

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ASSURED CARE, INC.

LEGAL ENTITY

To operate GRAND VIEW MANOR

NAME OF FACILITY OR AGENCY

Located at 129 HOUCK ROAD, FLEETWOOD, PA 19522

(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 54
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 27, 2010 until October 27, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 215010

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

NOV 04 2010

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

Ms. Debbie Young, Co-Owner
Assured Care, Inc.
Grand View Manor
129 Houck Road
Fleetwood, Pennsylvania 19522

Dear Ms. Young:

As a result of the Department of Public Welfare's licensing inspection on September 14, 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 GRAND VIEW MANOR, 129 HOUCK ROAD FLEETWOOD, PA 19522		CURRENT LICENSE NUMBER 215010	
INSPECTION DATES (Include all dates of the inspection) 09/14/2010		REGIONAL REPRESENTATIVE 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) Assured Care, Inc. DEBBIE Young RN			
SIGNATURE OF LEGAL ENTITY <i>Debbie Young</i>	DATE 10-1-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 10-12-10

<p>26b The quality management plan shall address the periodic review and evaluation of the following: (1) The reportable incident and condition reporting procedures. (2) Complaint procedures. (3) Staff person training. (4) Licensing violations and plans of correction, if applicable. (5) Resident or family councils, or both, if applicable.</p>	<p>The home did not have documentation that that an annual quality management plan review had taken place with the past 12 months.</p>	<p>10-1-2010</p>	<p>Completed on inspection. Meetings are done regularly but past meeting was not documented. See copy marked (D) plan - [redacted] secretary is to be responsible for documenting Quality Management Plan meetings.</p>	<p>10-12-10 <i>JH</i></p>
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RECEIVED

OCT 07 2010

SCRANTON FIELD OFFICE
 Adult Residential Licensing

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

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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) <p style="text-align: center; font-size: 1.2em;">- DEBBIE Young RN</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 10-1-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 10-12-10

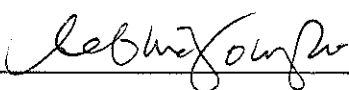
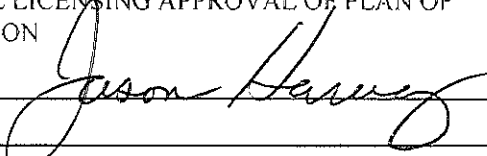
<p>51/52 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).</p> <p>Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.</p>	<p>The criminal background check for Staff A, hired 5/24/10 was not completed until 9-14-10.</p> <p>Repeated violation - 8/11/09.</p>	<p>10-1-2010</p>	<p>I am aware criminal Background checks needed. This situation was different Secondary to Employee that had been working at another ALF for 25 years and I was told by DPW information about grandfathering that was confusing to me.</p> <p>Background check DONE during inspection. See (B) [redacted] will be responsible to get a criminal Background check on all new employees.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>10-12-10 Date Initials (DPW)</p>
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SIGNATURE OF LEGAL ENTITY <i>Debbie Young RN</i>	DATE 10-1-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hamer</i>	DATE 10-12-10

<p>65d Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following: (1) Training that includes a demonstration of job duties, followed by supervised practice. (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test. (3) Initial direct care staff person training to include the following: (i) Safe management techniques. (ii) ADLs and IADLs.</p>	<p>Direct care staff person A, hired on 5/24/10, has been providing unsupervised ADL services since 5/24/10. The staff person did not successfully complete and pass the Department-approved direct care training course and pass the competency test.</p>	<p>10-1-2010</p>	<p>I am aware of new employees passing competency test. This situation was different due to hiring an employee who worked 25 years at another ALF. I was told information from the office at DRW that was confusing regarding prior grandfathering of this employee. Competency TEST DONE - See copy plan - marked A This will be done for all new employees - by [redacted] RN.</p>	<p>10-12-10 [signature]</p>
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SIGNATURE OF LEGAL ENTITY 	DATE <i>10-1-2010</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>10-12-10</i>

<p>(iii) Personal hygiene.</p> <p>(iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.</p> <p>(v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.</p> <p>(vi) Implementation of the initial assessment, annual assessment and support plan.</p> <p>(vii) Nutrition, food handling and sanitation.</p> <p>(viii) Recreation, socialization, community resources, social services and activities in the community.</p>		<p style="font-size: 1.2em;"><i>The regular training for direct care staff was completed at time of hire.</i></p>	
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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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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) <p style="text-align: center; font-size: 1.2em;"><i>DIABBLE Young RN</i></p>			
SIGNATURE OF LEGAL ENTITY <p style="text-align: center; font-size: 1.2em;"><i>Debbie Young</i></p>	DATE <p style="text-align: center; font-size: 1.2em;"><i>10-1-2010</i></p>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <p style="text-align: center; font-size: 1.5em;"><i>Jason Harvey</i></p>	DATE <p style="text-align: center; font-size: 1.2em;"><i>10-12-10</i></p>

<ul style="list-style-type: none"> (ix) Gerontology. (x) Staff person supervision, if applicable. (xi) Care and needs of residents with special emphasis on the residents being served in the home. (xii) Safety management and hazard prevention. (xiii) Universal precautions. (xiv) The requirements of this chapter. (xv) Infection control. (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home. 			
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SIGNATURE OF LEGAL ENTITY <i>Debbie Young</i>	DATE <i>10-1-2010</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE <i>10-12-10</i>

(6) Smoke detectors and fire alarms.
(7) Telephone use and notification of emergency services.

