

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CHICORA MEDICAL CENTER, LP
LEGAL ENTITY

To operate CHICORA MEDICAL CENTER
NAME OF FACILITY OR AGENCY

Located at 160 MEDICAL CENTER ROAD, CHICORA, PA 16025
(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 26
(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 November 9, 2010 until November 9, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 405530

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 24 2010

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

Mr. Matthew Tack, Administrator
Chicora Medical Center, LP
Chicora Medical Center
160 Medical Center Road
Chicora, Pennsylvania 16025

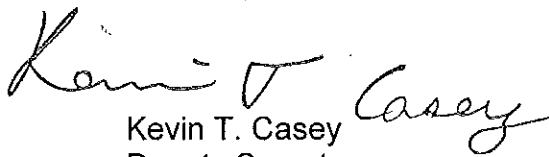
Dear Mr. Tack:

As a result of the Department of Public Welfare's licensing inspection on September 7, 2010 and October 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.

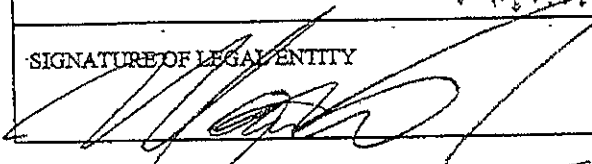
Sincerely,


Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

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

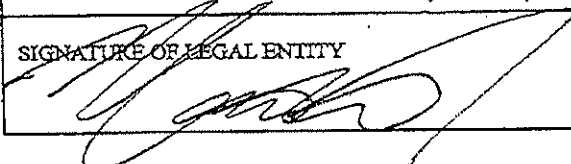
Page 1 of 20

NAME AND ADDRESS OF PERSONAL CARE HOME CHICORA MEDICAL CENTER, 160 MEDICAL CENTER ROAD CHICORA, PA 16025		CURRENT LICENSE NUMBER 405530	
INSPECTION DATES (Include all dates of the inspection) 09/07/2010		REGIONAL REPRESENTATIVE Jason Williams, Kathy Kruppa	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em;"><i>MATTHEW JACK</i></p>			
SIGNATURE OF LEGAL ENTITY 	DATE 9/30/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Shirley R. Papp</i>	DATE 11/2/10

65a	<p>Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:</p> <ol style="list-style-type: none"> (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable. (3) The designated meeting place outside the building or within the fire safe 	<p style="font-size: 1.5em;">9-30-10</p>	<p>65a Staff person A's orientation training documentation was later located after survey conclusion. The Home Director reviewed all staff training documentation records for accuracy, completeness and verified location of such records. The Home Director or designee shall review any newly hired staff orientation records for the next three months. Results will be reviewed during Quality Improvement for possible follow up. The Home Director shall ensure compliance.</p>	<p style="font-size: 1.5em;">10/26/10 JRP</p>
-----	---	--	--	---

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

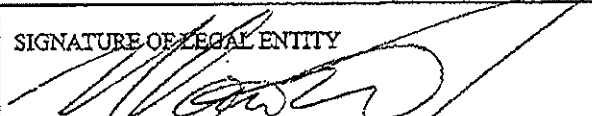
Page 2 of 20

NAME AND ADDRESS OF PERSONAL CARE HOME CHICORA MEDICAL CENTER, 160 MEDICAL CENTER ROAD CHICORA, PA 16025		CURRENT LICENSE NUMBER 405530	
INSPECTION DATES (Include all dates of the inspection) 09/07/2010		REGIONAL REPRESENTATIVE Jason Williams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em; margin: 0;"><i>MATTHEW TACK</i></p>			
SIGNATURE OF LEGAL ENTITY 	DATE 9/30/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <p style="text-align: center; font-size: 1.2em; margin: 0;"><i>SEP</i></p>	DATE 11/2/10

area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.			
--	--	--	--

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

Page 3 of 20

NAME AND ADDRESS OF PERSONAL CARE HOME CHICORA MEDICAL CENTER, 160 MEDICAL CENTER ROAD CHICORA, PA 16025		CURRENT LICENSE NUMBER 405530	
INSPECTION DATES (Include all dates of the inspection) 09/07/2010		REGIONAL REPRESENTATIVE Jason Williams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; margin: 0;">MATTHEW TACK</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 9/30/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <p style="text-align: center; margin: 0;">SOP</p>	DATE 11/2/10

<p>65b</p> <p>Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:</p> <p>(1) Resident rights.</p> <p>(2) Emergency medical plan.</p> <p>(3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102).</p> <p>(4) Reporting of reportable incidents and conditions.</p>	<p>Staff person A did not receive rights/abuse training within the first 40 scheduled hours of work.</p>	<p>65b Staff person A's rights/abuse training records were later located after survey conclusion.</p> <p>The Home Director reviewed all staff training documentation records for accuracy, completeness and verified location of such records.</p> <p>The Home Director or designee shall review any newly hired staff member's orientation and training records for the next three months. Results will be reviewed during Quality Improvement for possible follow up actions.</p> <p>The Home Director shall ensure compliance.</p>	<p>9/30/10</p> <p>10/26/10</p> <p><i>SD</i></p>
---	--	---	---

