

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WENDY JO PEACE

LEGAL ENTITY

To operate PEACE'S PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 429 UNION STREET, P.O. BOX 536, BIG RUN, PA 15715

(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 10  
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 December 13, 2010 until December 13, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 406550

*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

DEC 23 2010

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

Ms. Wendy Jo Peace, Owner/Administrator  
Peace's Personal Care Home  
429 Union Street, PO Box 536  
Big Run, Pennsylvania 15716

Dear Ms. Peace:

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

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

003/026

NAME AND ADDRESS OF PERSONAL CARE HOME PEACE S PERSONAL CARE HOME, 429 UNION STREET P O BOX 536 BIG RUN, PA 15715		CURRENT LICENSE NUMBER 406550
INSPECTION DATES (Include all dates of the inspection) 09/23/2010	REGIONAL REPRESENTATIVE Larry Mazza, Mindy Orme	
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>Wendy J Peace</i>	DATE 10-20-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
		DATE 11/15/10

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
42s A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.	All Resident contracts state, "Tobacco and lighters are to be turned in and locked up at bedtime." According to Resident interviews, Residents are not allowed to access their cigarettes during sleeping hours.	9-24-10	An addendum was made to contract which is attached and new contracts will be made to state this also. Residents will have access to cigarettes at night by asking staff for access. <i>Jan 11-15-10</i>	<i>Jan 11-15-10</i>
57b Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.	No staffing schedule was present in the home.  <i>Western Region</i>	10-1-10	A monthly schedule was posted in office on wall with all staff work times and days off needed for a month at a time <i>WD</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>11-15-10</i> Date Initials (DPW)

Adult Residential Licensing

Schedules will be kept.  
*Jan 11-15-10*

21/2010 10:18 FAX

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

NAME AND ADDRESS OF PERSONAL CARE HOME PEACE S PERSONAL CARE HOME, 429 UNION STREET P O BOX 536 BIG RUN, PA 15715		CURRENT LICENSE NUMBER 406550	
INSPECTION DATES (Include all dates of the inspection) 09/23/2010		REGIONAL REPRESENTATIVE Larry Mazza, Mindy Orme	
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>Wendy A Peace</i>	DATE 10-20-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JM</i>	DATE 11/15/10

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
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 can of Lysol Neutra Air was found in Resident bedroom #2, was found unlocked and accessible to Residents with a manufacture's label indicating "If swallowed, call a physician or poison control" Residents of the home have not been assessed capable of recognizing and using poisons safely.	9-23-10	All residents were told that if they get these types of products they are to be kept locked up at all times and if they choose to have their own their names will be put on them and kept locked also informed staff to monitor rooms for these items daily and on each shift.	<i>JM</i> 11-15-10

Wendy A Peace  
2010  
Adult Residential Licensing

*JM 11-15-10*

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

NAME AND ADDRESS OF PERSONAL CARE HOME PEACE S PERSONAL CARE HOME, 429 UNION STREET P O BOX 536 BIG RUN, PA 15715		CURRENT LICENSE NUMBER 406550	
INSPECTION DATES (Include all dates of the inspection) 09/23/2010		REGIONAL REPRESENTATIVE Larry Mazza, Mindy Orme	
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>Wandy Peace</i>	DATE 10-20-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/7/10

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
84 Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters, and radiators, exceeding 120°F that are accessible to the resident, shall be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.	There is not a protective guard around the wood and coal burning furnace, located outdoors in the rear of the home	10-20-10	The outside furnace at the Personal Care Home is made of Stainless Steel and has no danger of residents burning themselves on it and also that they don't even go around it therefore there is no need for a protective guard. I also spoke to Of labor and industry that inspects furnaces on Monday, Oct. 19th and he also stated there was no need for this protective guard if any questions that D.P.W could call him directly. Residents have been assessed to be capable of avoiding the exterior heat source.	12/7/10 Date Initials (DPW)

Adult Residential Licensing

*Jew 07/10*

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

NAME AND ADDRESS OF PERSONAL CARE HOME PEACE S PERSONAL CARE HOME, 429 UNION STREET P O BOX 536 BIG RUN, PA 15715		CURRENT LICENSE NUMBER 406550	
INSPECTION DATES (Include all dates of the inspection) 09/23/2010		REGIONAL REPRESENTATIVE Larry Mazza, Mindy Orme	
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>Wendy J. Reese</i>	DATE 10-20-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 11-15-10