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SIGNATURE OF LEGAL ENTITY <i>Debbie Young</i>	DATE <i>10-1-2010</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hawley</i>	DATE <i>10-12-10</i>

<p>105g2 Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.</p>	<p>The home did not clean the external duct work of the clothes dryer located outside of the home. Business Manager stated it has not been clean since December 2009.</p>	<p><i>10-1-2010</i></p>	<p>The manufacturer suggests cleaning once a year. The cleaning was done on <i>9-27-2010</i>. [REDACTED] will be responsible to clean as needed and at least once a year, and see <i>(C)</i> Document. Sheet hung in laundry room as a Reminder</p>	<p><i>10-12-10</i></p>
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<p>141a</p> <p>he medical evaluation shall include the following:</p> <p>(1) A general physical examination by a physician, physician's assistant or nurse practitioner.</p> <p>(2) Medical diagnosis including physical or mental disabilities of the resident, if any.</p> <p>(3) Medical information pertinent to diagnosis and treatment in case of an emergency.</p> <p>(4) Special health or dietary needs of the resident.</p> <p>(5) Allergies.</p> <p>(6) Immunization history.</p> <p>(7) Medication regimen, contraindicated medications, medication side</p>	<p>The medical evaluation for resident #1 dated 10/16/09, indicated "See Attached Sheet" for medications; the attachments were signed by the Physician however it was dated 11/5/09.</p>	<p>10-1-2010</p>	<p>I do not see on regulation where it states any attachments must be dated to match the front page - Nevertheless, we will do this in the future - RN will be responsible to make sure any med sheet attachments are dated + signed by physician.</p>
			<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>10-12-10 29</p> <p>Date Initials (DPW)</p>

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SIGNATURE OF LEGAL ENTITY <i>Debbie Young</i>	DATE 10-1-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 10-12-10

effects and the 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.

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SIGNATURE OF LEGAL ENTITY <i>Debbie Young</i>	DATE 10-1-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jean Harvey</i>	DATE 10-12-10

<p>183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.</p>	<p>On 09/14/10, Antiseptic Towelettes, expiration date 07/08, were found in the home's first aid kit. For resident #2, the Humulin 70/30 Insulin was not marked with the date it was opened.</p>	<p>10-1-2010 10-1-2010</p>	<p>Towelettes were exchanged during inspection with ones that have no expiration. First Aid kit will be checked periodically by Debbie Young The insulin had date on label, but not on bottle itself. Date 10/12/10 was written on bottle at time of inspection. [REDACTED] will be responsible to mark all insulin bottles when opened with dates from now on.</p>
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SIGNATURE OF LEGAL ENTITY <p align="center"><i>Debbie Young</i></p>	DATE <p align="center">10-1-2010</p>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <p align="center"><i>Jamie Hanning</i></p>	DATE <p align="center">10-12-10</p>

<p>184b If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.</p>	<p>On 9/14/10, a package of Colase 100 mg was found in the home's medication cart and it as not labeled with a resident's name.</p>	<p>10-1-2010</p>	<p>The colase was loded in Bottom of cart by employe who found it in a residents room and forgot to tell me. Memo to employees to call me at time any medication is found in residents room and it will be marked with residents name until family/physician can be notified.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable 10-12-10 Date Initials (DPW)</p>
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SIGNATURE OF LEGAL ENTITY <i>Debbie Young</i>	DATE <i>10-1-2010</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hanning</i>	DATE <i>10-12-10</i>

<p>227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.</p>	<p>The support plans reviewed at the time of the inspection were incomplete and did not indicate how the home will monitor each resident's needs.</p> <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">OCT 07 2010</p> <p style="text-align: center;">SCRANTON FIELD OFFICE Adult Residential Licensing</p>	<p><i>10-1-2010</i></p>	<p><i>Since No Examples were ever given with support plans and on previous 2-3 inspections the inspectors stated they were fine, it makes it difficult to know what Dfw wants. More information Added to support plans and I will add more information starting with new ones. See copies (E)</i></p> <p><i>[Redacted] RW will be responsible for support plans.</i></p>	<p><i>10-12-10 J.A.</i></p>
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