

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HORIZON PERSONAL CARE HOME, INC.

LEGAL ENTITY

To operate HORIZON PERSONAL CARE HOME, INC.

NAME OF FACILITY OR AGENCY

Located at 9 SOUTH MORGANTOWN STREET, FAIRCHANCE, PA 15436

(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 28
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 23, 2010 until December 23, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 413830

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

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

DEC 17 2010

Ms. Michelle R. Grimm, Owner/Administrator
Horizon Personal Care Home, Inc.
9 South Morgantown Street
Fairchance, Pennsylvania 15436

Dear Ms. Grimm:

As a result of the Department of Public Welfare's licensing inspection on October 20, 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.

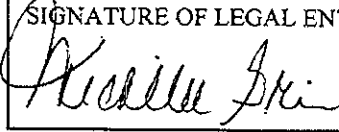
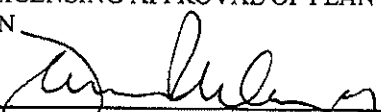
Sincerely,

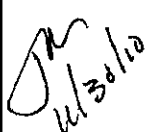
A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

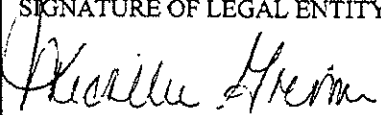

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME HORIZON PERSONAL CARE HOME INC, 9 SOUTH MORGANTOWN STREET FAIRCHANCE, PA 15436		CURRENT LICENSE NUMBER 413830	
INSPECTION DATES (Include all dates of the inspection) 10/20/2010		REGIONAL REPRESENTATIVE Caroline Goedert, Joseph Phillips	
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 11-2-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/30/10

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
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 bottle of Mr. Clean and a bottle of Clorox Clean-up, with manufacture's labels indicating "to contact a poison control center or physician if swallowed", were unlocked and accessible to all residents in the laundry area at both 10:00am and 12:00pm. None of the residents of the home have been assessed to be capable of recognizing and using poisons safely. Repeated Violations: 10/26/2009	11-2-10	All cleaning supplies are now kept in a locked cabinet in the laundry room. The administrator and workers are the only people who have access to the key to unlock cabinet. All staff has been made aware that cabinet is to be locked at all times. The administrator will make periodic checks weekly to make sure we are in compliance.	 11/30/10

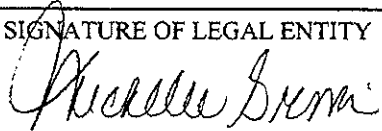
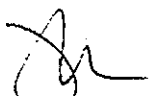
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600


NAME AND ADDRESS OF PERSONAL CARE HOME HORIZON PERSONAL CARE HOME INC, 9 SOUTH MORGANTOWN STREET FAIRCHANCE, PA 15436		CURRENT LICENSE NUMBER 413830	
INSPECTION DATES (Include all dates of the inspection) 10/20/2010		REGIONAL REPRESENTATIVE Caroline Goedert, Joseph Phillips	
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 11/2/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/30/10

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
85a Sanitary conditions shall be maintained.	Staff person A stated that the same blood glucose monitoring equipment was used on multiple residents in the home. Upon inspection of the device, there was dried blood on the portion of the device in which the lancet is inserted.	11/2/10	<p>All diabetic residents have their own personal Blood Glucose equipment which are labeled with their names and kept in the medication cart. The staff has been instructed with written and verbal training from administrator who will also make weekly checks for compliance of this regulation.</p> <p>All diabetic residents will have their blood</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>11/30/10 Initials (DPW)</p>

glucose checked using their own personal glucose monitor. Jm 11/30/10

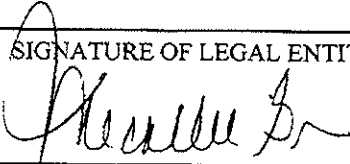
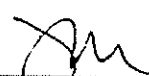
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME HORIZON PERSONAL CARE HOME INC, 9 SOUTH MORGANTOWN STREET FAIRCHANCE, PA 15436		CURRENT LICENSE NUMBER 413830	
INSPECTION DATES (Include all dates of the inspection) 10/20/2010		REGIONAL REPRESENTATIVE Caroline Goedert, Joseph Phillips	
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 11/2/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/30/10

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
130i In homes housing five or more residents with mobility needs, the fire alarm system shall be directly connected to the local fire department or 24-hour monitoring service approved by the local fire department, if this service is available in the community.	The home currently serves 5 residents with mobility needs. The home's fire alarm system was found to be inoperable at the time of the inspection. The system panel indicated there was a problem with the dialer on the system.	11/2/10	A new fire alarm system was installed on 10-22-10 by Safety First. It has been checked and is working properly. The administrators were checked to make sure that the system is operating properly on a daily basis. Staff made aware that the administrators to take immediate action if system is malfunctioning.	 11/30/10

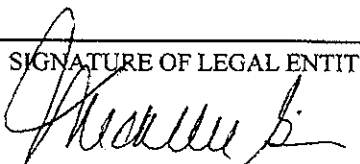

Pennsylvania Department of Public Safety
Division of Professional Licensing



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

NAME AND ADDRESS OF PERSONAL CARE HOME HORIZON PERSONAL CARE HOME INC, 9 SOUTH MORGANTOWN STREET FAIRCHANCE, PA 15436		CURRENT LICENSE NUMBER 413830	
INSPECTION DATES (Include all dates of the inspection) 10/20/2010		REGIONAL REPRESENTATIVE Caroline Goedert, Joseph Phillips	
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 11/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/30/10

