

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MORNING GLORY ASSISTED LIVING, INC.

LEGAL ENTITY

To operate MORNING GLORY ASSISTED LIVING

NAME OF FACILITY OR AGENCY

Located at 419 N. QUEEN STREET LITTLESTOWN, PA 17340

(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 12
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 11, 2010 until December 11, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 312800

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 17 2010

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

Ms. Sharon L. Immler, President
Morning Glory Assisted Living, Inc.
Morning Glory Assisted Living
419 N. Queen Street
Littlestown, Pennsylvania 17340

Dear Ms. Immler:

As a result of the Department of Public Welfare's licensing inspection on September 29, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME MORNING GLORY ASSISTED LIVING, 419 N QUEEN STREET LITTLESTOWN, PA 17340		CURRENT LICENSE NUMBER 312800	
INSPECTION DATES (include all dates of the inspection) 09/29/2010		REGIONAL REPRESENTATIVE Jaime Erb, Serena Chou, Keturah Buchanan	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Sharon L. Immler - (President) Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Sharon L. Immler</i>	DATE <i>10/28/2010</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bamber</i>	DATE <i>11/30/10</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
51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults). Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15	Staff person A, hired 9/20/09, resides in Maryland. The home completed an FBI check; however a PA criminal history check was not completed. PCH Division Central Region Field Office OCT 29 2010 RECEIVED PCH Division Central Region Field Office OCT 29 2010	<i>10/28/2010</i>	<i>Sharon Immler mailed a criminal history background check off. This was an oversight on our part and we put a yellow post-it in our file with our job applications as a reminder</i> <i>Per Administrator - Criminal background packet lists with FBI + state police check to be marked at time of application. cp</i>	<i>11/30/10 CB</i> <i>11/30/10</i>

RECEIVED

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

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(relating to protective services for older adults) and other applicable regulations.			<u>cont'd</u>	

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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 person B, hired 1/29/10, does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry. <i>* We will be sure to always be sure that our direct-care staff</i>	<i>9/30, 2010</i>	<i>Sharon Immler spoke with [redacted] about her high school diploma. [redacted] said that she didn't graduate from high school. We told her that this was an oversight on our part and apologized to her. [redacted] said that at her age 68 she didn't think she could get her GED and can not afford to get her CNA. She is now working</i>	<i>11/2/10 [initials]</i>

have a diploma, CNA or be a nurses aid on the PA NURSE Registry. (as an assistant) cont'd (NOT DIRECT CARE) V

NAME AND ADDRESS OF PERSONAL CARE HOME MORNING GLORY ASSISTED LIVING, 419 N QUEEN STREET LITTLESTOWN, PA 17340		CURRENT LICENSE NUMBER 312800	
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services with reasonable skill and safety.		11/30/10	<p><i>tl updated the employee applications</i></p> <p><i>tl added a question</i></p> <p><i>Do you have a highschool diploma</i></p> <p><i>Ged or</i></p> <p><i>CNA (current) cert.</i></p> <p><i>Circle all that apply.</i></p>	