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
88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	In Resident bedroom #1, there were two ceiling tiles that were buckled from a previous water leak. The right ceiling tile was hanging approximately 1 1/2" down from ceiling track.	9-27-10	Ceiling tiles were replaced with new tile from now on when rooms are cleaned weekly any problems staff notices they will inform me right away so that things are taken care of immediately <i>WD</i>	<i>[Signature]</i> 11-15-10

REGIONAL OFFICE  
 21 200  
 Adult Residential Licensing

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

NAME AND ADDRESS OF PERSONAL CARE HOME PEACE S PERSONAL CARE HOME, 429 UNION STREET P O BOX 536 BIG RUN, PA 15715		CURRENT LICENSE NUMBER 406550	
INSPECTION DATES (Include all dates of the inspection) 09/23/2010		REGIONAL REPRESENTATIVE Larry Mazza, Mindy Orme	
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>Wendy Peace</i>	DATE 10-20-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jr</i>	DATE 11-15-10

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
101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	Both beds in room #4 did not have an operable source of light that can be turned on/off from bedside. The bed in room #3 did not have a source of light that can be turned on/off from bedside.  Western Region  21 2010  Adult Residential Licensing	9-23-10          12-15-10	Bedroom #4 had <del>two</del> lamps on day of inspection but resident had them unplugged. [redacted] was informed that they needed to stay plugged in at all times. Bedroom #3 had a lamp at [redacted] bedside but had moved it I told [redacted] that it had to stay by bedside reach. Staff will monitor bedroom	Steps have been taken to correct violation; full compliance is not verifiable 11/15/10 Date Initials (DPW)

visiting as part of their daily duties to ensure lamps are operable. Administrator will monitor monthly.  
11-15-10 Jm

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

NAME AND ADDRESS OF PERSONAL CARE HOME PEACE S PERSONAL CARE HOME, 429 UNION STREET P O BOX 536 BIG RUN, PA 15715		CURRENT LICENSE NUMBER 406550	
INSPECTION DATES (Include all dates of the inspection) 09/23/2010		REGIONAL REPRESENTATIVE Larry Mazza, Mindy Orme	
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>Wendy J Deace</i>	DATE 10-20-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JM</i>	DATE 11-15-10

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
102i A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.	There was no soap available in the second floor bathroom.  Adult Residential Licensing	9-23-10	Soap was refilled at the time of inspection and staff was told to check on a regular basis and residents were also told to make sure they let staff know as soon as they need so this does not happen.  WP	Steps have been taken to correct violation; full compliance is not verifiable Date 11/15/10 Initials (DPW)
		12/15/10	Staff will check daily and on each shift to ensure soap is available in the bathrooms. Administrator will check at least weekly. JM 11-15-10	

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

NAME AND ADDRESS OF PERSONAL CARE HOME PEACE S PERSONAL CARE HOME, 429 UNION STREET P O BOX 536 BIG RUN, PA 15715		CURRENT LICENSE NUMBER 406550	
INSPECTION DATES (Include all dates of the inspection) 09/23/2010		REGIONAL REPRESENTATIVE Larry Mazza, Mindy Orme	
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>Wendy S Deace</i>	DATE 10-20-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 11-15-10

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
102k Use of a common towel is prohibited.	There were no paper towels located in the second floor bathroom.  Repeated Violations: 09/16/2009  Western Region  21 2010  Adult Residential Licensing	9-23-10          12-15-10	Towels were put in at time of inspection and staff was notified to check on towels regularly as well as residents told when it is out to notify staff immediately  <i>WP</i>	Steps have been taken to correct violation; full compliance is not verifiable  Date <i>11-15-10</i> Initials (DPW) <i>[Signature]</i>

bathrooms. Administrator will check at least weekly to ensure paper towels are available in bathrooms. *2/11/10*


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


NAME AND ADDRESS OF PERSONAL CARE HOME PEACE S PERSONAL CARE HOME, 429 UNION STREET P O BOX 536 BIG RUN, PA 15715		CURRENT LICENSE NUMBER 406550	
INSPECTION DATES (include all dates of the inspection) 09/23/2010		REGIONAL REPRESENTATIVE Larry Mazza, Mindy Orme	
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>Wendy J Peace</i>	DATE 10-20-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jr</i>	DATE 11-15-10

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
105g2 Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.	There was a layer of lint located behind the washer and dryer.  Western Region  21205  Adult Residential Licensing	9-23-10  12-15-10	Wash cleaned day of inspection staff also told that it needed checked and cleaned on a regular basis. Lint screens will be cleaned after each laundry load. Area behind washer & dryer will be checked daily by designated staff person.	Steps have been taken to correct violation; full compliance is not verifiable 11-15-10 Date Initials (DPW) <i>DPW</i>