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

Page 4 of 20

NAME AND ADDRESS OF PERSONAL CARE HOME CHICORA MEDICAL CENTER, 160 MEDICAL CENTER ROAD CHICORA, PA 16025		CURRENT LICENSE NUMBER 405530	
INSPECTION DATES (Include all dates of the inspection) 09/07/2010		REGIONAL REPRESENTATIVE Jason Williams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; margin: 0;">MATTHEW JACK</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 9/30/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <p style="text-align: center; margin: 0;">SEP</p>	DATE 11/2/10

1012 Window coverings shall be clean, in good repair, provide privacy and cover the entire window when drawn.	The window coverings on the windows in rooms VR 1, VR 3, and VR 9 are sheer curtains that do not provide adequate privacy for residents.	10-1-10	10/1/2 Privacy blinds installed in rooms VR 1, VR 3 and VR 9. The Home Director reviewed all room windows coverings. The Home Director or designee shall review all resident room window coverings monthly for three months. Results will be reviewed during Quality Improvement for possible follow up actions. Home staff educated of need for appropriate privacy or window coverings. The Home Director shall ensure compliance.) 10/26/10 SEP
--	--	---------	--	--------------------------

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

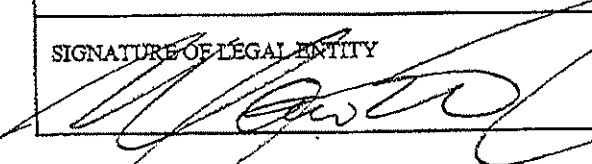
Page 5 of 20

NAME AND ADDRESS OF PERSONAL CARE HOME CHICORA MEDICAL CENTER, 160 MEDICAL CENTER ROAD CHICORA, PA 16025		CURRENT LICENSE NUMBER 405530	
INSPECTION DATES (Include all dates of the inspection) 09/07/2010		REGIONAL REPRESENTATIVE Jason Williams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; margin: 0;"><i>MATTHEW JACK</i></p>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>9/30/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <p style="text-align: center;"><i>SLP</i></p>	DATE <i>11/2/10</i>

102i A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.	Unlabeled soap dishes were found in the shared bathrooms of rooms VR1, VR2, VR7, VR8, and VR9.	10-1-10	102i Residents in rooms VR1, VR2, and VR7, VR8 and VR9 were provided labeled soap dishes or have a room to themselves. The Home Director reviewed all resident bathrooms for appropriately labeled bar soap. The Home Director or designee shall monitor all residents' bathrooms for appropriately labeled bar soap in shared bathrooms weekly for four weeks. Results will be reviewed during Quality Improvement for possible follow up. The Home Director shall ensure compliance.	Steps have been taken to correct violation; full compliance is not verifiable <i>11/2/10 SLP</i> Date Initials (DPW)
---	--	---------	---	--

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

Page 6 of 20

NAME AND ADDRESS OF PERSONAL CARE HOME CHICORA MEDICAL CENTER, 160 MEDICAL CENTER ROAD CHICORA, PA 16025		CURRENT LICENSE NUMBER 405530	
INSPECTION DATES (Include all dates of the inspection) 09/07/2010		REGIONAL REPRESENTATIVE Jason Williams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>MATTHEW TACK</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>9/30/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>SLP</i>	DATE <i>10/2/10</i>

