 2<br>VIOLATION  | 3<br>DATE BY WHICH CORRECTION WILL BE COMPLETED | 4<br>PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)  | 5<br>DATE COMPLIANCE VERIFIED BY DPW   |
|--|---|---|---|--|
| 141a-1<br>A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. | Resident No. 5 was admitted on 3/11/10. The resident's medical evaluation was dated 5/6/10, more than 30 days after the admission date.<br><br><b>Repeated Violation—7/27/09, et al</b> | <i>immediately</i><br>8/31/10                   | <i>Resident's medical evaluation must be dated <del>60</del> prior to or within 30d after Admission. Resident Care Coordinator and Administrator will make sure this is done. PA Code 141a-1 will be included in the admission policies and procedures. Medical Evaluations will be calendared along with other documents containing deadlines.</i> | <i>Steps have been taken to correct violation; full compliance is not verifiable</i><br><i>10/26/10</i><br>Date Initials (DPW) |

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

|  |                               |  |                                |
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| <b>NAME AND ADDRESS OF PERSONAL CARE HOME</b><br>Sunny Crest Home, 2587 Valley View Road, Morgantown, Pennsylvania 19543   |                               | <b>CURRENT LICENSE NUMBER</b><br>321920  |                                |
| <b>INSPECTION DATE(S) (Include all dates of the inspection)</b><br>August 12, 2010   |                               | <b>REGIONAL REPRESENTATIVE</b><br>John Bungo and Doug Hoover                             |                                |
| <b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b> |                               |  |                                |
| <b>OF LEGAL ENTITY REPRESENTATIVE</b><br><i>Mary Ellen Farber, CEO</i>   | <b>DATE</b><br><i>8/31/10</i> | <b>REGIONAL LICENSING APPROVAL OF PLAN OF SIGNATURE CORRECTION</b><br><i>Cybil Bungo</i> | <b>DATE</b><br><i>10/26/10</i> |

| 1<br>REGULATION<br>55 Pa.Code § 2600.  | 2<br>VIOLATION   | 3<br>DATE BY WHICH<br>CORRECTION<br>WILL BE<br>COMPLETED | 4<br>PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)  | 5<br>DATE<br>COMPLIANCE<br>VERIFIED<br>BY DPW   |
|--|--|--|---|---|
| 141a-2<br>The medical evaluation shall include the following:<br><br>(6) Immunization history.<br>(7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.<br>(8) Body positioning and movement stimulation for residents, if appropriate. | <p>–The medical evaluation for Resident No. 5 was dated 5/6/10 and referred to the attached list for medications. However, the attachment was not signed or dated until 7/26/10.</p> <p>–The medical evaluation for Resident No. 6 was dated 2/9/10 and referred to the attached list for medications. The attachment was unsigned.</p> <p><b>Repeated Violation—7/27/09, et al</b></p> <p>–Resident No. 1's medical evaluation dated 12/16/09 did not have immunizations or body positioning sections completed.</p> <p>–Resident No. 3's medical evaluation dated 4/12/10 did not have the body positioning section completed.</p> | <i>Immediately<br/>&amp;<br/>Ongoing</i>                 | <p><i>Attached list of Medications must always be sent along with the medical evaluation. Staff persons transporting the resident are to make sure the list of medications is signed and dated before leaving the doctor's office upon return. Resident Care Coordinator will confirm that the Med. Evaluation contains all the needed info. w/ signature as well as that the attached list of medications is signed &amp; dated.</i></p> | <p>Steps have been taken to correct violation; full compliance is not verified.</p> <p><i>10/26/10</i><br/>Date Initials (DP)</p> |

*All info must also include immunization and body positioning section, if applicable*

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

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| <b>INSPECTION DATE(S) (Include all dates of the inspection)</b><br>August 12, 2010   |                               | <b>REGIONAL REPRESENTATIVE</b><br>John Bungo and Doug Hoover                             |                                |
| <b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b> |                               |  |                                |
| <b>OF LEGAL ENTITY REPRESENTATIVE</b><br><i>Mary Ellen Farber, CEO</i>   | <b>DATE</b><br><i>8/31/10</i> | <b>REGIONAL LICENSING APPROVAL OF PLAN OF SIGNATURE CORRECTION</b><br><i>[Signature]</i> | <b>DATE</b><br><i>10/26/10</i> |

| 1<br>REGULATION<br>55 Pa.Code § 2600.   | 2<br>VIOLATION   | 3<br>DATE BY WHICH<br>CORRECTION<br>WILL BE<br>COMPLETED                | 4<br>PLAN OF CORRECTION<br>(include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)  | 5<br>DATE<br>COMPLIANCE<br>VERIFIED<br>BY DPW |
|---|--|---|---|---|
| 185a<br>The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. | The PRN medication, Robitussin DM, was not available for Resident No. 8. | <i>Begin</i><br><i>8/26/10</i><br><br><i>Complete:</i><br><i>9/1/10</i> | <i>prior to 8/26/10</i><br>IF a Resident needs a PRN and we do not have it it can be obtained from the pharmacy that day if called in before 9pm. if after 9pm it is delivered the following morning.<br><br>CHANGES All PRN Medications are to be available to the resident therefore stock will be kept in the event that it is needed.<br><br>A list of PRN's taken by our Residents will be kept and an inventory of PRN's (stock) will be taken daily. | <i>10/26/10</i>                               |

*Resident Care Coordinator and Administrator will create inventory (PRN) sheet and train*