*On 11-15-10*


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

NAME AND ADDRESS OF PERSONAL CARE HOME PEACE S PERSONAL CARE HOME, 429 UNION STREET P O BOX 536 BIG RUN, PA 15715		CURRENT LICENSE NUMBER 406550	
INSPECTION DATES (Include all dates of the inspection) 09/23/2010		REGIONAL REPRESENTATIVE Larry Mazza, Mindy Orme	
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 12-7-10

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
128b Wood and coal burning stoves shall be used only if a local fire department or other municipal fire safety authority, professional cleaning company or trained maintenance staff person inspects and approves them annually. Wood and coal burning stoves that are used as a regular heating source shall be cleaned every year according to the manufacturer's instructions. Documentation of wood and coal burning stove inspections and	The wood and coal burning stove in the home's backyard area has not been cleaned or inspected since it was installed in January, 2006. The stove is used as a regular heating source.	12/6/10	The wood and coal burning stove was inspected by the installer on 12/6/10. It will be inspected annually thereafter.	 12/7/10

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

Page 10 of 16

NAME AND ADDRESS OF PERSONAL CARE HOME PEACE S PERSONAL CARE HOME, 429 UNION STREET P O BOX 536 BIG RUN, PA 15715		CURRENT LICENSE NUMBER 406550	
INSPECTION DATES (Include all dates of the inspection) 09/23/2010		REGIONAL REPRESENTATIVE Larry Mazza, Mindy Orme	
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 12/7/10

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
cleanings shall be kept.				

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

NAME AND ADDRESS OF PERSONAL CARE HOME PEACE S PERSONAL CARE HOME, 429 UNION STREET P O BOX 536 BIG RUN, PA 15715		CURRENT LICENSE NUMBER 406550	
INSPECTION DATES (Include all dates of the inspection) 09/23/2010		REGIONAL REPRESENTATIVE Larry Mazza, Mindy Orme	
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>Wendy Peace</i>	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JM</i>	DATE 11-15-10

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
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 #1, dated 12/7/09, does not include the medical history and medical diagnosis. Medical history stated, "see copy of initial evaluation." Medical diagnosis stated, "see copy of H & P". Neither documents were attached to medical evaluation.  The medical evaluation for resident #2, dated 8/23/10, does not include the medical history and medical diagnosis. Medical history stated, "see copy of H & P". Medical diagnosis stated, "see copy of initial evaluation." Neither documents were attached to medical evaluation.	9-24-10	Resident #1 Medical Hx and Dx were attached.	Steps have been taken to correct violation; full compliance is not verifiable <i>WFO</i> Date Initials (DPW)
	Was from Region  Adult Residential Licensing	9-24-10	Resident #2 Medical Hx and Dx was attached also doctor will be notified that when he does these forms they need to filled out more thoroughly.	

\* SEE PAGE 12 \*

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

NAME AND ADDRESS OF PERSONAL CARE HOME PEACE S PERSONAL CARE HOME, 429 UNION STREET P O BOX 536 BIG RUN, PA 15715		CURRENT LICENSE NUMBER 406550	
INSPECTION DATES (Include all dates of the inspection) 09/23/2010		REGIONAL REPRESENTATIVE Larry Mazza, Mindy Orme	
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>Wendy Reece</i>	DATE 10-20-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 11-15-10

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
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.	2 Adult Residential Licensing	12/31/10	Medical evaluations will be reviewed by administrator or designated staff person to ensure they are complete and accurate. If any medical evaluation is incomplete or if home believes to be inaccurate, medical evaluation will be returned to the physician for correction/completion.	11-15-10 DUT

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

NAME AND ADDRESS OF PERSONAL CARE HOME PEACE S PERSONAL CARE HOME, 429 UNION STREET P O BOX 536 BIG RUN, PA 15715		CURRENT LICENSE NUMBER 406550	
INSPECTION DATES (include all dates of the inspection) 09/23/2010		REGIONAL REPRESENTATIVE Larry Mazza, Mindy Orme	
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>Wendy J Peace</i>	DATE 10-20-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JM</i>	DATE 11-15-10

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
190a A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.	Staff member A completed initial medication administration course on 8/3/2008. No annual practicum has been completed to date.  Western Region  Adult Residential Licensing	9-27-10  12/31/10	All Staff annual Practicums are now good and up to date.  Administrator will track medication administration training deadlines on a staff training plan created for each employee to ensure that all trainings and medication practicums are timely.	<i>JM</i> 11-15-10

