

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WILLIAM'S MANOR LLC. LEGAL ENTITY

To operate WILLIAM'S MANOR NAME OF FACILITY OR AGENCY

Located at 164 BARON ROAD, WIND GAP, PA 18091 (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 8 (MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 27, 2010 until October 27, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 207310

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

NOV 04 2010

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

Mr. Edward Cauley, Co-Owner
William's Manor LLC
William's Manor
164 Baron Road
Wind Gap, Pennsylvania 18091

Dear Mr. Cauley:

As a result of the Department of Public Welfare's licensing inspection on September 7, 2010 and the corrections you have made after our inspection, we have found the above personal care home to be in compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosure
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME WILLIAM S MANOR, 164 BARON ROAD WIND GAP, PA 18091		CURRENT LICENSE NUMBER 207310	
INSPECTION DATES (Include all dates of the inspection) 09/07/2010		REGIONAL REPRESENTATIVE Betty Bloch, 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>Colleen Brooks Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Colleen Brooks</i>		DATE <i>10/12/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hawley</i>
			DATE <i>10-20-10</i>


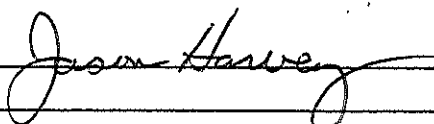
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.	Staff persons A, B, C, D and E did not receive first aid and certification in obstructed airway techniques. In addition, staff persons D and E did not have CPR training. The certificates for all these trainings were from "American Safety Training Institute", which is not a Department-approved training source. All trainings were completed on-line, per staff person F, who is the administrator. Review of the 9/1/10 - 9/5/10 work schedule indicated the following: Staff person A worked alone on 9/5/10 from 9am - 4pm Staff person B worked on 9/1/10 and 9/2/10 from 9am -11am with staff person G, who does not have first aid training Staff person C worked alone on 9/1/10 from 8pm -12am Staff person D worked alone on 9/2/10 from 11am -6pm and on 9/3/10 from 10pm - 9am Staff person E worked alone on 9/1/10 from 12am - 9am, 9/2/10 from 6pm - 10pm, 9/3/10 from 9am - 3pm, 9/4/10 from 6pm - 12am and 9/5/10 from 8pm - 12am	<i>9/21/10</i>	<i>CPR TRAINING ON ALL AFFECTED EMPLOYEES HAS BEEN COMPLETED, EFFECTIVE SEPT. 21, 2010, BY [REDACTED] OF THE AMERICAN HEART ASSOCIATION. IN FUTURE ALL CPR CLASSIFICATION WILL BE DONE BY AN APPROVED TRAINING SOURCE, NOT ONLINE.</i>	<i>10-20-10 [Signature]</i>
RECEIVED				
OCT 18 2010				<i>Original</i>

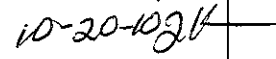
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SIGNATURE OF LEGAL ENTITY <i>Colleen Brooks</i>	DATE 10/21/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hawley</i>	DATE 10-20-10

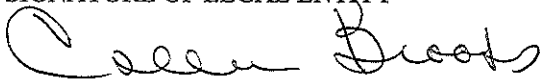
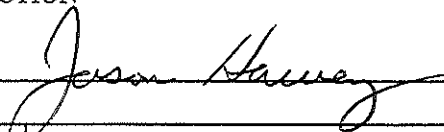
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	Staff person F, who resides in the home, stated s/he was usually present in the home during these times; s/he is a licensed practical nurse in Pennsylvania.			<i>See Previous Page</i>

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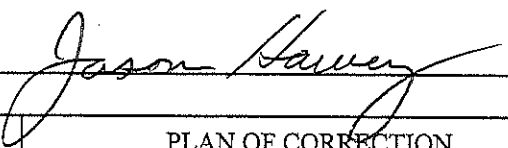
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64c An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.	Staff person F, the home's administrator, did not complete any of the required 24 hours of Department-approved annual training in training year 1/1/09 - 12/31/09. In addition, the administrator did not complete the additional 2 hours of required Department-approved annual trainings which were owed for the 1/1/08 - 12/31/08 training year. A combined total of 26 hours of Department-approved trainings have not been completed for the 2008 and 2009 training years.	11/08/10 9/21/10 <u>CPR</u> 12/31/10	Administrator F will complete 2 hours of annual approved administrator training for 2008 training year and provide verification by 11/08/10. The certificate(s) will indicate "For 2008 Training". In addition, administrator will complete 24 hours of approved administrative training for the 2009 training year and provide documentation by 12/31/10. CPR done on 9/21/10	10-20-10 