<p>132a An unannounced fire drill shall be held at least once a month.</p>	<p>No fire drill was conducted during the month of August 2010. Repeated Violations: 8/20/2009</p> <table border="1"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/17/2010</td><td>01:30 AM</td><td>2 min</td><td>No</td></tr> <tr><td>Feb</td><td>02/10/2010</td><td>02:00 PM</td><td>2.5 min</td><td>No</td></tr> <tr><td>Mar</td><td>03/22/2010</td><td>05:00 PM</td><td>"walkthrough"</td><td>No</td></tr> <tr><td>Apr</td><td>04/27/2010</td><td>11:00 AM</td><td>3 1/2 min</td><td>No</td></tr> <tr><td>May</td><td>05/21/2010</td><td>06:00 AM</td><td>3.5 min</td><td>No</td></tr> <tr><td>Jun</td><td>09/22/2010</td><td>10:16 AM</td><td>3.2 min</td><td>No</td></tr> <tr><td>Jul</td><td>07/22/2010</td><td>01:00 PM</td><td>3.5 min</td><td>No</td></tr> <tr><td>Aug</td><td>07/28/2010</td><td>07:00 PM</td><td>3 min 10 sec</td><td>Yes</td></tr> <tr><td>Sep</td><td>09/30/2009</td><td>02:00 AM</td><td>3.8 min</td><td>No</td></tr> <tr><td>Oct</td><td>10/30/2009</td><td>10:16 AM</td><td>5 min</td><td>No</td></tr> <tr><td>Nov</td><td>11/30/2009</td><td>02:00 PM</td><td>3.6 min</td><td>No</td></tr> <tr><td>Dec</td><td>12/10/2009</td><td>06:00 AM</td><td>3.5 min</td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/17/2010	01:30 AM	2 min	No	Feb	02/10/2010	02:00 PM	2.5 min	No	Mar	03/22/2010	05:00 PM	"walkthrough"	No	Apr	04/27/2010	11:00 AM	3 1/2 min	No	May	05/21/2010	06:00 AM	3.5 min	No	Jun	09/22/2010	10:16 AM	3.2 min	No	Jul	07/22/2010	01:00 PM	3.5 min	No	Aug	07/28/2010	07:00 PM	3 min 10 sec	Yes	Sep	09/30/2009	02:00 AM	3.8 min	No	Oct	10/30/2009	10:16 AM	5 min	No	Nov	11/30/2009	02:00 PM	3.6 min	No	Dec	12/10/2009	06:00 AM	3.5 min	No	<p align="center"><i>10-1-10</i></p>	<p>132a A fire drill was conducted for August 2010. Results were not transcribed to the Fire Drill Log. The Maintenance Supervisor updated the Fire Drill Log to include the results of the 8/10/10 drill. An unannounced fire drill shall be held at least once a month. The Home Director or designee shall review the Home's Fire Drill Log monthly for proper documentation of an announced fire drill held monthly. Results will be reviewed during Quality Improvement for possible follow up. The Home Director shall ensure compliance.</p>	<p align="right"><i>10/24/10 SLP</i></p>
Mont	Date	Time	Evac. Time	FSE																																																																	
Jan	01/17/2010	01:30 AM	2 min	No																																																																	
Feb	02/10/2010	02:00 PM	2.5 min	No																																																																	
Mar	03/22/2010	05:00 PM	"walkthrough"	No																																																																	
Apr	04/27/2010	11:00 AM	3 1/2 min	No																																																																	
May	05/21/2010	06:00 AM	3.5 min	No																																																																	
Jun	09/22/2010	10:16 AM	3.2 min	No																																																																	
Jul	07/22/2010	01:00 PM	3.5 min	No																																																																	
Aug	07/28/2010	07:00 PM	3 min 10 sec	Yes																																																																	
Sep	09/30/2009	02:00 AM	3.8 min	No																																																																	
Oct	10/30/2009	10:16 AM	5 min	No																																																																	
Nov	11/30/2009	02:00 PM	3.6 min	No																																																																	
Dec	12/10/2009	06:00 AM	3.5 min	No																																																																	

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

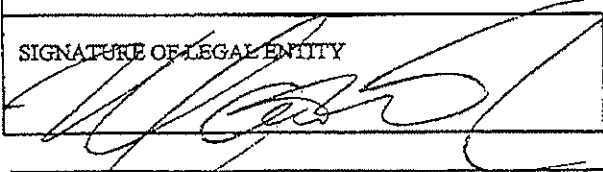
Page 7 of 20

NAME AND ADDRESS OF PERSONAL CARE HOME CHICORA MEDICAL CENTER, 160 MEDICAL CENTER ROAD CHICORA, PA 16025		CURRENT LICENSE NUMBER 405530	
INSPECTION DATES (Include all dates of the inspection) 09/07/2010		REGIONAL REPRESENTATIVE Jason Williams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em; margin: 0;">MATTHEW TACK</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 9/30/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <p style="text-align: center; font-size: 1.2em; margin: 0;">SRP</p>	DATE 11/2/10

<p>132c</p> <p>A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.</p>	<p>Repeated Violations: 8/20/2009</p> <p>The fire drill conducted on 3-22-10 lists the evacuation time as "walkthrough".</p> <p>The fire drill conducted on 10-30-09 lists 16 residents in the home but only 15 evacuating. Under the "Any Problems" section it states "Evacuated into area of fire".</p>	<p style="font-size: 1.5em;">9-30-10</p>	<p>132c Fire drills shall be held un-announced monthly and recorded to include date, time, the amount of time to evacuate, exit route used, number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operable. No drills will be conducted as a walkthrough _____</p> <p>_____ All Home residents will be required to participate in the fire drill, unless absent or care planned under hospice. Fire drill record conducted 10-30-09 consisted of fifteen residents participating out of sixteen possible residents, as one was out of home shopping. A resident evacuated the wrong direction during the drill, as there is two evacuation routes or ways of egress and the</p>	<p>11/2/10 SRP</p>
---	---	--	---	------------------------

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

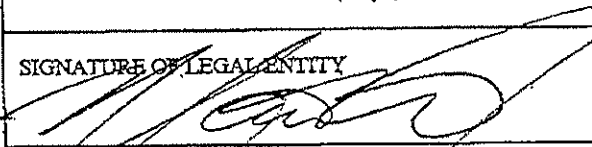
Page 8 of 20

NAME AND ADDRESS OF PERSONAL CARE HOME CHICORA MEDICAL CENTER, 160 MEDICAL CENTER ROAD CHICORA, PA 16025		CURRENT LICENSE NUMBER 405530	
INSPECTION DATES (Include all dates of the inspection) 09/07/2010		REGIONAL REPRESENTATIVE Jason Williams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) MATTHEW TACK			
SIGNATURE OF LEGAL ENTITY 	DATE 9/30/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION SEP	DATE 11/2/10