*JM 11-15-10*

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

022/028

NAME AND ADDRESS OF PERSONAL CARE HOME PEACE S PERSONAL CARE HOME, 429 UNION STREET P O BOX 536 BIG RUN, PA 15715		CURRENT LICENSE NUMBER 406550	
INSPECTION DATES (Include all dates of the inspection) 09/23/2010		REGIONAL REPRESENTATIVE Larry Mazza, Mindy Orme	
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>Windy Peace</i>	DATE 10-20-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JM</i>	DATE 11-15-10

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
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	The medication administration record for resident #3 did not include initials for all 8 a.m. morning medications on 9/23/10.	9-23-10	Staff was informed day of inspection and it was done at a later time due to inspection she was nervous I explained to her no matter what medications need signed for at time <del>is</del> they are given since I have been checking and all have been.	<i>JM</i> 11-15-10
	Western Region 12/31/10 Ad. & Residential Licensing	12/31/10	WP Administrator will review MAR monthly to ensure accurate and complete recording of medication administration.	<i>JM</i> 11-15-10

10/21/2010 10:20 FAX

*JM* 11-15-10

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


NAME AND ADDRESS OF PERSONAL CARE HOME PEACE S PERSONAL CARE HOME, 429 UNION STREET P O BOX 536 BIG RUN, PA 15715		CURRENT LICENSE NUMBER 406550	
INSPECTION DATES (Include all dates of the inspection) 09/23/2010		REGIONAL REPRESENTATIVE Larry Mazza, Mindy Orme	
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>Wendy Peace</i>	DATE 10-20-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JM</i>	DATE 11-15-10

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
187d The home shall follow the directions of the prescriber.	<p>Resident #3 has a physician order for Clotrimazole and Betamethasone Dipropionate Cream .05%. Medication administration record states, "Apply to affected area as directed." Current tube in medication cart was empty and medication was not signed off on medication administration record for the entire month of September.</p> <p>Resident #3 has a physician order for Tretinoin Cream .05%. Medication administration record states to "apply to problem acne areas at bedtime topically." Medication was not present in home at time of inspection.</p>	<p>9-23-10</p> <p>9-23-10</p>	<p>Medication was ordered on morning of inspection but had not yet been received the way it was put on Medication Sheet from Pharmacy was to use as needed Staff was informed of importance of signing but since inspection medication was D/O per Doctor.</p> <p>Medication was used that P.M. before inspection was empty and staff threw tube away but left note to be ordered by dayshift Staff was order that A.M. Just had not received it during inspection. Staff was informed not to throw empty tubes away until new tube is received. UD</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>Wendy Peace</i> Date Initials (DPW)</p>

See Page 15A

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

Page 15a of 16

NAME AND ADDRESS OF PERSONAL CARE HOME PEACE S PERSONAL CARE HOME, 429 UNION STREET P O BOX 536 BIG RUN, PA 15715		CURRENT LICENSE NUMBER 406550	
INSPECTION DATES (Include all dates of the inspection) 09/23/2010		REGIONAL REPRESENTATIVE Larry Mazza, Mindy Orme	
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 11-15-10

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
187d The home shall follow the directions of the prescriber.	Resident #3 has a physician order for Clotrimazole and Betamethasone Dipropionate Cream .05%. Medication administration record states, "Apply to affected area as directed." Current tube in medication cart was empty and medication was not signed off on medication administration record for the entire month of September.  Resident #3 has a physician order for Tretinoin Cream .05%. Medication administration record states to "apply to problem acne areas at bedtime topically." Medication was not present in home at time of inspection.	12/31/10  12/31/10  12/31/10	Staff will be educated on the medication ordering/ refill policy of the home. Medication will be available in the home as per physician's orders.  In the event that a medication is discontinued, The home will obtain a written order from the physician. The MAR will be updated to reflect current physician's orders.  The administrator will check the MAR at least monthly to ensure that orders are current and that medication is available in the home.	

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

NAME AND ADDRESS OF PERSONAL CARE HOME PEACE S PERSONAL CARE HOME, 429 UNION STREET P O BOX 536 BIG RUN, PA 15715		CURRENT LICENSE NUMBER 406550	
INSPECTION DATES (Include all dates of the inspection) 09/23/2010		REGIONAL REPRESENTATIVE Larry Mazza, Mindy Orme	
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>Wendy A Peace</i>	DATE 10-20-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jm</i>	DATE 11-15-10

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
221c A current weekly activity calendar shall be posted in a conspicuous and public place in the home.	The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home.	9-23-10	was fixed day of inspection and one is to be posted monthly by kitchen area both myself and staff will be making sure it is up.  UP Activities will be conducted as scheduled <i>Jm 11-15-10</i>	<i>Jm 11-15-10</i>