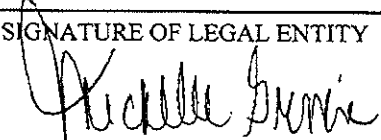
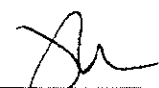
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY																																																																	
132e A fire drill shall be held during sleeping hours once every 6 months.	The last drill conducted during sleeping hours was on 11/15/08. <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>01/15/2010</td><td>04:00 PM</td><td>2 min. 25 sec.</td><td>No</td></tr> <tr><td>Feb</td><td>02/21/2010</td><td>01:55 PM</td><td>2 min. 30 sec.</td><td>No</td></tr> <tr><td>Mar</td><td>03/15/2010</td><td>11:00 AM</td><td>2 min. 45 sec.</td><td>No</td></tr> <tr><td>Apr</td><td>04/30/2010</td><td>10:00 AM</td><td>2 min. 0 sec.</td><td>No</td></tr> <tr><td>May</td><td>05/04/2010</td><td>05:00 PM</td><td>2 min. 10 sec.</td><td>No</td></tr> <tr><td>Jun</td><td>06/10/2010</td><td>01:58 PM</td><td>2 min. 5 sec.</td><td>No</td></tr> <tr><td>Jul</td><td>07/10/2010</td><td>02:00 PM</td><td>2 min. 15 sec.</td><td>No</td></tr> <tr><td>Aug</td><td>08/19/2010</td><td>11:00 AM</td><td>2 min. 30 sec.</td><td>Yes</td></tr> <tr><td>Sep</td><td>09/13/2010</td><td>08:00 AM</td><td>2 min. 20 sec.</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	01/15/2010	04:00 PM	2 min. 25 sec.	No	Feb	02/21/2010	01:55 PM	2 min. 30 sec.	No	Mar	03/15/2010	11:00 AM	2 min. 45 sec.	No	Apr	04/30/2010	10:00 AM	2 min. 0 sec.	No	May	05/04/2010	05:00 PM	2 min. 10 sec.	No	Jun	06/10/2010	01:58 PM	2 min. 5 sec.	No	Jul	07/10/2010	02:00 PM	2 min. 15 sec.	No	Aug	08/19/2010	11:00 AM	2 min. 30 sec.	Yes	Sep	09/13/2010	08:00 AM	2 min. 20 sec.	No	Oct				No	Nov				No	Dec				No	11/4/10	Night time fire drill done on 10-20-10 at 10:15 pm. All residents were evacuated from the home. November 3 2010 a night time fire drill will be done. Scheduling for April & Nov October of 2011 for night time drill - administrator will make sure they are done for scheduled times, at least once every 6 months. JW 11/30/10	11/30/10 MJS
Mont	Date	Time	Evac. Time	FSE																																																																	
Jan	01/15/2010	04:00 PM	2 min. 25 sec.	No																																																																	
Feb	02/21/2010	01:55 PM	2 min. 30 sec.	No																																																																	
Mar	03/15/2010	11:00 AM	2 min. 45 sec.	No																																																																	
Apr	04/30/2010	10:00 AM	2 min. 0 sec.	No																																																																	
May	05/04/2010	05:00 PM	2 min. 10 sec.	No																																																																	
Jun	06/10/2010	01:58 PM	2 min. 5 sec.	No																																																																	
Jul	07/10/2010	02:00 PM	2 min. 15 sec.	No																																																																	
Aug	08/19/2010	11:00 AM	2 min. 30 sec.	Yes																																																																	
Sep	09/13/2010	08:00 AM	2 min. 20 sec.	No																																																																	
Oct				No																																																																	
Nov				No																																																																	
Dec				No																																																																	
			Steps have been taken to correct violation; full compliance is not verifiable Date: 11/30/10 Initials (DPV): MJS																																																																		

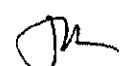
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME HORIZON PERSONAL CARE HOME INC, 9 SOUTH MORGANTOWN STREET FAIRCHANCE, PA 15436		CURRENT LICENSE NUMBER 413830	
INSPECTION DATES (Include all dates of the inspection) 10/20/2010		REGIONAL REPRESENTATIVE Caroline Goedert, Joseph Phillips	
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 11/4/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/30/10

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
224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	The pre-admission screening form for resident #1, admitted 05/21/10, was not completed. Pages 2 and 3 of the form were blank.	11/3/10	<p>Administrators will do preadmission screening during the day of admission by the administrator prior to admission.</p> <p>Administrator will ensure that pre-admission screenings are complete and accurate.</p> <p style="text-align: right;"> 11/30/10</p>	 11/30/10

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

NAME AND ADDRESS OF PERSONAL CARE HOME HORIZON PERSONAL CARE HOME INC, 9 SOUTH MORGANTOWN STREET FAIRCHANCE, PA 15436		CURRENT LICENSE NUMBER 413830	
INSPECTION DATES (Include all dates of the inspection) 10/20/2010		REGIONAL REPRESENTATIVE Caroline Goedert, Joseph Phillips	
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 11/3/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 11/30/10

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
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.	On 05/18/10, resident #1's physician determined that the resident needs physical therapy and occupational therapy. The resident's support plan does not address how the home will assist the resident in meeting these needs.	11/3/10	<p>The administrator will make sure that the support plan reflects the needs of the patient according to the needs of the patient medical evaluation.</p> <p>Support plans will be updated when resident has a significant change in condition and when resident is receiving services from an outside agency. 11/30/10</p>	 11/30/10