Mont	Date	Time	Evac. Time	FSE		
Jan	01/17/2010	01:30 AM	2 min	No	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">9-30-10</div> <p>132c (continued) resident turned the wrong way toward the simulated fire location. The resident was immediately re-directed toward the appropriate egress direction. Fire drills serve as practice and an educational tool or measure for organized exiting. Not all drills occur without incidence or identified concerns. A Fire Expert shall review and endorse the Home's Fire Drill Log annually. The Home Director or designee shall review the Fire Drill Log for appropriateness monthly and correct as needed. Results will be reviewed during Quality Improvement for possible follow up. The Home Director shall ensure compliance.</p>	
Feb	02/10/2010	02:00 PM	2.5 min	No		
Mar	03/22/2010	05:00 PM	"walkthrough"	No		
Apr	04/27/2010	11:00 AM	3 1/2 min	No		
May	05/21/2010	06:00 AM	3.5 min	No		
Jun	09/22/2010	10:16 AM	3.2 min	No		
Jul	07/22/2010	01:00 PM	3.5 min	No		
Aug	07/28/2010	07:00 PM	3 min 10 sec	Yes		
Sep	09/30/2009	02:00 AM	3.8 min	No		
Oct	10/30/2009	10:16 AM	5 min	No		
Nov	11/30/2009	02:00 PM	3.6 min	No		
Dec	12/10/2009	06:00 AM	3.5 min	No		

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

Page 9 of 20

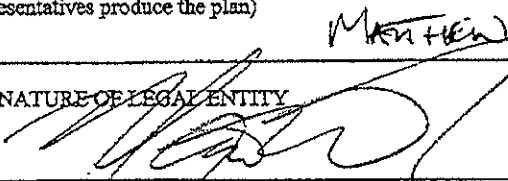
NAME AND ADDRESS OF PERSONAL CARE HOME CHICORA MEDICAL CENTER, 160 MEDICAL CENTER ROAD CHICORA, PA 16025		CURRENT LICENSE NUMBER 405530	
INSPECTION DATES (include all dates of the inspection) 09/07/2010		REGIONAL REPRESENTATIVE Jason Williams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) MATTHEW TACK			
SIGNATURE OF LEGAL ENTITY 	DATE 9/30/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION SOP	DATE 11/2/10

<p>132d 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>	<p>With the exception of January and February of 2010, all of the home's drills in the last 12 months exceed 2 minutes and 30 seconds. The home does not have a letter from a fire safety expert that grants additional evacuation time.</p> <p>The fire drill log indicates that the "dining area" is used as a fire safe area for drills. This dining area is located in the skilled nursing wing of the building. The home has no documentation from a fire safety expert that this area may be used as a fire safe area.</p> <table border="1"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/17/2010</td><td>01:30 AM</td><td>2 min</td><td>No</td></tr> <tr><td>Feb</td><td>02/10/2010</td><td>02:00 PM</td><td>2.5 min</td><td>No</td></tr> <tr><td>Mar</td><td>03/22/2010</td><td>05:00 PM</td><td>"walkthrough"</td><td>No</td></tr> <tr><td>Apr</td><td>04/27/2010</td><td>11:00 AM</td><td>3 1/2 min</td><td>No</td></tr> <tr><td>May</td><td>05/21/2010</td><td>06:00 AM</td><td>3.5 min</td><td>No</td></tr> <tr><td>Jun</td><td>09/22/2010</td><td>10:16 AM</td><td>3.2 min</td><td>No</td></tr> <tr><td>Jul</td><td>07/22/2010</td><td>01:00 PM</td><td>3.5 min</td><td>No</td></tr> <tr><td>Aug</td><td>07/28/2010</td><td>07:00 PM</td><td>3 min 10 sec</td><td>Yes</td></tr> <tr><td>Sep</td><td>09/30/2009</td><td>02:00 AM</td><td>3.8 min</td><td>No</td></tr> <tr><td>Oct</td><td>10/30/2009</td><td>10:16 AM</td><td>5 min</td><td>No</td></tr> <tr><td>Nov</td><td>11/30/2009</td><td>02:00 PM</td><td>3.6 min</td><td>No</td></tr> <tr><td>Dec</td><td>12/10/2009</td><td>06:00 AM</td><td>3.5 min</td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/17/2010	01:30 AM	2 min	No	Feb	02/10/2010	02:00 PM	2.5 min	No	Mar	03/22/2010	05:00 PM	"walkthrough"	No	Apr	04/27/2010	11:00 AM	3 1/2 min	No	May	05/21/2010	06:00 AM	3.5 min	No	Jun	09/22/2010	10:16 AM	3.2 min	No	Jul	07/22/2010	01:00 PM	3.5 min	No	Aug	07/28/2010	07:00 PM	3 min 10 sec	Yes	Sep	09/30/2009	02:00 AM	3.8 min	No	Oct	10/30/2009	10:16 AM	5 min	No	Nov	11/30/2009	02:00 PM	3.6 min	No	Dec	12/10/2009	06:00 AM	3.5 min	No	<p align="center">10/14/10</p>	<p>132d The Home shall promote a safe, efficient and quick evacuation of residents and guests from the home during fire drills and actual emergencies. The Home shall solicit a letter from a fire expert that grants additional evacuation time due to the home's continuous fire monitoring system that is directly connected to a monitoring company and non combustable material construction. The Fire Safety Expert will also assess the home's attached fire safe areas, located in the Skilled Nursing area to determine its appropriateness. The Fire Safety Expert shall review this annually. The Home's Director shall ensure compliance.</p>	<p align="right">SOP 11/2/10</p>
Mont	Date	Time	Evac. Time	FSE																																																																	
Jan	01/17/2010	01:30 AM	2 min	No																																																																	
Feb	02/10/2010	02:00 PM	2.5 min	No																																																																	
Mar	03/22/2010	05:00 PM	"walkthrough"	No																																																																	
Apr	04/27/2010	11:00 AM	3 1/2 min	No																																																																	
May	05/21/2010	06:00 AM	3.5 min	No																																																																	
Jun	09/22/2010	10:16 AM	3.2 min	No																																																																	
Jul	07/22/2010	01:00 PM	3.5 min	No																																																																	
Aug	07/28/2010	07:00 PM	3 min 10 sec	Yes																																																																	
Sep	09/30/2009	02:00 AM	3.8 min	No																																																																	
Oct	10/30/2009	10:16 AM	5 min	No																																																																	
Nov	11/30/2009	02:00 PM	3.6 min	No																																																																	
Dec	12/10/2009	06:00 AM	3.5 min	No																																																																	

