

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WASHINGTON MANOR PERSONAL CARE HOME, LLC

LEGAL ENTITY

To operate WASHINGTON MANOR PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 320 S. WASHINGTON ST., POB 1935, BUTLER, PA 16003

(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 25
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 January 3, 2011 until July 3, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 448631

Robert E. Robinson

ISSUING OFFICER

Kenneth 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

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

CERTIFIED MAIL – RETURN RECEIPT
MAILING DATE: JAN 07 2011

Ms. Kathleen Dougherty, Administrator
 Washington Manor Personal Care Home, LLC
 Washington Manor Personal Care Home
 P.O. Box 1935, 320 South Washington Street
 Butler, Pennsylvania 16003

Dear Ms. Dougherty:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 16, 2010, October 25, 2010, and December 8, 2010 of the above personal care home, the violations specified on the enclosed Violation Reports were found.

A PROVISIONAL license is being issued based on the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the 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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
54a	III	22	\$3	\$66	15 calendar days from mailing date of this letter
141a	III	22	\$3	\$66	15 calendar days from mailing date of this letter
225a	III	22	\$3	\$66	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Adult Residential Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Financial Operations with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

Once you receive your invoice from the Bureau of Financial Operations, if you disagree with the amount of the penalty, you have the right to appeal through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare. If you decide to appeal, a written request to appeal the fine must be received, along with the assessed daily fine, not to exceed \$500, in accordance with 55 Pa.Code § 2600.263 (relating to appeal of penalty). All appeal requests must be sent to the address indicated on the invoice you will receive from the Bureau of Financial Operations.

If you disagree with the decision to issue a PROVISIONAL, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Ronald Melusky, Acting Director
Adult Residential Licensing
Department of Public Welfare
423 Health and Welfare Building
Seventh and Forster Streets
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



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 Washington Manor Personal Care Home, 320 S. Washington Street, PO Box 1935, Butler, PA 16003		CURRENT LICENSE NUMBER 448630	
INSPECTION DATE(S) (Include all dates of the inspection) 9/16/2010		REGIONAL REPRESENTATIVE Diane Whitney, Trula Hollywood, Carole Perry	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Matthew Dougherty, Administrator			
SIGNATURE OF LEGAL ENTITY REPRESENTATIVE <i>Matthew Dougherty</i>		DATE 12-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jon B. Kimberlin (jr)</i>
			DATE 12-2-10


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
15a The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with its requirements regarding restrictions on staff persons.	On 9/13/10, an allegation of abuse against resident #1 was reported to the administrator. The home did not report the allegation to the local Area Agency on Aging and the State Department of Aging.	1/15/11 1/15/11 1/30/11	All direct care staff and management staff including the administrator will receive training in abuse reporting and prevention from an outside source. Documentation will be kept. The administrator will review the home's policy and procedure for abuse and abuse reporting, and update the policy to meet the Older Adult Protective Services Act. All staff persons will be educated on the updated policy and procedures on abuse and abuse reporting including reporting suspected abuse of a resident of any age in accordance with the Older Adult Protective Services Act. Documentation will be kept.	

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

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA 16003		CURRENT LICENSE NUMBER 448630	
INSPECTION DATES (Include all dates of the inspection) 09/16/2010		REGIONAL REPRESENTATIVE Diane Whitney, Trula Hollywood, Carole Perry, n/a	
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 <i>Kathleen Dougherty, Adm</i>	DATE <i>11-25-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>12-2-10</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
141a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	Resident #2 was admitted on 3/12/10. A medical evaluation was not completed for the resident. The medical evaluation for resident #1, dated 2/14/10, does not include an immunization history, medication regimen, or a mobility assessment.	3-12-10 11-20-10 (violations report was received 11-19-10)	Res. #2 Medical Evaluation was completed This medical evaluation was in the file. It had to be completed in order to file for the Supplement - which was completed 4-30-10 by Area Agency on Aging. (See Attached) Res. #1 - Was moved from the facility as of 9-13-10. This violation was unable to be completed. To insure that this violation is not repeated in the future the Administrator has constructed a schedule to review all the ^{medical evaluations and} Supplement plans and Assessments. See pgs 20	Steps have been taken to correct violation; full compliance is not verifiable 12-17-10 Date Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME Washington Manor Personal Care Home, 320 S. Washington Street, PO Box 1935, Butler, PA 16003		CURRENT LICENSE NUMBER 448630	
INSPECTION DATE(S) (Include all dates of the inspection) 9/16/2010		REGIONAL REPRESENTATIVE Diane Whitney, Trula Hollywood, Carole Perry	
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 	DATE 12-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 9/ 12-2-10


