

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to JACK AND CHERYL EVANS SENSANBAUGHER

LEGAL ENTITY

To operate EVANS' PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 503 CENTENNIAL AVENUE, NEW GALILEE, PA 16141

(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 8  
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 1, 2010 until December 1, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 417370

*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.



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

DEC 30 2010

PHONE: (717) 783-3670

FAX: (717) 783-5662

Ms. Cheryl Sensanbaugher, Owner/Administrator  
Jack and Cheryl Evans Sensanbaugher  
P.O. Box 214  
New Galilee, Pennsylvania 16141

RE: Evans' Personal Care Home  
503 Centennial Avenue  
New Galilee, Pennsylvania 16141

Dear Ms. Sensanbaugher:

As a result of the Department of Public Welfare's licensing inspection on October 1, 2010 and November 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.

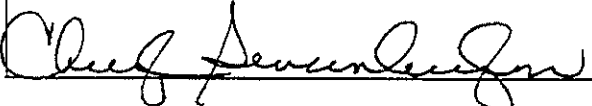

Sincerely,

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

NAME AND ADDRESS OF PERSONAL CARE HOME EVANS PERSONAL CARE HOME, 503 CENTENNIAL AVENUE NEW GALILEE, PA 16141		CURRENT LICENSE NUMBER 417370	
INSPECTION DATES (Include all dates of the inspection) 10/01/2010		REGIONAL REPRESENTATIVE Susan Pollock, 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) <b>Cheryl Sensenbaugh</b>			
SIGNATURE OF LEGAL ENTITY 	DATE 10-21-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11-16-10

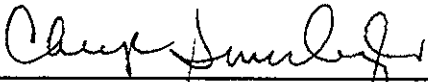
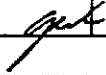
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
3c The personal care home shall post the current license, a copy of the current Violation Report (VR) issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.	On 10-01-2010 the home's current violation report was not posted in a conspicuous and public place in the home.  Repeated Violations: 07/23/2010	10-21-10	Violation Report is in Large Bold Letters on Kitchen Counter IN PLAIN View.  Admin. will check Daily to ensure Binder Remains on Counter.	Steps have been taken to correct violation; full compliance is not verifiable 11-24-10 Date Initials (DPW)

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

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SIGNATURE OF LEGAL ENTITY  <i>Chief Don Ambrose</i>	DATE 10-21-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>gpc</i> 11-16-10

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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 services with	Direct care staff person D, date of hire 05-03-2009, does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.  <i>W...</i>  Adult Residential Licensing	11-14-10	Copy of Notorized Statement will be in employee file.  Steps will be taken to ensure that any new staff will give the Home a copy of Diploma, Ged, or Active Registration Status, such as attaching a checklist on all new job applications to be completed by the Admin.	11-24-10 <i>g</i>


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reasonable skill and safety.	<p style="text-align: center; opacity: 0.5;">503 Centennial Avenue New Galilee, PA 16141</p> <p style="text-align: center;">Adult Residential Licensing</p>			



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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				




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(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.	Adult Residential Licensing			

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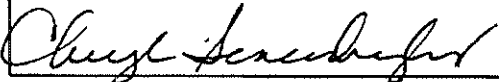

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88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	The first floor main common bathroom ceiling fan cover was broken and hanging down exposing the fan blade.           Adult Residential Licensing	10-2-10	Clip was missing because it was taken down & cleaned. New fan cover has since been purchased and replaced old cover.  Future cleaning of cover, is to be immediately hung back in place so clip is not lost again.	11-24-10





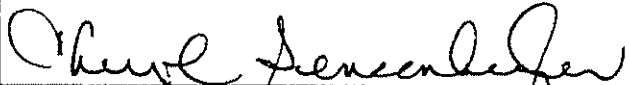



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103e Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.	<p>The following food items were found in the main kitchen refrigerator not labeled or dated:</p> <ul style="list-style-type: none"> <li>• Cabot sour cream container that contained tuna salad</li> <li>• Spaghetti in a zip lock bag</li> <li>• Hot wings in a zip lock bag</li> <li>• Taco shells open not in a container or bag</li> <li>• Pork chops in a zip lock bag</li> </ul> <p>Repeated Violations: 07/23/2009</p>	10-21-10	<p>Food Items were in Sealed ziplock Baggies But Dates were NOT ON ALL BAGS.</p> <p>Family &amp; Staff have been given instruction to date ALL Items even it is Personal Food Items. Admin. will check Items Daily for Dates &amp; Proper Storage.</p> <p>Sign is Posted on Refrig to Remind Staff of SAFE food/Storage Rules.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>11-24-10 Date Initials (DPW)</p>

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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.	On 10-01-2010, at 1:45 pm, the freezer in the main kitchen did not have a thermometer.	10-22-10	<p>A thermometer has been placed IN ALL FREEZER/REFRIG.</p> <p>ALL STAFF have been Re-EDUCATED on Food Safety Procedures &amp; proper Food Temp.</p> <p>Admin will check weekly to ensure thermometer is working properly &amp; is IN PLACE.</p>	11-24-10 g


