

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to NEW CONCEPTS ASSISTED LIVING, INC.

LEGAL ENTITY

To operate WARRIOR RUN HERITAGE HOUSE

NAME OF FACILITY OR AGENCY

Located at 11430 STATE ROUTE 44, WATSONTOWN, PA 17777

(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 20
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 6, 2010 until October 6, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 216960

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. Staci Calabro, President
New Concepts Assisted Living, Inc.
PO Box 245
Turbotville, Pennsylvania 17772

RE: Warrior Run Heritage House
11430 State Route 44
Watsontown, Pennsylvania 17777

Dear Ms. Calabro:

As a result of the Department of Public Welfare's licensing inspection on August 26, 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 Warrior Run Heritage House, 11430 Star Route 44, Watsonstown, Pennsylvania 17777		CURRENT LICENSE NUMBER 216960	
INSPECTION DATE(S) (Include all dates of the inspection) August 26, 2010		REGIONAL REPRESENTATIVE Florence Babiarz 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) <i>SMC Salabro</i>			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>SMC Salabro</i>	DATE 9/13/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Henry</i>	DATE 9-28-10

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>51 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 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 home did not have criminal history checks 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) within 30 days of hire for the following direct staff persons:</p> <p>Staff person "A", d.o.h. 3-8-10, state police clearance was dated 5-7-10.</p> <p>Staff person "B", d.o.h. 1-25-10, state police clearance was dated 5-7-10.</p>	8/27/10	<p><i>In the future the administrator will monitor the provisioned hire period for all new staff.</i></p> <p><i>In order to ensure OAPSA compliance, if the final criminal history report is not received within the 30 day time period, staff will not be allowed to work unsupervised.</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><u>9-28-10</u> Date Initials (DPW)</p> <p align="center"><i>Original</i></p>

SEP 20 2010

SCRANTON FIELD OFFICE
Adult Residential Licensing

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

NAME AND ADDRESS OF PERSONAL CARE HOME Warrior Run Heritage House, 11430 Star Route 44, Watsonstown, Pennsylvania 17777		CURRENT LICENSE NUMBER 216960
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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>Steve Zabala</i>	DATE 8/13/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>
		DATE 9-28-10

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
54a Direct care staff persons shall have the following qualifications: (2) Have a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry.	The home did not have official documentation that direct staff person "C", d.o.h. 8-12-08, graduated from high school.	9/14/10	Further efforts to obtain records from the school were not available. The staff person "C" has obtained an affidavit attesting receipt of the diploma. A copy has been added to the employee file. In the future, the administrator will review certificates and diplomas more closely to ensure proper documentation. This will be done prior to hiring process.	Steps have been taken to correct violation; full compliance is not verifiable 9-28-10 Date <i>JH</i> Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME Warrior Run Heritage House, 11430 Star Route 44, Watsontown, Pennsylvania 17777		CURRENT LICENSE NUMBER 216960
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		DATE 9-28-10

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85a Sanitary conditions shall be maintained.	Bathroom tub caulking had black mildew and shower curtain toward the bottom of the curtain had mildew.	9/13/10	Bathroom tub caulking was replaced, Shower curtain was Replaced. In order to maintain future compliance a staff review was conducted regarding Sanitary conditions and the importance of reporting necessary home repairs and equipment replacement to management in order to address the condition. Staff will refer to a checkoff list for maintaining sanitary conditions and how to report repairs to management.	9-28-10 JH

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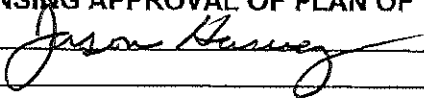
VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

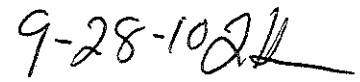
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SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Star Cohen</i>		DATE 9/17/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joan Harvey</i>
			DATE 9-28-10

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
88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	An upper cabinet door in the kitchen near the microwave was off the hinges.	9/26/10 photo	Correction was made the day of inspection. Hinge on cabinet door was tightened. To maintain future compliance, staff review was conducted to remind staff to report necessary maintenance and home repairs to management in order to address the concern in a timely manner. Staff will refer to a check off list to perform regular maintenance/repairs needed.	9-28-10 <i>JK</i>

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

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NAME AND ADDRESS OF PERSONAL CARE HOME Warrior Run Heritage House, 11430 Star Route 44, Watsonstown, Pennsylvania 17777		CURRENT LICENSE NUMBER 216960
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		DATE 9-28-10

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103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	The refrigerator in the home's kitchen had a temperature reading of 45°F.	8/16/10	Brands Refrigeration was notified of concern and responded to the home for repair. A fan in the cooler was broken, a new fan was ordered for installation and the compressor was reset. The cooler is currently holding at the required temperature. Staff are conducting daily checks of the thermometer in the cooler to ensure it remains at the appropriate temperature.	9-28-10 