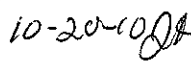
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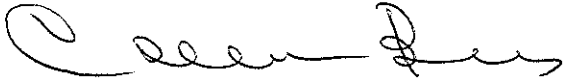
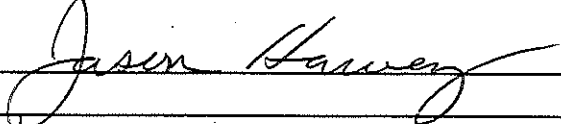
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96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The first aid kit in located near the medication room on the lower level does not include a breathing shield.	9/10/10	A BREATHING SHIELD WAS ORDERED FROM AND PROVIDED BY NEWHARD'S PHARMACY ON 9/10/10. IT IS NOW KEPT IN THE FIRST AID KIT.	10-20-10 JH

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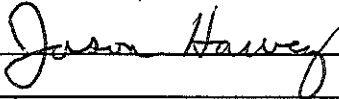
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103g Food shall be stored in closed or sealed containers.	In the home's main kitchen, the following food items were found opened and unsealed in the lower level cabinets which were adjacent to the stove: A 5 lb. bag of "Domino" sugar, an 11 oz. bag of "Lay's" Wavy Original Potato Chips and a 9 oz. bag of "Bachman" Jax Real Cheddar Cheese Puffed Curls.	9/8/10	ALL FOOD IS NOW CLOSED AND SEALED. SIGNS HAVE BEEN POSTED IN ALL KITCHEN AREAS THAT ALL FOOD MUST BE SEALED.	10-20-10 

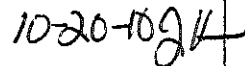
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103i Outdated or spoiled food or dented cans may not be used.	Approximatley 15 slices of pizza, covered with plastic wrap, were found undated in the freezer section of the "LG" refrigerator located in the home's main kitchen. There was not a "best used by" or expiration date on the packaging.	9/8/10	ALL FOOD PACKAGING STORED IN REFRIGERATORS NOW IS DATED AND/OR INCLUDES A "BEST USED BY" OR EXPIRATION DATE.	10-20-10 JH

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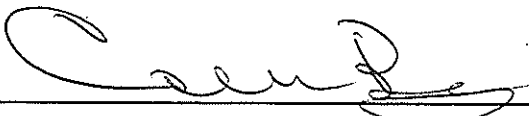
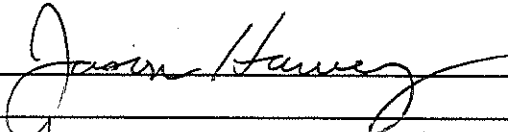
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182b Prescription medication that is not self-administered by a resident shall be administered by one of the following: (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic. (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.	<p>The following direct care staff persons who administer medications to residents did not complete the required annual practicums of the Department-approved medication administration course within 12 months of the previous annual practicums:</p> <p>Staff person A: <u>Initial Training</u> had a pass date of 6/6/07 <u>Initial Annual Practicum</u> had a pass date of 6/6/08</p> <ul style="list-style-type: none"> • The required Student Certification Form was not completed <p><u>Annual Practicum</u> had a pass date of 6/6/09</p> <ul style="list-style-type: none"> • The required Student Certification Form was not completed <p><u>Annual Practicum</u> due by 6/6/10</p> <ul style="list-style-type: none"> • Only 3 of the required 4 medication administration record (MAR) reviews were completed <p>Staff person B: <u>Initial Training</u> had a pass date of 6/8/07 <u>Initial Annual Practicum</u> had a pass date of 6/6/08</p> <ul style="list-style-type: none"> • The required Student Certification Form was not completed 	9/14/10	<p>ALL STAFF MEMBERS HAVE BEEN BROUGHT UP TO DATE ON MEDICATION ADMINISTRATION TRAINING AS OF SEPT. 14, 2010. (ALL HAVE BEEN RETRAINED, SEE DOCUMENTATION)</p> <p>A REGULAR SCHEDULE FOR THREE- AND SIX-MONTH TRAINING HAS BEEN ESTABLISHED, AND ADMINISTRATOR WILL ENSURE ALL PAPERWORK AND FORMS REFLECT TRAINING THAT HAS BEEN COMPLETED.</p>	10-20-10 

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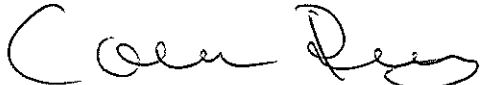
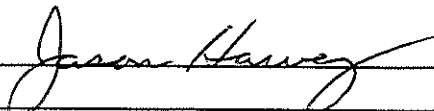
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<p>(3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.</p> <p>(4) A staff person who has completed the medication administration training in 190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.</p>	<p><u>Annual Practicum</u> had a pass date of 6/6/09</p> <ul style="list-style-type: none"> • The required Student Certification Form was not completed <p><u>Annual Practicum</u> due by 6/6/10</p> <ul style="list-style-type: none"> • Only 3 of the required 4 MAR reviews were completed • Only 1 of the 2 required medication administration observations were completed <p>Staff person C:</p> <p><u>Initial Training</u> had a pass date of 6/7/07</p> <p><u>Initial Annual Practicum</u> had a pass date of 6/7/08</p> <ul style="list-style-type: none"> • The required Student Certification Form was not completed <p><u>Annual Practicum</u> had a pass date of 6/6/09</p> <ul style="list-style-type: none"> • The required Student Certification Form was not completed <p><u>Annual Practicum</u> due by 6/6/10</p> <ul style="list-style-type: none"> • Only 3 of the required 4 MAR reviews were completed <p>Staff person D:</p> <p><u>Initial Training</u> had a pass date of 6/7/07</p> <p><u>Initial Annual Practicum</u> had a pass date of 6/6/08</p> <ul style="list-style-type: none"> • The required Student Certification Form was 			<p>See Previous page</p>