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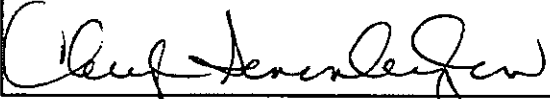

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103g Food shall be stored in closed or sealed containers.	<p>The following food items were opened and unsealed in the kitchen main freezer:</p> <ul style="list-style-type: none"> <li>• Fish filets</li> <li>• Soft pretzel</li> <li>• Breaded vegetables</li> <li>• Pizza</li> <li>• Onions</li> </ul> <p>The basement freezer contained open unsealed pizza dough.</p>	10-21-10	<p>ALL Food Items Are put into freezer Zip lock BAGS AS SOON AS They Are opened &amp; Dated.</p> <p>Admin will check weekly to ensure ALL proper Food Safety Procedures Are Being used.</p> <p>Staff has been Re-educated as to Food Temp. &amp; Rotation of freezer Items.</p>	11-24-10 <i>g</i>

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105g1 To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryer after each use.	On 10-01-2010, there was an accumulation of <del>1/2</del> of lint in the lint trap of the basement dryer.	10-21-10 10-21-10	<p>There WAS A LOAD OF Clothes IN the Dryer + the Lint WAS Removed when clothes were TAKEN out.</p> <p>Admin. Re educated Staff on Prevention of Dryer Fires + Importance of Removing Lint After each use.</p> <p>A sign has been Posted on the Dryer to Remind Staff to Remove lint.</p> <p>Admin. will Check Daily to ensure Compliance.</p>	11-24-10 



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109b Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.	On 10-01-2010, a black cat named Midnight was present at the home. The home does not have a current certificate of rabies vaccination for the cat.  Repeated Violations: 07/23/2009  <div style="text-align: right;">Adult Residential Licensing</div>	10-16-20	ALL ANIMALS THAT ARE OWNED BY THE HOME HAVE CURRENT TAGS + VACCINE'S - COPIES ENCLOSED. THERE ARE 2 STRAY BLACK CATS THAT THE HOME TOOK & HAD VACCINATED AT THE SUGGESTION OF THE INSPECTOR'S BECAUSE THE RESIDENTS FEED THEM. COPIES ARE ENCLOSED.	Steps have been taken to correct violation; full compliance is not verifiable 11-24-10 Date Initials (DPW)




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132b A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	The home has not had a fire safety inspection observed by a fire safety expert within the last 12 months.	7-19-10          11-29-10	A FIRE DRILL/INSPECTION WAS DONE ON 7-19-10 BY OUR LOCAL FIRE OFFICIAL.  Admin. will HAVE Fire Official sign + complete Proper Documentation Regarding this Inspection.  Admin. will ensure Proper Documentation will be done each YEAR.	11-24-10 

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	<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <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>01/04/2010</td><td>12:30 PM</td><td>01:00</td><td>No</td></tr> <tr><td>Feb</td><td>02/02/2010</td><td>04:30 PM</td><td>:49</td><td>No</td></tr> <tr><td>Mar</td><td>03/12/2010</td><td>06:10 PM</td><td>:52</td><td>No</td></tr> <tr><td>Apr</td><td>04/02/2010</td><td>01:57 PM</td><td>UNKNOWN</td><td>No</td></tr> <tr><td>May</td><td>05/16/2010</td><td>04:20 PM</td><td>1:00</td><td>No</td></tr> <tr><td>Jun</td><td>06/23/2010</td><td>07:20 PM</td><td>:45</td><td>No</td></tr> <tr><td>Jul</td><td>07/03/2010</td><td>06:40 PM</td><td>:40</td><td>No</td></tr> <tr><td>Aug</td><td>08/21/2010</td><td>05:30 AM</td><td>01:04</td><td>No</td></tr> <tr><td>Sep</td><td>09/14/2010</td><td>10:00 PM</td><td>:53</td><td>No</td></tr> <tr><td>Oct</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Nov</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/04/2010	12:30 PM	01:00	No	Feb	02/02/2010	04:30 PM	:49	No	Mar	03/12/2010	06:10 PM	:52	No	Apr	04/02/2010	01:57 PM	UNKNOWN	No	May	05/16/2010	04:20 PM	1:00	No	Jun	06/23/2010	07:20 PM	:45	No	Jul	07/03/2010	06:40 PM	:40	No	Aug	08/21/2010	05:30 AM	01:04	No	Sep	09/14/2010	10:00 PM	:53	No	Oct				No	Nov				No	Dec				No			
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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
132e A fire drill shall be held during sleeping hours once every 6 months.	The home did not conducted a sleeping hours fire drill once every six months. History of sleeping fire drills are as follows: Drill Date Time 12/3/2009 2:30 AM 8/21/2010 5:30 AM	10-22-10   11-30-10   11-29-10	The Admin will MARK The Fire Drill Log, for "Sleeping hour Drill to be Done every 6 months.  Before the end of Nov. 2010 Another Sleeping hour Drill will be completed.  The Administrator will monitor the fire drill log to ensure a sleeping hours fire drill is conducted at least every six months	Steps have been taken to correct violation; full compliance is not verifiable 11-24-10 Date Initials (DPW)


