

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ELITE CARE GROUP, LLP

LEGAL ENTITY

To operate LIZA'S HOUSE

NAME OF FACILITY OR AGENCY

Located at 1357 BLUE MOUNTAIN DRIVE, DANIELSVILLE, PA 18038

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 20
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 23, 2010 until November 23, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **214770**

Robert E. Robinson

ISSUING OFFICER

Kim 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

DEC 02 2010

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

Ms. Aundrea Leonard, Owner
Elite Care Group, LLP
125 Treymore Court
Pennington, New Jersey 08534

RE: Liza's House
1357 Blue Mountain Drive
Danielsville, Pennsylvania 18038

Dear Ms. Leonard:

As a result of the Department of Public Welfare's licensing inspection on September 23, 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

NAME AND ADDRESS OF PERSONAL CARE HOME LIZA S HOUSE, 1357 BLUE MOUNTAIN DRIVE DANIELSVILLE, PA 18038		CURRENT LICENSE NUMBER 214771	
INSPECTION DATES (Include all dates of the inspection) 09/23/2010		REGIONAL REPRESENTATIVE Betty Bloch, Florence Babiarz	
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>Mindy G. G. J.</i>	DATE 10/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hawley</i>	DATE 11-16-10

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	The grab/assist bar on resident # 1's bed was not securely attached to the upper portion of the bed. The bar was attached to an L-shaped board which slid between the mattress and the box spring and was not attached to any portion of the bed.	9/23/10	<p>- Grab bar was securely fastened with attachment around the box spring on 9/23/10 to ensure safety. See attached picture</p> <p>- Resident #1 was discharged home after Respite stay on 9/29/10.</p> <p>- Any new New Admission that requires a grab bar for assistance, Administrator or designee will ensure that the grab bar is securely attached the day of Admission to meet safety requirements.</p> <p>- Administrator or designee will</p>	11-16-10 JA


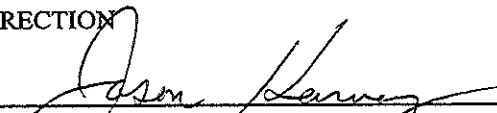
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Original

Add to the Initial Assessment under comments section and the support plan under Care Services section documenting requirement for a grab bar and why.

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82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	A 2.6 bottle of Coastal 2 Stroke 50.1 Oil, with a manufacture's label indicating "If swallowed call a physician immediately", was unlocked and accessible to residents in the outside storage area. Staff person A, who is the administrator, stated that all residents of the home have not been assessed capable of recognizing and using poisons safely. Repeated Violations: 02/16/2010	9/29/10	<ul style="list-style-type: none"> - Shed Door was locked on the day of inspection on 9/23/10 by the owner. - The owner installed a separate lock box to store poisonous materials kept in our door shed. See Attached PHOTOS. - Weekly rounds to be conducted by the owner, Administrator, or Designee on a weekly basis to ensure compliance with 82c §125b. - All staff to be instructed on poisonous materials & requirements for locking. - Plan of Correction to be 	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 11-16-10 Initials (DPW)</p>

Incorporated and reviewed at quality management to ensure cont. compliance of Regulation 82c/125b.

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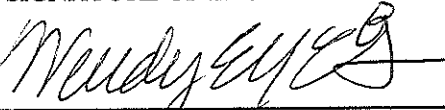
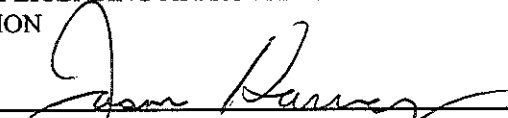
SIGNATURE OF LEGAL ENTITY <i>Mandy E. Egan</i>	DATE 10/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 11-16-10
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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
85e Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.	The left lid of the outside commercial trash receptacle was found completely opened and the container was half full of trash bags.	9/24/10	<ul style="list-style-type: none"> - The left lid of Dumpster was accidentally left open. - Left lid closed by Administrator day of survey 9/23/10. - Staff instructed on Regulation #85 a/b/c/d/e to ensure compliance. - Owner, Administrator or Designee will maintain during daily rounds. 	11-16-10 <i>JH</i>



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SIGNATURE OF LEGAL ENTITY <i>Nancy Ellis</i>	DATE 10/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 11-16-10

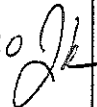
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89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	The water temperatures at the sinks in the bathrooms adjoining bedroom #s 7, 17, and 20 measured 124.1, 123.6 and 123.4 degrees Fahrenheit, respectively.	9/24/10	<ul style="list-style-type: none"> - Temperature valve adjusted to meet regulations. - Administrator or Designee will monitor with a Temperature log to ensure compliance with regulation 89b - See attached Log. - Initial temperature log started on 9/24/10 and will be conducted on a bi weekly basis. - Temperature log added to Quality Management to ensure continued compliance. - If a temperature variance is noted during rounds 	11-16-10 <i>LL</i>

adjustments will be made to the temperature valve and will document adjustment to temperature log.

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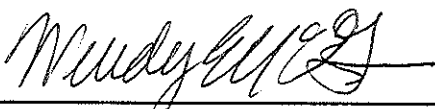
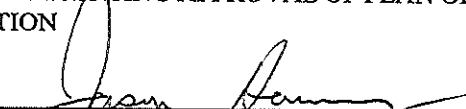
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89e The home shall keep documentation of the laboratory certification, in addition to the results and corrections made to ensure safe water for drinking.	The test conducted on 6/2/10 by Benchmark Analytics, Inc., indicated the coliform was positive. Staff person A, who is the administrator, stated that it was corrected but did not have the required documentation that the water was re-tested for coliform until 9/7/10.	12/10	-Should any future water tests come back with positive results, bleach treatment will be completed and recorded on file with water test results. Retesting of the water will be completed in a timely manner. - Results will be recorded at Quality Management. - Next water test scheduled for 12/10	11-16-10 JG

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125b Combustible materials shall be inaccessible to residents.	A 1.5 gallon container of gas was stored in the unlocked outside storage shed which was accessible to residents.	9/29/10	See Violation #82c - container of gasoline stored in separate lock box.	11-16-10 

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SIGNATURE OF LEGAL ENTITY <i>Wendy E. G. J.</i>	DATE 10/27/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Harvey</i>	DATE 11-16-10

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183c Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.	A hospice comfort pack for resident # 2 was stored in an unlocked room in an unlocked refrigerator located on the second floor facing Blue Mountain Drive. The medication was not secured and was accessible to other residents.	9/27/10	- Additional lock Box used to secure comfort pak. - A lock was purchased for the refrigerator located on the 2nd floor facing Blue Mountain Drive. See Attached Receipt and photos. - Staff in-serviced on new lock and combination	Steps have been taken to correct violation; full compliance is not verifiable Date: 11-16-10 Initials (DPW)

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221a The administrator shall develop a program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community.	The home does not consistently offer two activities each day for the residents, as indicated on its September 2010 Activity calendar.	9/23/10	<p>- Activity Calendar updated to include proper amount of Activities to promote each Residents active involvement. See Attached 11-16-10</p> <p>- Residents will have involvement in the planning of activity programs.</p> <p>- Administrator or Designee will add to quarterly Quality Management program to ensure compliance with regulation # 221a</p>	

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