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
141a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	Resident #2 was admitted on 3/12/10. A medical evaluation was not completed for the resident. The medical evaluation for resident #1, dated 2/14/10, does not include an immunization history, medication regimen, or a mobility assessment.	12/31/10 1/15/11 1/15/11	A physician will complete a medical evaluation on the Department's form for resident #2. The administrator or designated staff person will check all resident records to ensure each resident has a current medical evaluation completed on the Department's form. The administrator will check all newly completed medical evaluations to ensure the medical evaluation is completed on the Department's form.	

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

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA		CURRENT LICENSE NUMBER 448630	
16603 INSPECTION DATES (Include all dates of the inspection) 09/16/2010		REGIONAL REPRESENTATIVE Diane Whitney, Trula Hollywood, Carole Perry, n/a	
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 <i>Kathleen Dougherty Adm</i>	DATE <i>11-25-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>12-2-10</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
225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	Resident #2's initial assessment, dated 3/12/10, identifies a behavioral history of agitation, anxiety and depression. The assessment and does not include the level of supervision required for the resident.	<i>11-20-10</i>	<p><i>Administrator has constructed a schedule to review all ^{medical} AD evaluations, support plans, and assessments, to insure this violation is not repeated.</i></p> <p style="text-align: right;"><i>See page 3A</i></p>	

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

NAME AND ADDRESS OF PERSONAL CARE HOME Washington Manor Personal Care Home, 320 S. Washington Street, PO Box 1935, Butler, PA 16003		CURRENT LICENSE NUMBER 448630	
INSPECTION DATE(S) (Include all dates of the inspection) 9/16/2010		REGIONAL REPRESENTATIVE Diane Whitney, Trula Hollywood, Carole Perry	
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 	DATE 12-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 12-2-10



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
225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	Resident #2's initial assessment, dated 3/12/10, identifies a behavioral history of agitation, anxiety and depression. The assessment and does not include the level of supervision required for the resident.	1/15/11 1/30/11	Resident #2 assessment will be updated to include the proper level of supervision required to protect the health safety and welfare of the resident. The administrator or designated staff person will review all newly completed assessments to ensure accuracy and completion including the proper level of supervision.	

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

NAME AND ADDRESS OF PERSONAL CARE HOME Washington Manor Personal Care Home, 320 S. Washington Street, PO Box 1935, Butler, PA 16003		CURRENT LICENSE NUMBER 448630	
INSPECTION DATE(S) (Include all dates of the inspection) 9/16/2010		REGIONAL REPRESENTATIVE Diane Whitney, Trula Hollywood, Carole Perry	
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>Kathleen Dougherty</i>	DATE 12-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 9/12-2-10

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
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	Resident #1's annual assessment, dated 5/1/10, does not include the diagnosis of chronic psychosis and depression from the resident's medical evaluation dated 2/4/10. The resident's assessment does not include the level of supervision required for the resident.	12/15/10 1/30/11	Resident #1 is no longer in the home. The administrator will review all current and newly completed assessments for accuracy and completion including the proper level of supervision.	