*11-23-10*

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

NAME AND ADDRESS OF PERSONAL CARE HOME EVANS PERSONAL CARE HOME, 503 CENTENNIAL AVENUE NEW GALILEE, PA 16141		CURRENT LICENSE NUMBER 417370	
INSPECTION DATES (Include all dates of the inspection) 10/01/2010		REGIONAL REPRESENTATIVE Susan Pollock, Jan Cutter	
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
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	<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <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>01/04/2010</td><td>12:30 PM</td><td>01:00</td><td>No</td></tr> <tr><td>Feb</td><td>02/02/2010</td><td>04:30 PM</td><td>:49</td><td>No</td></tr> <tr><td>Mar</td><td>03/12/2010</td><td>06:10 PM</td><td>:52</td><td>No</td></tr> <tr><td>Apr</td><td>04/02/2010</td><td>01:57 PM</td><td>UNKNOWN</td><td>No</td></tr> <tr><td>May</td><td>05/16/2010</td><td>04:20 PM</td><td>1:00</td><td>No</td></tr> <tr><td>Jun</td><td>06/23/2010</td><td>07:20 PM</td><td>:45</td><td>No</td></tr> <tr><td>Jul</td><td>07/03/2010</td><td>06:40 PM</td><td>:40</td><td>No</td></tr> <tr><td>Aug</td><td>08/21/2010</td><td>05:30 AM</td><td>01:04</td><td>No</td></tr> <tr><td>Sep</td><td>09/14/2010</td><td>10:00 PM</td><td>:53</td><td>No</td></tr> <tr><td>Oct</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Nov</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table> <p style="text-align: center; margin-top: 20px;">Adult Residential Licensing</p>	Mont	Date	Time	Evac. Time	FSE	Jan	01/04/2010	12:30 PM	01:00	No	Feb	02/02/2010	04:30 PM	:49	No	Mar	03/12/2010	06:10 PM	:52	No	Apr	04/02/2010	01:57 PM	UNKNOWN	No	May	05/16/2010	04:20 PM	1:00	No	Jun	06/23/2010	07:20 PM	:45	No	Jul	07/03/2010	06:40 PM	:40	No	Aug	08/21/2010	05:30 AM	01:04	No	Sep	09/14/2010	10:00 PM	:53	No	Oct				No	Nov				No	Dec				No	<p>10-21-10</p> <p>→</p>	<p>oversight as to not listing proper evacuation time for 4-2-10.</p> <p>will make sure all columns are filled in before signing fire log.</p>	
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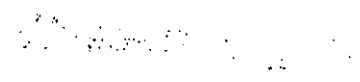
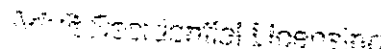
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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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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
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 09-21-2009, does not include diagnosis or medical history.	10-25-10	<p>Medical EVAL. WAS updated to include ALL Medical Information.</p> <p>ALL Resident Medical Records were reviewed By Admin. for Accuracy + completeness.</p> <p>Admin. will Review when Resident Returns from Doctor and collection of any errors will be done upon finding errors.</p>	11-24-10 g

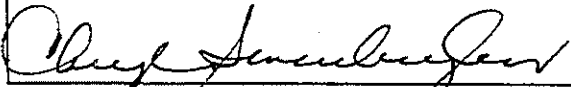
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history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.	  			





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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 person A, B, C & D administer medications. The staff persons have not completed the Department-approved medication administration-training course.	10-22-10          10-22-10	<p>Staff A B C &amp; D All have current medication TRAINING Current certificates Are IN ALL employee files.</p> <p>All certificates will Be immediately Placed IN files each time they have Completed TRAINING.</p> <p>The Admin. will Review files quarterly to ensure all required documents are present.</p>	11-24-10 g

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The medication administration record for resident #3 does not include a key for the names and initials of the staff person administering the medications.	10-2-10	<p><i>MAK BOOK CONTAINS INITIALS, PRINTED NAME AND SIGNATURES OF ALL STAFF THAT ARE TRAINED TO GIVE MEDS.</i></p> <p><i>ADMIN. WILL UPDATE THE MASTER KEY MONTHLY.</i></p>	11-24-10 <i>g</i>

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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	<p style="text-align: center; opacity: 0.5;">VIOLATION</p> <p style="text-align: center; opacity: 0.5;">Admit Residential Licensing</p>			