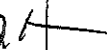
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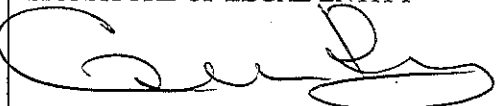

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	<p>not completed</p> <p><u>Annual Practicum</u> had a pass date of 6/6/09</p> <ul style="list-style-type: none"> • The required Student Certification Form was not completed <p><u>Annual Practicum</u> due by 6/6/10</p> <ul style="list-style-type: none"> • Only 3 of the required 4 MAR reviews were completed <p>Staff person E:</p> <p><u>Initial Training</u> had a pass date of 6/6/07</p> <p><u>Initial Annual Practicum</u> had a pass date of 6/6/08</p> <ul style="list-style-type: none"> • The required Student Certification Form was not completed <p><u>Annual Practicum</u> had a pass date of 6/6/09</p> <ul style="list-style-type: none"> • The required Student Certification Form was not completed <p><u>Annual Practicum</u> due by 6/6/10</p> <ul style="list-style-type: none"> • Only 3 of the required 4 MAR reviews were completed 			<p>See previous page</p>

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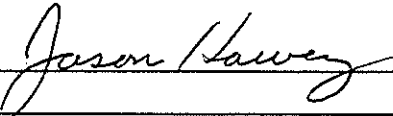
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183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Staff person E had personal OTC medications, including Mucinex and aspirin, stored in the same medication cart as the residents' medications.	9/7/10	AS OF SEPT 7, 2010, ALL PERSONAL MEDICATIONS HAVE BEEN MOVED TO A SEPARATE, LOCKED STORAGE LOCATION.	10-20-10 

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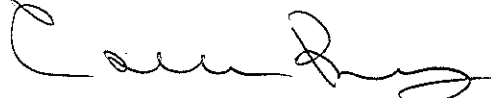
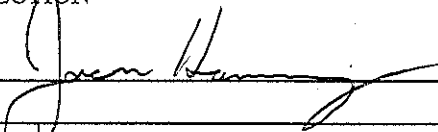
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252 Each resident's record shall include the following information: (1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old. (4) Language or means of communication spoken or used by the resident. (5) The name,	Resident # 1's records did not include the reason for termination of services.	9/14/10	RESIDENT #1 DECEASED AT EASTON HOSPITAL ON 1/15/10 A NEW FORM WAS CREATED PERTAINING TO RESIDENT'S RECORD AS OF SEPT. 14, 2010.	10-20-10

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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INSPECTION DATES (Include all dates of the inspection) 09/07/2010		REGIONAL REPRESENTATIVE Betty Bloch, 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 	DATE 10/12/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 10-20-10

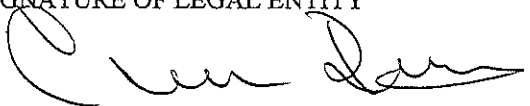
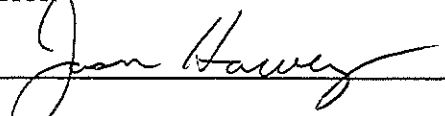
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary				10-20-10

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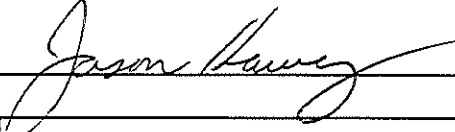
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restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any.				See previous page

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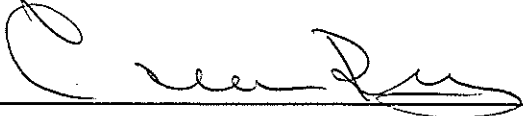
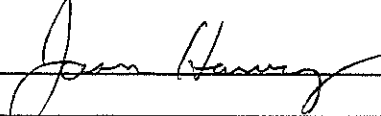
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(16) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated. (19) An inventory of the resident's property entrusted to the administrator for safekeeping. (20) The financial records of residents.				See Previous Page

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receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified				See previous page

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in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any				See previous page

RECEIVED

OCT 18 2010

SCRANTON FIELD OFFICE
Adult Residential Licensing