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

NAME AND ADDRESS OF PERSONAL CARE HOME Washington Manor Personal Care Home, 320 S. Washington Street, PO Box 1935, Butler, PA 16003		CURRENT LICENSE NUMBER 448630	
INSPECTION DATE(S) (Include all dates of the inspection) 9/16/2010		REGIONAL REPRESENTATIVE Diane Whitney, Trula Hollywood, Carole Perry	
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 		DATE 12-8-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
			DATE 12-2-10

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
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.	Resident 1's support plan, dated 5/1/10, does not include the mental health or behavioral care, needs and services for the resident history of irritability, impaired judgment, aggression, anxiety, depression and wandering indicated in the resident's assessment dated 5/1/10. Resident #2's support plan dated 3/12/10, does not include the mental health or behavioral care, needs or services related to the resident's history of agitation, anxiety and depression identified on the resident's 3/12/10 assessment.	1/15/11 1/30/11	Resident #2's support plan will be updated to include the behavioral care, needs, and services for the resident. The administrator will review all current and newly completed assessments for accuracy and completion including the proper level of supervision.	

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

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA 16003		CURRENT LICENSE NUMBER 448630	
INSPECTION DATES (Include all dates of the inspection) 10/25/2010	REGIONAL REPRESENTATIVE Diane Whitney, Jan Cutter		
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 <i>Kathleen Dougherty, Administrator</i>	DATE 11-26-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan B. Kumbalad (g)</i>	DATE 11-30-10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.	The home does not have a written policy on the prevention, reporting, notification, investigation and management of reportable incidents.	11-29-10	Administrator has created a written policy. Please see attached	
		1/15/11	The Administrator will update the home's policy and procedures for reportable incidents and conditions to include prevention, reporting, notification and investigation of reportable incidents and conditions.	
		1/30/11	All staff persons will be educated on the policy and procedures for reportable incidents and conditions. Documentation will be kept.	
			11-30-10 11-30-10	

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

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA		CURRENT LICENSE NUMBER 448630	
16903 INSPECTION DATES (Include all dates of the inspection) 10/25/2010		REGIONAL REPRESENTATIVE Diane Whitney, Jan Cutter	
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	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
<i>Kathleen Dougherty, adm</i>	<i>11-26-10</i>		<i>11-30-10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The contracts for residents #1, #2, #3 and #4 were not signed by the payers.	<i>11-26-10</i>	<i>Resident #1 - Payer signed contract on 11-26-10</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>12-14-10</i> Date Initials (DPW)
		<i>11-12-10</i>	<i>Payers for residents #'s 1, 2 and 3 signed contracts</i>	
		<i>1/30/11</i>	<i>The Administrator or designated person will check all current and newly admitted resident contracts to ensure all required signatures have been obtained. 11-30-10</i>	

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

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA		CURRENT LICENSE NUMBER 448630	
INSPECTION DATES (Include all dates of the inspection) 10/25/2010		REGIONAL REPRESENTATIVE Diane Whitney, Jan Cutter	
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 <i>Kathleen Dougherty, adm</i>	DATE 11-26-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>g</i> 11-30-10

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care	Direct care staff persons B (DOH 10/5/08) and C (DOH 10/1/10) had no documentation of a high school diploma, GED, or active registry status on the PA nurse's aid registry. Repeated Violations: 11/23/2009	11-19-10	<p>Attached is Staff person B's transcript. His Diploma will be sent by Butler Area School District in 2 to 3 weeks from 11-19-10. Upon receiving Diploma - it will be faxed to DAW. (I did also fax his transcript to DAW on 11-19-10.)</p> <p>Staff person C was hired 10-1-10. First Day of work was 10-18-10 and last day of work was 10-30-10. Staff person was hired directly from another personal care home where she had worked for 3 years; she was attempting to get all documentation from the previous Employer.</p>	

As of 10-30-10, Staff Person C voluntarily quit her position and had not yet received her documents from her previous employer to provide to Washington Manor for their staff files.

