

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CORNWALL MANOR _____
LEGAL ENTITY

To operate CORNWALL MANOR _____
NAME OF FACILITY OR AGENCY

Located at CORSON HALL, P.O. BOX 125, CORNWALL, PA 17016 _____
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 35 _____
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 December 23, 2010 until December 23, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 342880

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.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

DEC 17 2010

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

Mr. Edward Peiffer, VP of Operations
Cornwall Manor
P.O. Box 125
Cornwall, Pennsylvania

Dear Mr. Peiffer:

As a result of the Department of Public Welfare's licensing inspection on August 24, 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 Cornwall Manor, Corson Hall, P.O. Box 125 Cornwall, Pennsylvania 17016		CURRENT LICENSE NUMBER 342880
INSPECTION DATE(S) (Include all dates of the inspection) August 24, 2010	REGIONAL REPRESENTATIVE John Bungo and Tom Shopay	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Edward L. Peiffer V.P. for Operations</i>		
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Edward L. Peiffer</i>	DATE 9-3-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Ennis</i>
		DATE 11/29/10

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
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials. PC Cornwall Manor SEP 30 11:10	A cleaning cart was left unattended in the hall by room #116. A 28 oz. stain remover was on the cart that had a label that read: "Caution: Harmful if swallowed. Eye & skin irritant obtain medical attention." Also on the cart was a 32 oz bottle of Spic & Span cleaner. The bottle's label read: "Call Poison Control Center or Doctor." The home's administrator stated that none of the assessments and support plans for the home's 26 residents included a statement that residents were capable of identifying and using poisonous materials. The records reviewed during the inspection confirmed the administrator's statement.	8/30/2010 ongoing	PROPER PROCEDURES WERE REVIEWED WITH INVOLVED STAFF PERSON AND DOCUMENTED IN APPROPRIATE RECORDS. STAFF VERBALIZED UNDERSTANDING. IDENTIFIED MATERIALS WERE LOCKED & INACCESSIBLE TO RESIDENTS. MONITORING OF CLEANING CART AND POISONOUS MATERIALS TO BE SUPERVISED BY ADMINISTRATOR AND HOUSEKEEPING SUPERVISOR AND/OR DIRECTOR OF RESIDENT SERVICES. ANY POISONOUS MATERIALS NOT IN USE WILL BE MADE LOCKED & INACCESSIBLE TO RESIDENTS. -82	Steps have been taken to correct violation; full compliance is not verifiable 11/29/10 Date Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME Cornwall Manor, Corson Hall, P.O. Box 125 Cornwall, Pennsylvania 17016		CURRENT LICENSE NUMBER 342880	
INSPECTION DATE(S) (Include all dates of the inspection) August 24, 2010		REGIONAL REPRESENTATIVE John Bungo and Tom Shopay	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Edward L. Peiffer V.P. for Operations</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Edward L. Peiffer</i>		DATE 9-3-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn Erush</i>
			DATE 11/29/10

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
102d-1 Toilet and bath areas shall have grab bars, hand rails or assist bars.	The urinal located in the men's restroom located on the 1 st . floor was not equipped with a grab or assist bar. Repeated Violation - 11/6/09	9/2/10	GRAB BAR installed on wall beside urinal in 1st floor men's public Restroom See ATTACHED PHOTOS All Resident Rooms were rechecked by designated staff and administrator and found to be in compliance.	11/29/10 SE

PCH Division
Central Region Field Office

SEP 3 2010

RECEIVED

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

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 FAX NO. 717 274 8058
 SEP-03-2010 FRI 03:35 PM CORNWALL MANOR CORSON

NAME AND ADDRESS OF PERSONAL CARE HOME Cornwall Manor, Corson Hall, P.O. Box 125 Cornwall, Pennsylvania 17016		CURRENT LICENSE NUMBER 342880	
INSPECTION DATE(S) (Include all dates of the inspection) August 24, 2010		REGIONAL REPRESENTATIVE John Bungo and Tomi Shopay	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Edward L. Peiffer V.P. for Operations</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Edward L. Peiffer</i>		DATE 9-3-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria E. Smith</i>
			DATE 11/29/10

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
143a The home shall have a written emergency medical plan that includes the following: (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible. (2) Emergency transportation to be used. (3) An emergency-staffing plan.	At the time of the inspection, the home could not produce a written emergency medical plan that included the hospital or source of health care to be used in the event of an emergency, transportation arrangements and an emergency staffing plan.	9/3/2010 9/10/2010 ongoing	Written emergency medical plan revised from Disaster Manual to include resident's choice of hospital, emergency transportation and emergency staffing plan. All staff will be given copy and reviewed After review, will be added to policy/procedure manual. Changes to policy will be monitored by administration	11/29/10 SE

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

NAME AND ADDRESS OF PERSONAL CARE HOME Cornwall Manor, Corson Hall, P.O. Box 125 Cornwall, Pennsylvania 17016		CURRENT LICENSE NUMBER 342880	
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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)			
<i>Edward L. Pfeiffer V.P. for Operations</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Edward L. Pfeiffer</i>		DATE 9-3-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria Ewert</i>
			DATE 11/29/10

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
254c Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.	Five empty medication cards were found in the trash container located on the side of the medication cart. The empty cards contained the residents' names and information regarding the medications that could be viewed by residents and visitors.	9/10/2010	All STAFF WHO ARE TRAINED TO ADMINISTER MEDICATION, WILL BE INDIVIDUALLY TRAINED BY ADMINISTRATION, TO empty COVERED TRASH CONTAINER LOCATED ON SIDE OF MEDICATION CART GET EACH MEDICATION ADMINISTRATION STAFF TO pull & SHOW LABEL ON MEDICATION CARD containing resident names & information or cover in information with permanent BLACK marker prior to disposal PHARMACY will Remove medication CARDS AT medication exchange AND TAKE BACK to pharmacy for disposal.	11/29/10 BE

Ongoing monitoring By Administration AT medication pass Review

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