all residents will be evacuated to outside the facility or to fire safe area designated in writing by fire safety expert within 5 minutes as specified by the fire safety expert during each fire drill. SOP 11/2/10

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

Page 10 of 20

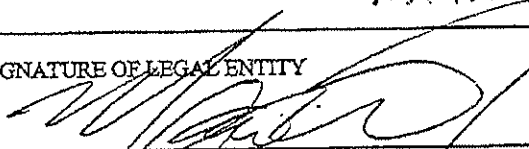
NAME AND ADDRESS OF PERSONAL CARE HOME CHICORA MEDICAL CENTER, 160 MEDICAL CENTER ROAD CHICORA, PA 16025		CURRENT LICENSE NUMBER 405530	
INSPECTION DATES (Include all dates of the inspection) 09/07/2010		REGIONAL REPRESENTATIVE Jason Williams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>MARTIN TACH</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 9/30/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>rep</i>	DATE 11/2/10

<p>132g Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.</p>	<p>The fire drill held on 10/30/09 indicates that 8 staff persons were involved. The administrator stated that some of the skilled nursing wing staff were counted in the drill.</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/17/2010</td><td>01:30 AM</td><td>2 min</td><td>No</td></tr> <tr><td>Feb</td><td>02/10/2010</td><td>02:00 PM</td><td>2.5 min</td><td>No</td></tr> <tr><td>Mar</td><td>03/22/2010</td><td>05:00 PM</td><td>"walkthrough"</td><td>No</td></tr> <tr><td>Apr</td><td>04/27/2010</td><td>11:00 AM</td><td>3 1/2 min</td><td>No</td></tr> <tr><td>May</td><td>05/21/2010</td><td>06:00 AM</td><td>3.5 min</td><td>No</td></tr> <tr><td>Jun</td><td>09/22/2010</td><td>10:16 AM</td><td>3.2 min</td><td>No</td></tr> <tr><td>Jul</td><td>07/22/2010</td><td>01:00 PM</td><td>3.5 min</td><td>No</td></tr> <tr><td>Aug</td><td>07/28/2010</td><td>07:00 PM</td><td>3 min 10 sec</td><td>Yes</td></tr> <tr><td>Sep</td><td>09/30/2009</td><td>02:00 AM</td><td>3.8 min</td><td>No</td></tr> <tr><td>Oct</td><td>10/30/2009</td><td>10:16 AM</td><td>5 min</td><td>No</td></tr> <tr><td>Nov</td><td>11/30/2009</td><td>02:00 PM</td><td>3.6 min</td><td>No</td></tr> <tr><td>Dec</td><td>12/10/2009</td><td>06:00 AM</td><td>3.5 min</td><td>No</td></tr> </tbody> </table>	Month	Date	Time	Evac. Time	FSE	Jan	01/17/2010	01:30 AM	2 min	No	Feb	02/10/2010	02:00 PM	2.5 min	No	Mar	03/22/2010	05:00 PM	"walkthrough"	No	Apr	04/27/2010	11:00 AM	3 1/2 min	No	May	05/21/2010	06:00 AM	3.5 min	No	Jun	09/22/2010	10:16 AM	3.2 min	No	Jul	07/22/2010	01:00 PM	3.5 min	No	Aug	07/28/2010	07:00 PM	3 min 10 sec	Yes	Sep	09/30/2009	02:00 AM	3.8 min	No	Oct	10/30/2009	10:16 AM	5 min	No	Nov	11/30/2009	02:00 PM	3.6 min	No	Dec	12/10/2009	06:00 AM	3.5 min	No	<p align="center">10/14/10</p>	<p>132g The Home's Fire and Security Disaster Plan, updated in March 2010, includes procedures for Skilled Nursing staff to respond to all fire and evacuation emergencies. All drills are unannounced. The Home's Fire and Disaster Plan has been updated to include provisions for Skilled Nursing staff to respond to all emergencies and only observe during drills and provide drill feedback to drill coordinator. The Home's staff have been educated of this regulation and change in procedure. The Fire Drill Log form will be updated to include documentation of number of Skilled Nursing staff observing the drill. The Home Director shall review Fire Drill Log records monthly. The results will be reviewed during Quality Improvement for possible follow up. The Home Director shall ensure compliance.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable 11/2/10 <i>SK</i> Date Initials (DPW)</p>
Month	Date	Time	Evac. Time	FSE																																																																	
Jan	01/17/2010	01:30 AM	2 min	No																																																																	
Feb	02/10/2010	02:00 PM	2.5 min	No																																																																	
Mar	03/22/2010	05:00 PM	"walkthrough"	No																																																																	
Apr	04/27/2010	11:00 AM	3 1/2 min	No																																																																	
May	05/21/2010	06:00 AM	3.5 min	No																																																																	
Jun	09/22/2010	10:16 AM	3.2 min	No																																																																	
Jul	07/22/2010	01:00 PM	3.5 min	No																																																																	
Aug	07/28/2010	07:00 PM	3 min 10 sec	Yes																																																																	
Sep	09/30/2009	02:00 AM	3.8 min	No																																																																	
Oct	10/30/2009	10:16 AM	5 min	No																																																																	
Nov	11/30/2009	02:00 PM	3.6 min	No																																																																	
Dec	12/10/2009	06:00 AM	3.5 min	No																																																																	