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

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA 16003		CURRENT LICENSE NUMBER 448630	
INSPECTION DATES (Include all dates of the inspection) 10/25/2010	REGIONAL REPRESENTATIVE Diane Whitney, Jan Cutter		
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 <i>Kathleen Dougherty, Adm</i>	DATE 11-26-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>JK</i> 11-30-10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
services with reasonable skill and safety.	Western Region 23 Residential Licensing	1/15/11	<p><i>stated correction plan on previous page</i></p> <p><i>The Administrator or designated staff person will check all current and newly hired direct care staff persons records to ensure all Direct Care staff persons meet the qualifications.</i></p> <p style="text-align: right;"><i>11-20-10</i></p>	

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

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA		CURRENT LICENSE NUMBER 448630	
INSPECTION DATES (Include all dates of the inspection) 10/25/2010		REGIONAL REPRESENTATIVE Diane Whitney, Jan Cutter	
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 <i>Kathleen Dougherty, Adm</i>	DATE 11-26-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>JK</i> 11-30-10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
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	Direct care staff person C was hired on 10/01/10 and provides unsupervised ADL services. Staff person C did not successfully complete the Department-approved direct care training and pass the competency test.	11-19-10	Please see Plan of Correction on Page 5. In addition staff person C was always on duty the few days she worked with a staff person with all trainings completed who provided the ADL services. Staff person C said she had completed her competency test at her previous employer plus other certification documentation.	
		1/15/11	The Administrator designated staff person will check all current direct care staff person records to ensure all direct care staff persons providing unsupervised ADL services have completed the Department approved	

direct care staff training course and passed the competency test and the home has document from 11-30-10

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

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA 16003		CURRENT LICENSE NUMBER 448630	
INSPECTION DATES (Include all dates of the inspection) 10/25/2010	REGIONAL REPRESENTATIVE Diane Whitney, Jan Cutter		
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 <i>Kathleen Dougherty Admin</i>	DATE 11-26-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>gr</i> 11-30-10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
following: (i) Safe management techniques. (ii) ADLs and IADLs. (iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities. (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older. (vi) Implementation of the initial assessment, annual		1/15/11	Stated Plan of Correction on Page 7. The Administrator will review all new direct care staff training records to ensure all new direct care staff persons have completed the Department - approved direct care training course, passed the competency test and the documentation is in the staff person's record prior to permitting any staff person to perform unsupervised ADL services. 11-30-10	

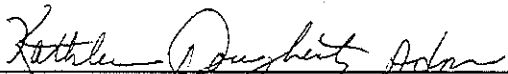

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

Page 7 of 31

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA 16003		CURRENT LICENSE NUMBER 448630	
INSPECTION DATES (Include all dates of the inspection) 10/25/2010	REGIONAL REPRESENTATIVE Diane Whitney, Jan Cutter		
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 <i>Kathleen Dougherty, Admin</i>	DATE 11-26-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>gll</i> 11-30-10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
assessment and support plan. (vii) Nutrition, food handling and sanitation. (viii) Recreation, socialization, community resources, social services and activities in the community. (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.			<i>Stated Plan of Correction on page 7</i>	

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

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA 16003		CURRENT LICENSE NUMBER 448630	
INSPECTION DATES (Include all dates of the inspection) 10/25/2010	REGIONAL REPRESENTATIVE Diane Whitney, Jan Cutter		
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 11-26-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11-30-10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
(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. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.	Confidential Licensing		Stated Plan of Correction on Page 7	

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

Page 10 of 31

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA		CURRENT LICENSE NUMBER 448630	
16003 INSPECTION DATES (Include all dates of the inspection) 10/25/2010	REGIONAL REPRESENTATIVE Diane Whitney, Jan Cutter		
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 <i>Kathleen Dougherty, Adm.</i>	DATE <i>11-26-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>gpc 11-30-10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.			<i>Stated Plan of Correction on Page 12</i>	

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

Page 11 of 31

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA		CURRENT LICENSE NUMBER 448630	
16003 INSPECTION DATES (Include all dates of the inspection) 10/25/2010	REGIONAL REPRESENTATIVE Diane Whitney, Jan Cutter		
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 <i>Kathleen Dougherty, Adm.</i>	DATE <i>11-26-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>9/6 11-30-10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
66a A staff training plan shall be developed annually.	The home does not have a 2010 staff-training plan.	<i>11-24-10</i>	<p style="text-align: center;">2010 AND 2011 Staff Training plans developed by administrator,</p> <p style="text-align: center;">Please see attached</p> <p>The Administrator will develop an ANNUAL STAFF TRAINING PLAN THAT includes ALL of the required information in 2600.66b. Documentation will be kept. 11-30-10</p>	<i>1/15/11</i>