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MORNING GLORY

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			DATE <i>11/30/10</i>

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132e A fire drill shall be held during sleeping hours once every 6 months.	The last drill conducted during sleeping hours was on 11/01/09. <table border="1"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/08/2010</td><td>01:30 PM</td><td>1 m, 48 s</td><td>No</td></tr> <tr><td>Feb</td><td>02/03/2010</td><td>08:00 AM</td><td>1 m, 52 s</td><td>No</td></tr> <tr><td>Mar</td><td>03/04/2010</td><td>04:45 PM</td><td>1 m, 59 s</td><td>No</td></tr> <tr><td>Apr</td><td>04/05/2010</td><td>09:00 PM</td><td>2 m, 04 s</td><td>No</td></tr> <tr><td>May</td><td>05/02/2010</td><td>11:45 AM</td><td>1 m, 12 s</td><td>No</td></tr> <tr><td>Jun</td><td>06/18/2010</td><td>06:45 PM</td><td>2 m, 18 s</td><td>No</td></tr> <tr><td>Jul</td><td>07/12/2010</td><td>09:45 AM</td><td>2 m, 10 s</td><td>No</td></tr> <tr><td>Aug</td><td>08/13/2010</td><td>05:50 PM</td><td>2 m, 10 s</td><td>No</td></tr> <tr><td>Sep</td><td>09/24/2010</td><td>03:00 PM</td><td>1 m, 59, s</td><td>No</td></tr> <tr><td>Oct</td><td>10/21/2009</td><td>05:30 AM</td><td>2 m, 18 s</td><td>No</td></tr> <tr><td>Nov</td><td>11/01/2009</td><td>06:00 AM</td><td>2 m, 02 s</td><td>No</td></tr> <tr><td>Dec</td><td>12/15/2009</td><td>02:00 PM</td><td>1 m, 40 s</td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/08/2010	01:30 PM	1 m, 48 s	No	Feb	02/03/2010	08:00 AM	1 m, 52 s	No	Mar	03/04/2010	04:45 PM	1 m, 59 s	No	Apr	04/05/2010	09:00 PM	2 m, 04 s	No	May	05/02/2010	11:45 AM	1 m, 12 s	No	Jun	06/18/2010	06:45 PM	2 m, 18 s	No	Jul	07/12/2010	09:45 AM	2 m, 10 s	No	Aug	08/13/2010	05:50 PM	2 m, 10 s	No	Sep	09/24/2010	03:00 PM	1 m, 59, s	No	Oct	10/21/2009	05:30 AM	2 m, 18 s	No	Nov	11/01/2009	06:00 AM	2 m, 02 s	No	Dec	12/15/2009	02:00 PM	1 m, 40 s	No	<i>10.27.2010 5:30 AM</i>	<i>Sharon Immler had a fire drill at 5:30 AM on 10.27.2010. We will have a fire drill during sleeping hours again on March 5, 2011. We will put a post-it on our fire drill log to remind us.</i>	<i>11/30/10 CB</i>
Mont	Date	Time	Evac. Time	FSE																																																																	
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For the administrator the notices of drills are available to the administrator and assistant administrator to ensure that all drills are unannounced. The Administrators are implementing a new system on their computer calendar to ensure future compliance. Oct 11/30/10

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226a The resident shall be assessed for mobility needs as part of the resident's assessment.	<p>The 3/10/10 assessment for Resident #1 indicates that the resident is mobile however the medical evaluation for Resident #1, dated 3/11/10, indicates that the resident is immobile.</p> <p>The 8/17/10 assessment for Resident #2 indicates that the resident is mobile however the medical evaluation for Resident #2 dated 8/16/10, indicates that the resident is immobile.</p> <p>Repeated Violations: 08/21/2009</p>	10.28.2010	<p>[redacted] got in touch with [redacted] physician to have them correct their medical evaluation for [redacted] [redacted] is not immobile [redacted] walks with a walker.</p> <p>[redacted] also got in touch with [redacted] physician to have him correct [redacted] medical evaluation. [redacted] is not immobile [redacted] walks with a cane.</p> <p>We will double check</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>11/30/10</i> Date Initials (DPW)</p>

Leo Admin. Rep. evaluations will be reviewed and any discrepancies will be addressed with physicians. CB 11/30/10

the medical evaluations to be sure they are accurate on mobility.

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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.	The assessment for resident #3, dated 7/9/10, indicates the resident has special health and dietary needs. The resident's support plan, dated 7/9/10, does not document how these needs will be met.	<i>10/21/2010</i>	<i>Sharon Immler corrected #3 [redacted] support plan by adding that [redacted] is diabetic and put down [redacted] diabetic dietary needs. We will double check our support plans weekly to be sure that they are always up to date with the Residents needs.</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> Date <i>11/30/10</i> Initials (DPW) <i>DPW</i>

DPW support plan training to ensure that they have a better understanding of how to complete support plans. Dec 11/30/10