The Nursing staff will NOT participate in fire drills in the personal care section of the building - only used for observation purposes.

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

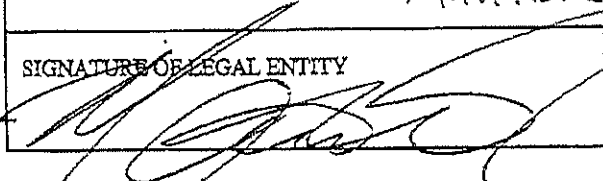

Page 11 of 20


NAME AND ADDRESS OF PERSONAL CARE HOME CHICORA MEDICAL CENTER, 160 MEDICAL CENTER ROAD CHICORA, PA 16025		CURRENT LICENSE NUMBER 405530	
INSPECTION DATES (include all dates of the inspection) 09/07/2010		REGIONAL REPRESENTATIVE Jason Williams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>MATTHEW TAEK</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 9/30/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>SEP</i>	DATE 11/2/10

<p>141a 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</p>	<p>The medical evaluation for resident #3, dated 6/11/10, does not include allergies The medical evaluation for resident #1, dated 6/1/10, states "see med list" under the medications section. There is no list attached.</p>	<p align="center">9/30/10</p>	<p>141a Resident #1 medical evaluation was updated to include their medication regimen. Resident #3 medical evaluation was updated to include allergies. The Home Director reviewed all Resident's medical evaluation for medication regimen and any known allergies listed. Home Staff were educated of this regulatory policy. The Home Director or designee shall review all newly completed or updated medical evaluations for inclusion of medication regimen and any known allergies for three months. The results will be reviewed during Quality Improvement for possible follow up action. The Home Director shall ensure compliance.</p>	<p align="right"><i>SEP</i> 11/2/10</p>
--	--	-------------------------------	--	---

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

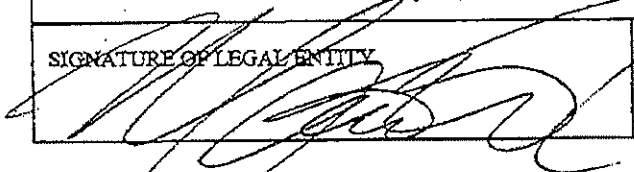
Page 1 12 of 20

NAME AND ADDRESS OF PERSONAL CARE HOME CHICORA MEDICAL CENTER, 160 MEDICAL CENTER ROAD CHICORA, PA 16025		CURRENT LICENSE NUMBER 405530	
INSPECTION DATES (Include all dates of the inspection) 09/07/2010		REGIONAL REPRESENTATIVE Jason Williams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p align="center">MATTHEW JACK</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 9/30/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/2/10

<p>183c Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.</p>	<p>Resident #4 is prescribed Humalog 100 units/ML on a sliding scale. The vial has a "date opened" sticker that is not marked.</p>	<p>9-30-10</p>	<p>183c Resident #4 medicine was discarded and replaced and "date opened" sticker marked. The Home Director educated all home staff of the regulation/policy. The Home Director shall review medication storage for appropriate "date opened" designation for three months. Results will be reviewed during Quality Improvement for possible follow up actions. The Home Director shall ensure compliance.</p>	<p>11-26/10 </p>
---	--	----------------	--	---

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

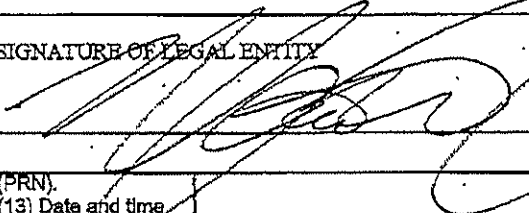
Page 13 of 20

NAME AND ADDRESS OF PERSONAL CARE HOME CHICORA MEDICAL CENTER, 160 MEDICAL CENTER ROAD CHICORA, PA 16025		CURRENT LICENSE NUMBER 405530	
INSPECTION DATES (Include all dates of the inspection) 09/07/2010		REGIONAL REPRESENTATIVE Jason Williams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only, unless multiple representatives produce the plan) <p align="center">MATTHEW TACK</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 9/30/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION SRP	DATE 11/2/10