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

Page 12 of 31

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA 16003		CURRENT LICENSE NUMBER 448630	
INSPECTION DATES (Include all dates of the inspection) 10/25/2010	REGIONAL REPRESENTATIVE Diane Whitney, Jan Cutter		
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 <i>Kathleen Dougherty, Adm</i>	DATE 11-26-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>gpc</i> 11-30-10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	<p>The following faucets had hot water temperatures that exceeded the maximum 120 degree fahrenheit:</p> <p>Main Level: Bathroom #1 sink - 125.2 degrees fahrenheit Bathroom #2 sink - 125.9 degrees fahrenheit Bathroom #2 bathtub - 125.7 degrees fahrenheit Bathroom #6 sink - 125 degrees fahrenheit</p> <p>Lower Level: Bedroom with private bath - 125.1 degrees fahrenheit Employee bathroom (also used by residents) - 125.9 degrees fahrenheit</p>	10/25/10	<p>Hot Water Tank heat control was lowered for</p> <p>Main Level: Bathroom #1 sink Bathroom #2 sink Bathroom #2 bathtub Bathroom #6 sink</p> <p>Lower Level: Bedroom with private bath Employee Bathroom</p> <p>Have been checking starting 10/26/10 daily with thermometers by manager WALTER STANFORD and the temperature is 118-120 degrees.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>12-14-10</p> <p>Date Initials (DPW)</p>

KATHLEEN DOUGHERTY

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

Page 13 of 31

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA 16003		CURRENT LICENSE NUMBER 448630	
INSPECTION DATES (include all dates of the inspection) 10/25/2010		REGIONAL REPRESENTATIVE Diane Whitney, Jan Cutter	
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 <i>Rothle Dougherty, Adm</i>	DATE 11-26-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>gpc</i>	DATE 11-30-10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
94b Interior stairs, exterior steps and ramps shall have nonskid surfaces.	The back porch steps and the wheel chair ramp off the porch from the old smoking room/storage room did not have non-skid surfaces.	11/14/10	Non-skid tread surfaces were installed on back porch steps and wheel chair ramp. Copy of receipt attached.	12-14-10 g

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

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA 16003		CURRENT LICENSE NUMBER 448630	
INSPECTION DATES (Include all dates of the inspection) 10/25/2010		REGIONAL REPRESENTATIVE Diane Whitney, Jan Cutter	
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 <i>Kathleen Dougherty, Admin</i>	DATE 11-26-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>J</i> 11-30-10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
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/freezer in the lower level kitchenette did not have a thermometer in the freezer compartment.	10-25-10	Placed thermometer in Refrigerator	
	Three refrigerator/freezer in the main kitchen had no thermometer in the refrigerator and the temperature in the freezer was 13.8 degrees farenheit.	10-25-10	Refrigerators had thermometers hidden behind items towards the back of the refrigerators. Freezers had thermometer which was covered up by freezer items.	Steps have been taken to correct violation; full compliance is not verifiable 12-11-10 Date Initials (DPW)
	The locked refrigerator/freezer in the main kitchen had a refrigerator temperature of 44 degrees farenheit and a freezer temperature of 18 degrees farenheit.	10-25-10	thermometer was placed in (a new one); temperature gages were adjusted.	
		1/15/10	All staff persons will be educated on the safe food temperature storage. Documentation will be kept. 1/30/10	
		1/15/10	All refrigerator and freezer temperatures will be checked and recorded daily	

Whitney

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

Page: 15 of 31

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA 16003		CURRENT LICENSE NUMBER 448630	
INSPECTION DATES (Include all dates of the inspection) 10/25/2010		REGIONAL REPRESENTATIVE Diane Whitney, Jan Cutter	
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 <i>Kathleen Dougherty, Adm</i>	DATE 11-24-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>JK</i> 11-30-10