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

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INSPECTION DATE(S) (Include all dates of the inspection) August 26, 2010	REGIONAL REPRESENTATIVE Florence Babiarz and Mary Ann Domanski
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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>Steve Celero</i>	DATE 9/13/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 9-28-10
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121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	Fire Exit located at the west side of the home had a brown box with mushrooms inside blocking the egress route to the exit.	8/26/10	The "brown box" was being used by a resident who had placed it on the front porch. The box was removed by the resident. The placement of the box did allow for the exit door to be opened and used. Staff and resident review was conducted reviewing the importance of maintaining unobstructed exits. Staff will make regular checks of egress routes, etc for obstructions.	Steps have been taken to correct violation; full compliance is not verifiable 9-28-10 Date Initials (DPW)

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

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141a-2 The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization history. (7) Medication regimen, contraindicated medications, medication side effects and the	Resident #2: medical evaluation, dated 3.11.10, is incomplete. Allergies; Treatment/Therapies; Activities/Social Services; and Body Positioning are blank. Also, the physician's signature and date are missing on the attached medication sheet. Resident #3: medical evaluation, dated 4.20.10, is incomplete. Treatment/Therapies and Activities/Social Services are blank. Resident #4: medical evaluation, dated 1.4.10, is incomplete. Social Security Number, Height; Temperature, Allergies; Treatment/Therapies; Diet; Activities/Social Services; Body Positioning and Level of Care for Personal Care Home are blank.	<i>8/16/10</i>	<i>The medical evaluations for Resident #2, #3, #4, #5 were returned to the dhs offices for request of completion. Addendums were added to Resident #1er. A staff review was conducted regarding proper completion of medical evaluations. The administrator will review medical evaluations as they are presented to the home, and make immediate contact with the dhs office for completion if necessary. To ensure future compliance the administrator will conduct routine audits of medical evaluations.</i>	Steps have been taken to correct violation; full compliance is not verifiable <u>9-28-10</u> Date Initials (DPW)

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

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			DATE 9-28-10

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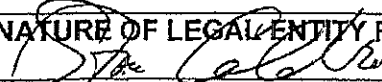

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ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.	Resident #5: medical evaluation, dated 7.29.09, is incomplete. Treatment/Therapies; Diet; Activities/Social Services; and Body Positioning are blank. The attached medication sheet does not have the physician's signature or date. Also, resident #5's medical evaluation, dated 7.26.10, is incomplete. Treatment/Therapies; Activities/Social Services; and Body Positioning are blank. There was no attached medication sheet.	8/10/10		Steps have been taken to correct violation; full compliance is not verifiable 9-28-10 <i>[Signature]</i> Date Initials (DPW)

WRHH


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

P. 10

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183f Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.	One (.5 ounce) Bacitracin Antibiotic Ointment located in the home's transportation First Aid Kit expired April 2010.	8/26/10	Ointment was removed from kit on day of inspection. Staff review was conducted to include checking 1st Aid Kits for expiration dates as well as entire contents. A check off list for regular examination of the kit was created for staff to utilize to ensure future compliance.	9-28-10 

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VIOLATION REPORT
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184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	An unlabeled bottle of Ketoconazole 2% Shampoo was found in the home's medication cart. The shampoo was prescribed for resident #3.	8/26/10	The labels had faded and the pharmacy was contacted and the shampoo with new label was sent to replace the old container which was discarded. A staff review was conducted to remind staff of the importance of being able to identify the medication. Staff were reminded not to administer medications that are not identifiable in order to maintain future compliance and administer correct medications.	9-28-10 <i>[Signature]</i>

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

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570-649-5100

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Sep 28 10 09:55a

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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 home's MAR did not have documentation that the following medications were administered: Resident #1, Tabavite*Tablet; 7:00 a.m. dose on 8-22-10; Resident #2, Wellbutrin SR 150 mg Tab, 9:00 p.m. dose on 8-25-10; Resident #3, Triacinolone 0.1% cream, 7:00 a.m. dose on 8-6-10 and on 8-7-10 and Ketoconazole 2% Shampoo, 7:00 a.m. dose on 8-7-10.	8/27/10 9/13/10	As verified by staff person [redacted] and the Resident #1 this multi-vitamin was administered. As verified by staff person [redacted] and Resident #2 this medication was administered as ordered. As verified by staff person [redacted] and Resident #3 on 8/16/10 this cream was administered as well as shampoo on 8/17/10. A staff review was conducted regarding signatures for medications administered. To ensure future compliance staff are required to follow all medication policy procedures and review MAR for signature of staff each administration.	Steps have been taken to correct violation; full compliance is not verifiable. 9-28-10 Date Initials (DPW)


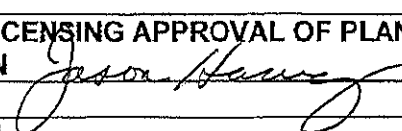
VIOLATION REPORT
PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600

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570-649-5100

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NAME AND ADDRESS OF PERSONAL CARE HOME Warrior Run Heritage House, 11430 Star Route 44, Watsonstown, Pennsylvania 17777		CURRENT LICENSE NUMBER 216960	
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224a 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.	Resident #3: Pre-Admission Screening form, dated 5.11.10, is incomplete. The level of supervision and mobility needs are not checked and the date the form was completed is blank.	8/27/10	The form was dated with the signature at the bottom of the page instead of on the designated line. In the future, staff/administrators will conduct closer reviews of forms to ensure each area is completed.	Steps have been taken to correct violation; full compliance is not verifiable 9-28-10 Date Initials (DPW)