<p>187a A medication record shall be kept to include the following for each resident for whom medications are administered:</p> <ol style="list-style-type: none"> (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata 	<p>Resident #4 is prescribed Fleet enema with the pharmacy label from 8/25/10. This medication is not on the MAR. Repeated Violations: 8/20/2009 8/07/2008</p>	<p align="center">9-30-10</p>	<p>187a Resident #4 refused the Fleet enema but the Home Director failed to document such. The Home Director reviewed all residents' medications, physician orders and Medication Administration Record for accuracy. The Home Director or designee shall monitor resident medication records for accuracy monthly for three months. Results will be reviewed during Quality Improvement by the Home Committee members for possible follow-up. The Home Director shall ensure compliance. The Fleet enema for Resident #4 was removed and discarded from the med. cart.</p>	<p align="center">10/26/10 SRP</p>
--	--	-------------------------------	---	--

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

Page 14 of 20

NAME AND ADDRESS OF PERSONAL CARE HOME CHICORA MEDICAL CENTER, 160 MEDICAL CENTER ROAD CHICORA, PA 16025		CURRENT LICENSE NUMBER 405530	
INSPECTION DATES (Include all dates of the inspection) 09/07/2010		REGIONAL REPRESENTATIVE Jason Williams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) MATTHEW TACK			
SIGNATURE OF LEGAL ENTITY 	DATE 9/30/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION SOP	DATE 11/2/10

(PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.			
--	--	--	--

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

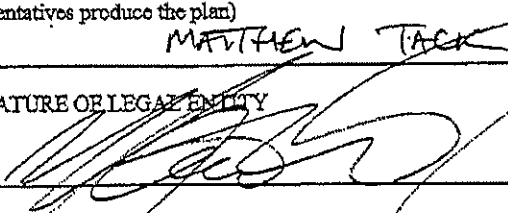
Page 15 of 20

NAME AND ADDRESS OF PERSONAL CARE HOME CHICORA MEDICAL CENTER, 160 MEDICAL CENTER ROAD CHICORA, PA 16025		CURRENT LICENSE NUMBER 405530	
INSPECTION DATES (Include all dates of the inspection) 09/07/2010		REGIONAL REPRESENTATIVE Jason Williams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em; margin: 0;">MATTHEW JACK</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 9/30/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <p style="text-align: center; font-size: 1.2em; margin: 0;">SCLP</p>	DATE 11/2/10

<p>252</p> <p>Each resident's record shall include the following information:</p> <p>(1) Name, gender, admission date, birth date and Social Security number.</p> <p>(2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.</p> <p>(3) A photograph of the resident that is no more than 2 years old.</p> <p>(4) Language or means of communication spoken or used by the resident.</p> <p>(5) The name, address, telephone number and relationship of a designated person to be contacted in case of an</p>	<p>Residents #4, and #5 do not have an inventory of resident belongings in their records.</p>	<p style="font-size: 1.5em;">9-30-10</p>	<p>252 Resident #4 and #5 had inclusive resident belongings records completed immediately. The Home Director reviewed all resident records for inclusive resident belongings records. Home staff educated of the regulation/policy. The Home Director or designee shall review newly admitted resident record for a completed resident belongings record for three months. Results will be reviewed during Quality Improvement for possible follow up. The Home Director shall ensure compliance.</p> <p style="text-align: right; font-size: 1.2em; margin-top: 20px;">10/26/10 SCLP</p>
---	---	--	---

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

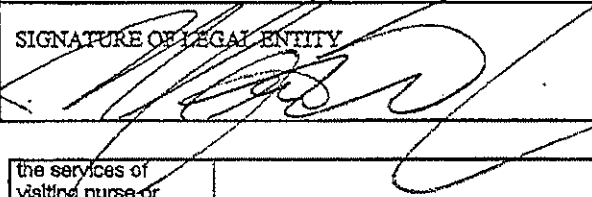
Page 16 of 20

NAME AND ADDRESS OF PERSONAL CARE HOME CHICORA MEDICAL CENTER, 160 MEDICAL CENTER ROAD CHICORA, PA 16025		CURRENT LICENSE NUMBER 405530	
INSPECTION DATES (Include all dates of the inspection) 09/07/2010		REGIONAL REPRESENTATIVE Jason Williams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>MATTHEW JACK</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>9/30/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>SOLO</i>	DATE <i>11/2/10</i>

<p>emergency.</p> <p>(6) The name, address and telephone number of the resident's physician or source of health care.</p> <p>(7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.</p> <p>(8) A list of prescribed medications, OTC medications and CAM.</p> <p>(9) Dietary restrictions, if any.</p> <p>(10) A record of incident reports for the individual resident.</p> <p>(11) A list of allergies, if any.</p> <p>(12) The documentation of health care services and orders, including orders for</p>			
--	--	--	--