REGULATION 55 Pa. Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
103i Outdated or spoiled food or dented cans may not be used.	<p>The main kitchen cupboard above the dishwasher had 15 bottles of assorted salad dressing that expired 6/28/10.</p> <p>The main kitchen refrigerator freezer had an unopened package of cream cheese that expired 7/10/10 in the refrigerator.</p> <p>The locked refrigerator/freezer had the following expired products in the freezer:</p> <ul style="list-style-type: none"> • Two packs of Ball Park hot dogs, expired 10/20/10 • Two packs of turkey ham lunchmeat, expired 9/13/10 • A pack of turkey ham lunchmeat, expired 6/29/10 • A pack of turkey bacon, expired 10/20/10 • Two packs of 'luncheon loaf' lunchmeat, expired 9/21/10 	11-24-10	<p>The issues of expired cans, bottles & containers was addressed at our meeting on 11-24-10. Staff was informed they must rotate cans + containers when they restock. In addition, staff was informed to check all package dates prior to using. Staff was also informed that any "sell by date" is to be considered as an expired date.</p>	12-14-10 <i>JK</i>

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

Page: 16 of 31

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA		CURRENT LICENSE NUMBER 448630	
16003 INSPECTION DATES (Include all dates of the inspection) 10/25/2010	REGIONAL REPRESENTATIVE Diane Whitney, Jan Cutter		
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 <i>Kathleen Dougherty</i>	DATE 11-26-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 11-30-10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
	<ul style="list-style-type: none"> • Six packs of bologna, expired 10/22/10 The lower level pantry had the following expired products: • Four cans of pumpkins, expired 4/2008 • A can of spaghetti sauce, expired 10/7/10 • Five cans of chicken corn chowder, expired 5/21/09 • A can of spinach, expired 2/28/10 • Four containers of Ramen noodle soup, expired 7/23/10 	1/15/11	<p style="text-align: center;">Stated Correction on Page 21</p> <p>The administrator will monitor all food storage areas weekly to ensure there is no outdated or spoiled food. 11-30-10</p>	

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

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA 16003		CURRENT LICENSE NUMBER 448630	
INSPECTION DATES (Include all dates of the inspection) 10/25/2010		REGIONAL REPRESENTATIVE Diane Whitney, Jan Cutter	
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 <i>Kathleen Dougherty, Adm</i>	DATE 11-26-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>gc</i>	DATE 11-30-10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
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	The medical evaluation for resident #2, dated 2/24/10, does not include height, weight, immunization history, mobility needs, and medications. The medical evaluation for resident #3, dated 2/12/10, does not include a medical history, diet, medications and body positioning. Repeated Violations: 11/23/2009	10-26-10 1/30/11	The medical evaluation for Resident # 2 + Resident # 3 were completely updated to correct the state violations. The Administrator or designated staff person will check all current and newly completed medical evaluations for completion and accuracy. <i>11/30/10</i>	

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

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA 16003		CURRENT LICENSE NUMBER 448630	
INSPECTION DATES (Include all dates of the inspection) 10/25/2010		REGIONAL REPRESENTATIVE Diane Whitney, Jan Cutter	
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 <i>Kathleen Dougherty Adams</i>	DATE 11-26-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>JK</i> 11-30-10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
history. (7) Medication regimen, contraindicated medications, medication side 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.			<i>Stated Plan of Correction on Page 23.</i>	

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

Page 19 of 31

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA 16003		CURRENT LICENSE NUMBER 448630	
INSPECTION DATES (Include all dates of the inspection) 10/25/2010		REGIONAL REPRESENTATIVE Diane Whitney, Jan Cutter	
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 <i>Kathleen Dougherty</i>	DATE 11-26-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JAC</i>	DATE 11-30-10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
191 The home shall educate the resident of his/her right to question or refuse a medication if he/she believes there may be a medication error. Documentation of this resident education shall be kept.	Resident #1, admitted 8/2/10, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.	10-25-10 1/30/11	Resident #1 was educated on the right to refuse meds & signed forms. The Administrator or designated staff person will check all resident records to ensure all residents have been educated in accordance with 2600.191 and the document is in the resident's record. 11-30-10	12-14-10

