

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to LAKEWOOD SENIOR LIVING-DRUMS, LLC

LEGAL ENTITY

To operate FRITZINGERTOWN SENIOR LIVING COMMUNITY

NAME OF FACILITY OR AGENCY

Located at 159 SOUTH OLD TURNPIKE ROAD, DRUMS, PA 18222

(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

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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 170
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 46

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 6, 2010 until October 6, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 201660

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 08 2010

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

Ms. Paula Sagan-Hahn, Executive Director
Lakewood Senior Living-Drums, LLC
Fritzingertown Senior Living Community
159 South Old Turnpike Road
Drums, Pennsylvania 18222

Dear Ms. Sagan-Hahn:

As a result of the Department of Public Welfare's licensing inspection on August 23, 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 Fritzingertown Senior Living Community, 159 South Old Turnpike Road, Drums, Pennsylvania 18222		CURRENT LICENSE NUMBER 201660	
INSPECTION DATE(S) (Include all dates of the inspection) August 23, 2010		REGIONAL REPRESENTATIVE Anne Graziano and Mary Ann Domanski	
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>Paula Bryan Baker Esq</i>		DATE 09/14/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jean Harvey</i>
			DATE 9-24-10

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
25b The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The legal guardian for resident #1 did not sign the addendum to the resident's contract dated 11-17-10, for the increase in room and board charges. Repeated Violation from 6-23-09 & 6-24-09.	09/12/10	Resident #1 Guardian made aware via certified mail of this requirement and need for compliance with this regulation. (See attached) Administrator will provide supervision of all contracts and addenda to ensure ongoing compliance with this regulation.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>9-24-10 Date <i>09/24/10</i> By <i>DPW</i></p>

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SEP 17 2010

SCRANTON FIELD OFFICE
Adult Residential Licensing

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

NAME AND ADDRESS OF PERSONAL CARE HOME Fritzingertown Senior Living Community, 159 South Old Turnpike Road, Drums, Pennsylvania 18222		CURRENT LICENSE NUMBER 201660	
INSPECTION DATE(S) (Include all dates of the inspection) August 23, 2010		REGIONAL REPRESENTATIVE Anne Graziano and Mary Ann Domanski	
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>[Signature]</i>		DATE 08/23/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
			DATE 9-24-10

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>187a 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 record for resident #3 did not include a diagnosis or purpose for the medication Lopressor 50mg.</p> <p>The medication record for resident #4 did not include a diagnosis or purpose for the medication Risperdal 0.5 mg.</p> <p>The master key on the August 2010 Medication administration records for the home contained the signatures and initials of staff that administer medications. Printed names were missing from the key.</p> <p>Repeated Violation from 6-23-09 & 6-24-09.</p>	<p>08/23/10</p> <p>08/24/10</p> <p>Corrected at time of inspection</p>	<p>MARS of Resident #3 and #4 revised to add appropriate diagnoses of indicated medications (see attached).</p> <p>Staff members administering medications reoriented to requirement of this regulation. Staff will be reminded to refer to the resident's chart and match and enter on the MAR the diagnosis attributed to each medication.</p> <p>Administrator and DON will provide ongoing supervision of all MARS to ensure ongoing compliance with this regulation</p> <p>Facility Master List Form revised to include area for printed name.</p> <p>Director of Nursing will provide ongoing supervision of all MARS to ensure ongoing compliance with this regulation.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>9-24-10</p> <p>Date Initials (DPW)</p>

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>[Signature]</i>	DATE 09/14/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 9-24-10

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>202 The following procedures are prohibited:</p> <p>(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.</p>	<p>Resident # 6 has an order for lorazepam, 2 mg/ml injection every 4 hours as needed for anxiety/agitation.</p> <p>Staff administered the medication on August 13 at 9:00 am, on August 20 at 12:00 am and again on August 23 at 12 pm.</p> <p>Staff indicated on the back of the MAR that the medication was administered for increased agitation on each of these three (3) occasions. This is a chemical restraint.</p>	<p>08/24/10</p>	<p>Staff administering medication reoriented in the requirement of this regulation.</p> <p>Administrator and DON will provide ongoing supervision of all MARS to ensure ongoing compliance with this regulation. Ongoing training will be provided to all staff newly trained in medication administration.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>9-24-10 <i>[Signature]</i></p> <p>Date Initials (DPW)</p>

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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>Michael J. ...</i>		DATE 09/14/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hurvey</i>	DATE 9-24-10

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
227g Individuals who participate in the development of the support plan shall sign and date the support plan. 227h 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.	The legal guardian did not sign the support plan for resident #1 dated 7-3-10, and the home did not document the guardian's inability or refusal to sign.	09/21/10	Resident #1 Guardian made aware via certified mail of this requirement and need for compliance with this regulation. (See attached). Administrator will provide supervision of all contracts and addenda to ensure ongoing compliance with this regulation.	9-24-10 <i>JH</i>

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

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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Paula Lopez-Galvez</i>	DATE 09/24/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hurvey</i>	DATE 9-24-10

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
252 Each resident's record shall include the following information: (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.	Resident #5's record did not include the resident's race, hair color and identifying marks.	08/23/10 09/24/10	Race, hair color, and identifying marks documented on resident record of Resident #5 (see attached). Appropriate staff members reoriented in this requirement of this regulation. Administrator will provide supervision of all resident records to ensure ongoing compliance with this regulation.	9-24-10 <i>JK</i>
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