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

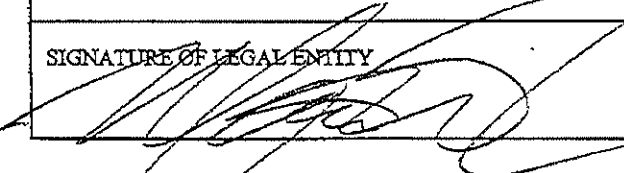
Page 12 of 20

NAME AND ADDRESS OF PERSONAL CARE HOME CHICORA MEDICAL CENTER, 160 MEDICAL CENTER ROAD CHICORA, PA 16025		CURRENT LICENSE NUMBER 405530	
INSPECTION DATES (Include all dates of the inspection) 09/07/2010		REGIONAL REPRESENTATIVE Jason Williams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>MATTHEW TACH</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 9/30/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>scw</i>	DATE 11/2/10

<p>the services of visiting nurse or home health agencies.</p> <p>(13) The preadmission screening, initial intake assessment and the most current version of the annual assessment.</p> <p>(14) A support plan.</p> <p>(15) Applicable court order, if any.</p> <p>(16) The resident's medical insurance information.</p> <p>(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.</p> <p>(18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and</p>			
---	--	--	--

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

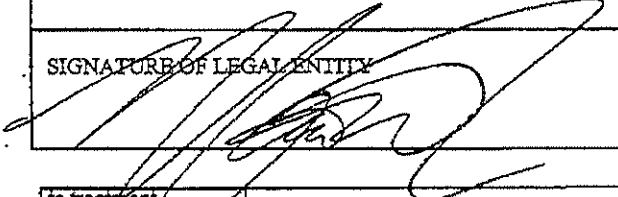
Page 14 of 20

NAME AND ADDRESS OF PERSONAL CARE HOME CHICORA MEDICAL CENTER, 160 MEDICAL CENTER ROAD CHICORA, PA 16025		CURRENT LICENSE NUMBER 405530	
INSPECTION DATES (Include all dates of the inspection) 09/07/2010		REGIONAL REPRESENTATIVE Jason Williams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <u>MATTHEW TRICK</u>			
SIGNATURE OF LEGAL ENTITY 	DATE <u>9/30/10</u>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <u>SNP</u>	DATE <u>11/2/10</u>

<p>voluntarily updated.</p> <p>(19) An inventory of the resident's property entrusted to the administrator for safekeeping.</p> <p>(20) The financial records of residents receiving assistance with financial management.</p> <p>(21) The reason for termination of services or transfer of the resident, the date of transfer and the destination.</p> <p>(22) Copies of transfer and discharge summaries from hospitals, if available.</p> <p>(23) If the resident dies in the home, a copy of the official death certificate.</p> <p>(24) Signed notification of rights, grievance procedures and applicable consent</p>			
--	--	--	--

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

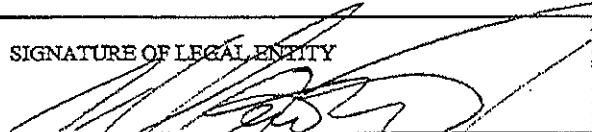
Page: 19 of 20

NAME AND ADDRESS OF PERSONAL CARE HOME CHICORA MEDICAL CENTER, 160 MEDICAL CENTER ROAD CHICORA, PA 16025		CURRENT LICENSE NUMBER 405530	
INSPECTION DATES (include all dates of the inspection) 09/07/2010		REGIONAL REPRESENTATIVE Jason Williams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; margin: 0;"><i>MATTHEW TACK</i></p>			
SIGNATURE OF LEGAL ENTITY 	DATE 9/30/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <p style="text-align: center; margin: 0;"><i>SNLP</i></p>	DATE 11/2/10

to treatment protections specified in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any			
--	--	--	--

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

Page: 20 of 20

NAME AND ADDRESS OF PERSONAL CARE HOME CHICORA MEDICAL CENTER, 160 MEDICAL CENTER ROAD CHICORA, PA 16025		CURRENT LICENSE NUMBER 405530	
INSPECTION DATES (Include all dates of the inspection) 09/07/2010		REGIONAL REPRESENTATIVE Jason Williams	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>MATTIOW TACK</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>9/30/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>SRP</i>	DATE <i>11/2/10</i>

<p>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.</p>	<p>Repeated Violations: 8/20/2009 A staff communication book was sitting open on the staff desk in the lobby. This book listed patient names and medical information and was accessible to visitors.</p>	<p><i>9-30-10</i></p>	<p>254c Staff communication book was removed from immediate accessibility and secured by staff. All resident records were assessed for confidentiality, privacy and security. All resident records and identifiable information that is health or financial related will be secured in an enclosed area. Home staff were educated of this regulation/policy + documentation was kept. Director shall monitor resident record storage at all times to ensure privacy. The committee will address during Quality Improvement for possible follow up actions. The Home Director will ensure compliance.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable <i>SRP</i></p> <p>Date: <i>11/2/10</i> Initials (DPW): <i>SRP</i></p>
---	--	-----------------------	--	--