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

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA		CURRENT LICENSE NUMBER 448630	
INSPECTION DATES (Include all dates of the inspection) 10/25/2010		REGIONAL REPRESENTATIVE Diane Whitney, Jan Cutter	
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 <i>Kathleen Dougherty, Adm</i>	DATE 11-26-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>gpc</i>	DATE 11-26-10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
223a The home shall have a current written description of services and activities that the home provides including the following: (1) The scope and general description of the services and activities that the home provides. (2) The criteria for admission and discharge. (3) Specific services that the home does not provide, but will arrange or coordinate.	The home did not have a written description of services and activities provided.	11-18-10 1/30/11	The Services our Home provides are attached - they also were faxed to DPW on 11-18-10 The Description of Services & Activities are posted throughout the facility - so all residents are aware of the activities. The Administrator will develop a written description of services that includes all of the topics specified in 2600.223a <i>4-2-11</i>	Steps have been taken to correct violation; full compliance is not verifiable 12-17-10 Date <i>g</i> Initials (DPW)

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

Page: 21 of 31

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA 16003		CURRENT LICENSE NUMBER 448630	
INSPECTION DATES (Include all dates of the inspection) 10/25/2010		REGIONAL REPRESENTATIVE Diane Whitney, Jan Cutter	
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 <i>Kathleen Dougherty, Adm</i>	DATE 11-26-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 11-30-10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
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 #4's preadmission screening form was not dated and the form did not indicate if the home could meet the resident's needs.	11-9-10 Immediately	Resident #4 refused to sign & has since moved to another personal care home of [redacted] wishes ([redacted] home town area) The Administrator will review all new resident pre-admission screenings to assure the form is completed including signatures and indicates the home can meet the needs of the resident. 11/30/10	Steps have been taken to correct violation; full compliance is not verifiable <u>12-17-10</u> Date Initials (DPW)

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

Page 22 of 31

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA 16003		CURRENT LICENSE NUMBER 448630	
INSPECTION DATES (Include all dates of the inspection) 10/25/2010		REGIONAL REPRESENTATIVE Diane Whitney, Jan Cutter	
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 <i>Kathleen Dougherty, ADM</i>	DATE 11-26-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>JK</i> 11-30-10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	The assessment form for resident #4 dated 9/3/10 did not have the diagnoses of DM2, high BP and CAD from the medical evaluation dated 9/14/10. Repeated Violations: 11/23/2009	11-21-10 1/30/11	Resident #4 moved from our facility on 11/8/10 prior to receiving the violation report on 11-19-10. The Administrator or designated staff person will review all current and newly completed assessments to ensure accuracy and completion including diagnoses from the medical evaluation 11-30-10.	Steps have been taken to correct violation; full compliance is not verifiable 12-14-10 Date: _____ Initials (DPW): _____

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

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA 16003		CURRENT LICENSE NUMBER 448630	
INSPECTION DATES (Include all dates of the inspection) 10/25/2010		REGIONAL REPRESENTATIVE Diane Whitney, Jan Cutter	
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	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
<i>Kathleen Daugherty, Adm</i>	<i>11-26-10</i>		<i>11-30-10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	Resident #2 did not have a support plan completed for the 2009 year.	<i>10-29-10</i> <i>1/30/11</i>	<i>Support plan was completed for Resident #2.</i> <i>The Administrator or designated staff person will check all resident records to ensure all residents have a current, complete and accurate support plan. 1-26-11</i>	

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

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA		CURRENT LICENSE NUMBER 448630	
16003 INSPECTION DATES (Include all dates of the inspection) 10/25/2010	REGIONAL REPRESENTATIVE Diane Whitney, Jan Cutter		
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 <i>Kathleen Dougherty, Adm</i>	DATE <i>11-26-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>OPH 11-30-10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
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.	Resident #4's support plan dated 9/4/10 did not address care services, hearing, mental health, behavioral care services, personal hygiene, mobility and social/recreational needs.	<i>11-20-10</i>	<i>Resident #4 moved from our facility on 11-8-10 prior to receiving the violation report on 11-19-10. Administrator has constructed a dated calendar for each resident to review annually the MA-51, Support Plan & Assessment. The Administrator or designated STAFF person will review all current and newly completed support plans for accuracy and completion including all care, needs and services for each resident. 11-30-10</i>	<i>1/30/11</i>

