

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PROVIDENCE PLACE OF POTTSVILLE ASSOCIATES

LEGAL ENTITY

To operate PROVIDENCE PLACE OF POTTSVILLE

NAME OF FACILITY OR AGENCY

Located at 2200 FIRST AVENUE, POTTSVILLE, PA. 17901

(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

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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 192  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 36

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 4, 2010 until December 4, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 203970

*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 13 2010

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

Ms. Cindy Petchulis, Administrator  
Providence Place of Pottsville Associates  
1528 Sand Hill Road  
Hummelstown, Pennsylvania 17036

RE: Providence Place of Pottsville  
2200 First Avenue  
Pottsville, Pennsylvania 17901

Dear Ms. Petchulis:

As a result of the Department of Public Welfare's licensing inspection on October 14, 2010 and October 15, 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 PROVIDENCE PLACE OF POTTSVILLE, 2200 FIRST AVENUE POTTSVILLE, PA 17901		CURRENT LICENSE NUMBER 203970	
INSPECTION DATES (Include all dates of the inspection) 10/14/2010		REGIONAL REPRESENTATIVE Ron Minnich, Ryan Novak, Merrian O'Malley	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Cindy Petchalis, Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Cindy Petchalis</i>	DATE 11-12-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>C. Blomberg</i>	DATE 11/23/10

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 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.	A medical evaluation was not completed for Resident #1 within 60 days prior to or after 30 days of admission on 3/4/10.	10/19/10	<p>Medical evaluation was not on file at community. MD had previously completed on 3/10/10 and re-faxed to us now for file. Please see attached copy. Staff person responsible for collecting medical evaluations from physicians was given further instruction on ensuring that physicians complete and return requested medical evaluations. She verbalized understanding. Administrator will spot check compliance at annual support plan meetings.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p style="text-align: right;"> <del>11/23/10</del>                      Date                      Initials (D.P.)                 </p>

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

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SIGNATURE OF LEGAL ENTITY <i>Cindy Petchulis</i>	DATE 11-12-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 11/23/10

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
181c A resident who desires to self-administer his medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.	<i>VIOLATION This should be #2</i> Resident #1's medical evaluation, dated 7/23/10, states that the resident is able to self-administer medications, however the assessment, dated 7/12/10, states that the resident is unable to self-administer medications.	11-12-10	Physician agreed with our assessment - resident cannot self administer medications. He is making adjustment to medical evaluation. Staff person responsible for assessments received further instruction on this regulation. She verbalized understanding. Administrator will spot check compliance at annual support plan meetings.  <i>Random audits will be conducted to</i>	Steps have been taken to correct violation; full compliance is not yet reached. 11/23/10 Date Initials

*ensure that medical evaluations and assessments both accurately reflect the ability of a resident to self-administer. 11/23/10*

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187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	On 10/05/10, 10/07/10, 10/08/10 and 10/12/10 an administration of Vicodin 5/500mg was given to resident # 3, but was not initialed on the resident's Medication Administration Record (MAR).	10-29-10	Documentation was corrected on the MAR. To prevent documentation errors in the future, LPNs will check E-MAR at the end of each shift for missed documentation. Administrator will periodically check logs as well.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>11/23/10 [Signature]</p> <p>Date Initials (DPW)</p>

VIOLATION REPORT  
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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
226a The resident shall be assessed for mobility needs as part of the resident's assessment.	The medical evaluation, dated 10/04/09 lists resident #4's mobility status as having mobility needs; however the assessment, dated 10/02/09, lists the resident as mobile.	10-18-10	Physician returned this year's medical evaluation with correct mobility needs - he agrees resident #4 can be independently mobile with ambulation device as our assessment states. Please see copy attached. Staff person responsible for assessments and medical evaluations received further instruction on this regulation. She verbalized understanding.  Administrator will spot check compliance at annual	Steps have been taken to correct violation; full compliance is not verifiable 11/23/10 Date Initials (DPW)