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| <b>INSPECTION DATE(S) (Include all dates of the inspection)</b><br>August 12, 2010   |                               | <b>REGIONAL REPRESENTATIVE</b><br>John Bungo and Doug Hoover                             |                                |
| <b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b> |                               |  |                                |
| <b>OF LEGAL ENTITY REPRESENTATIVE</b><br><i>Mary Ellen Farber, CEO</i>   | <b>DATE</b><br><i>8/31/10</i> | <b>REGIONAL LICENSING APPROVAL OF PLAN OF SIGNATURE CORRECTION</b><br><i>[Signature]</i> | <b>DATE</b><br><i>10/26/10</i> |

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|---|--|---|---|---|
| <p>187a<br/>A medication record shall be kept to include the following for each resident for whom medications are administered:</p> <p>(12) Diagnosis or purpose for the medication, including pro re nata (PRN).</p> <p>(14) Name and initials of the staff person administering the medication.</p> | <p>–The medication administration record (MAR) for the following residents did not include the diagnosis/ purpose:</p> <p>Resident No. 8<br/>Topiramate 50 mg</p> <p>Resident No. 9<br/>Lisinopril 20 mg<br/>Meloxicam 7.5 mg</p> <p>–The MAR was not initialed for the medication QC Dairy 9000 units to be given to Resident No. 8 at 5 pm on 8/11/10.</p> | <p><i>9/1/10</i></p>                            | <p><i>Diagnosis/Purpose must be included on the MAR. Resident Care Coordinator will include the missing Diagnosis/Purpose on current MAR sheets. Requested that pharmacy include all Diagnosis/Purpose on all MAR sheets for Sept 2010 &amp; ongoing. Resident Care Coordinator will Review MAR sheets upon receipt to make sure they are complete.</i></p> | <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>10/26/10</i><br/>Date Initials (DPW)</p> |

*In Addition - Education Training to be provided to staff to insure MAR's have administration properly documented. Weekly MAR Audits will be done by the administrator or a designee to ensure that all medications are administered and documented as prescribed. 02 10/26/10*

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

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|--|--|--|--|---|
| 224a<br>A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home. | <p>--Resident No. 6 was admitted on 3/5/10. The preadmission screening was dated 2/3/10 which was more than 30 days prior to the admission date.</p> <p>--Resident No. 7 was admitted on 9/2/09. The preadmission screening, dated 9/2/09 was blank in the section that indicates whether the individual needs can be met by the home.</p> | <p><i>Immediately &amp; ongoing 8-31-10</i></p>          | <p><i>Pre Admission Screening can be no more than 30d. prior to Admission. All sections of the Pre Admission Screening form must be completed &amp; noted whether or not the individual's needs can be met by the Home. Administrator &amp; Resident Care Coordinator will calendar Pre-admission Screening with a 30d "expiration" if it expires before admission a new preadmission screening will be done. It will be reviewed to make sure it is complete and designates whether or not the individual's needs can be met by the home.</i></p> | <p><i>11/12/10</i></p>                        |

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

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| <b>INSPECTION DATE(S) (Include all dates of the inspection)</b><br>August 12, 2010   |                               | <b>REGIONAL REPRESENTATIVE</b><br>John Bungo and Doug Hoover                               |                                |
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|--|---|--|---|---|
| 225a<br>A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment. | Resident No. 7 was admitted on 9/2/09. The assessment was dated 1/19/10, more than 15 days after the admission date.<br><br>Repeated Violation—7/27/09, et al | <i>Immediately<br/>#<br/>Going Forward<br/>8-31-10</i>   | <i>Initial Assessments must be documented on the Department's assessment form within 15d of Admission.<br/><br/>Administrator and/or Resident Care Coordinator will calendar initial assessments to be completed within 15d. of admission &amp; will be completed on the Department's assessment form.<br/><br/>Policy is included in the Resident Admission Binder. Resident Care Coordinators will be trained in this Policy.</i> | <i>Steps have been taken to correct violation; full compliance is not verifiable<br/>10/26/10<br/>Date Initials (DPW)</i> |

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

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|---|--|---|--|--------------------------------------|
| 227h<br>If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented. | <p>–The support plan dated 4/16/10 for Resident No. 3 was only signed by staff person F. There wasn't a notation of the resident's inability or refusal to sign.</p> <p>–The support plan dated 3/22/10 for Resident No. 5 was only signed by staff person F. There wasn't a notation of the inability or refusal to sign by the resident.</p> | <p><i>Immediately</i><br/><i>Going Forward</i><br/><i>8-31-10</i></p> | <p><i>Support plans will be reviewed with resident, caregiver, case worker if they can attend. All attending shall sign the support plan if in agreement and ability of a resident is not able to sign or refuses to sign this shall be noted on the support plan.</i></p> <p><i>The above policy will be in the resident Admission binder as well as training of the Resident Care Coordinator.</i></p> | <p><i>11/12/10</i> <i>CS</i></p>     |

**VIOLATION REPORT**  
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|---|--|---|---|---|
| 252<br>Each resident's record shall include the following information:<br><br>(20) The financial records of residents receiving assistance with financial management. | There were no financial management documents in the resident records for Residents No. 1, 2, 3, 4, 5, 6 and 7. | <i>immediately<br/>&amp;<br/>finished<br/>8/31/10<br/>ongoing</i> | <i>Quarterly Financial Statements will be placed in the residents file. Administrator will make this happen immediately &amp; going forward. Current quarterly acct. statements will be copied from resident account file and placed in residents individual files. Going forward all quarterly statements will be kept in the residents individual files. Administrator will train resident care</i> | <i>10/26/10 CB</i>                            |