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

Page 25 of 31

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA		CURRENT LICENSE NUMBER 448630	
16003 INSPECTION DATES (Include all dates of the inspection) 10/25/2010	REGIONAL REPRESENTATIVE Diane Whitney, Jan Cutter		
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 <i>Kathleen Dougherty, Adm</i>	DATE <i>11-26-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>11-30-10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
227h If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.	Resident #1 participated in the development of their support plan on 8/2/10 but did not sign it. There was no indication that the resident was unable to sign the support plan.	<i>10-25-10</i> <i>1/30/11</i>	<i>Signed by Resident</i> <i>The Admin's trainer or designated staff person will review all current and newly completed support plans to ensure all required signatures have been obtained. 11/30/10</i>	<i>12-14-10</i>

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

Page. 26 of 31

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA 16003		CURRENT LICENSE NUMBER 448630	
INSPECTION DATES (Include all dates of the inspection) 10/25/2010		REGIONAL REPRESENTATIVE Diane Whitney, Jan Cutter	
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 <i>Kathleen Dougherty, Adm</i>	DATE 11-26-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>gh</i>	DATE 11-30-10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
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 record did not include a personal inventory.	11-1-10	Completed personal inventory list.	12-14-10 S
	Resident #2's record did not include a personal inventory.	10-26-10	Completed personal inventory list.	
	Resident #4's record did not include a photograph and a personal inventory.	10-28-10	Completed personal inventory list and picture.	
		1/30/11	The Administrator or designated staff person will check all current and new resident records to ensure all items in 2600.252 including personal inventory and photographs less than two years old are present.	

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

Page 27 of 31

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA 16003		CURRENT LICENSE NUMBER 448630	
INSPECTION DATES (Include all dates of the inspection) 10/25/2010	REGIONAL REPRESENTATIVE Diane Whitney, Jan Cutter		
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 <i>Kathleen Dougherty, Adm</i>	DATE <i>11-26-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>11-30-10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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			<i>Stated Plan of Correction on Page 35</i>	

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

Page. 28 of 31

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA		CURRENT LICENSE NUMBER 448630	
16003 INSPECTION DATES (Include all dates of the inspection) 10/25/2010		REGIONAL REPRESENTATIVE Diane Whitney, Jan Cutter	
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 <i>Kathleen Dougherty Adon</i>	DATE <i>11-26-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>gp</i>	DATE <i>11-30-10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
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.	<i>Adon, Kathleen Dougherty</i>		<i>Stated Plan of Correction on Page 35</i>	

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

Page. 29 of 31

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA		CURRENT LICENSE NUMBER 448630	
16003 INSPECTION DATES (Include all dates of the inspection) 10/25/2010		REGIONAL REPRESENTATIVE Diane Whitney, Jan Cutter	
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 <i>Kathleen Dougherty, Adm</i>	DATE 11-26-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 11-30-10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
(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			<i>Stated Plan of Correction on Page 35</i>	

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

Page 30 of 31

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA 16003		CURRENT LICENSE NUMBER 448630	
INSPECTION DATES (Include all dates of the inspection) 10/25/2010		REGIONAL REPRESENTATIVE Diane Whitney, Jan Cutter	
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 <i>Kathleen Dougherty, Adm</i>	DATE <i>11-26-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>11-30-10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
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			<i>Stated Plan of Correction on page 35</i>	

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

Page 31 of 31

NAME AND ADDRESS OF PERSONAL CARE HOME WASHINGTON MANOR PERSONAL CARE HOME, 320 S WASHINGTON ST POB 1935 BUTLER, PA		CURRENT LICENSE NUMBER 448630	
INSPECTION DATES (Include all dates of the inspection) 10/25/2010		REGIONAL REPRESENTATIVE Diane Whitney, Jan Cutter	
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 <i>Kathleen Dougherty, Adm</i>	DATE <i>11-26-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>11-30-10</i>

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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
in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any			<i>Stated Plan of Correction on Page 35</i>	