

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PARKER PERSONAL CARE, INC.

LEGAL ENTITY

To operate PARKER PERSONAL CARE FACILITY

NAME OF FACILITY OR AGENCY

Located at 226 SEWARD AVENUE, PARKER, PA 16049

(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 40
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 2, 2010 until December 2, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 426560

Robert E. Robinson

ISSUING OFFICER

Kim 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. Margaret Clawson, Secretary, PPC Board of Directors
Parker Personal Care, Inc.
C/O YWCA of Butler
120 West Cunningham Street
Butler, Pennsylvania 16001

RE: Parker Personal Care Facility
226 Seward Avenue
Parker, Pennsylvania 16049

Dear Ms. Clawson:

As a result of the Department of Public Welfare's licensing inspection on October 27, 2010 and November 1, 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 PARKER PERSONAL CARE FACILITY, 226 SEWARD AVENUE PARKER, PA 16049		CURRENT LICENSE NUMBER 426560	
INSPECTION DATES (Include all dates of the inspection) 10/27/2010 & 11/1/10		REGIONAL REPRESENTATIVE M. Orme, J. Cutter, M. Orme, J. Cutter	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Deborah Dunkle, LPN, PCHA</i>			
SIGNATURE OF LEGAL ENTITY <i>Deborah Dunkle PCHA</i>	DATE 11-21-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan B. Verbeek (gpc)</i>	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
51/52 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 E started working in the home on 06/08/10. The criminal history background check for staff person E was not completed until 10/05/10 <i>Adult Residential Licensing</i>	11-16-10 DD	<i>Criminal History checks that are done by our business office (at the Ywca location) - that have a pending status - will be listed on a new form (see attached addendum # pg. #1) and posted in office manager's office. Office manager will phone the comptroller at the business office twice weekly until the final check is verified within 30 days. If it cannot be verified by State Police within 30 days - the employee will be placed on inactive status until verification is attainable. Copy of status will be delivered to Parker PCH - upon receipt.</i>	Steps have been taken to correct violation; full compliance is not verifiable 11-30-10 Date Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME PARKER PERSONAL CARE FACILITY, 226 SEWARD AVENUE PARKER, PA 16049		CURRENT LICENSE NUMBER 426560	
INSPECTION DATES (Include all dates of the inspection) 10/27/2010 & 11-01-10		REGIONAL REPRESENTATIVE M. Orme, J. Cutter, M. Orme, J. Cutter	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Deborah Dunkle LPN PCHA</i>			
SIGNATURE OF LEGAL ENTITY <i>Deborah Dunkle LPN PCHA</i>	DATE 11-21-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>gpc</i> 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
(relating to protective services for older adults) and other applicable regulations.	Adult Residential Licensing	12-31-10	<i>The Administrator and all staff involved with the hiring and retention of staff persons will complete the on-line Older Adult Protective Services Act training. Documentation will be kept. 11-30-10</i>	

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

NAME AND ADDRESS OF PERSONAL CARE HOME PARKER PERSONAL CARE FACILITY, 226 SEWARD AVENUE PARKER, PA 16049		CURRENT LICENSE NUMBER 426560	
INSPECTION DATES (Include all dates of the inspection) 10/27/2010 & 11-01-10		REGIONAL REPRESENTATIVE M. Orme, J. Cutter, M. Orme, J. Cutter	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Deborah Dunkle LPN PCHA</i>			
SIGNATURE OF LEGAL ENTITY <i>Deborah Dunkle</i>		DATE 11-21-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>gpc</i>
			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
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 F, hired 08/31/10, does not have a high school diploma from a source recognized by a state Department of Education. <i>PHILADELPHIA REGIONAL LICENSING</i>	11-16-10 DD	<i>This employee will be directly supervised by another direct care staff upon any direct care - given to residents. She has also registered to take another GED test - from a Pennsylvania accredited school - not an out-of-state internet course and exam - as taken previously. All GED's presented for future hired employees will be checked on by administrator - through DPW Regional Office.</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>11-30-10</i> Date Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME PARKER PERSONAL CARE FACILITY, 226 SEWARD AVENUE PARKER, PA 16049		CURRENT LICENSE NUMBER 426560	
INSPECTION DATES (Include all dates of the inspection) 10/27/2010 & 11-01-10		REGIONAL REPRESENTATIVE M. Orme, J. Cutter, M. Orme, J. Cutter	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Deborah Dunkle LPN Pette</i>			
SIGNATURE OF LEGAL ENTITY <i>Deborah Dunkle, Pette</i>	DATE 11-21-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>gc</i> 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
services with reasonable skill and safety.		12-15-10	<i>The Administrator or designated staff person will check the qualifications of all current and newly hired staff persons to ensure all staff persons meet the qualifications of 2600.54a. 11-30-10 g</i>	

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

NAME AND ADDRESS OF PERSONAL CARE HOME PARKER PERSONAL CARE FACILITY, 226 SEWARD AVENUE PARKER, PA 16049		CURRENT LICENSE NUMBER 426560	
INSPECTION DATES (Include all dates of the inspection) 10/27/2010 <i>11-01-10</i>		REGIONAL REPRESENTATIVE M. Orme, J. Cutter, M. Orme, J. Cutter	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Deborah Dunkle EPN Patta</i>			
SIGNATURE OF LEGAL ENTITY <i>Deborah Dunkle, EPN Patta</i>	DATE <i>11-21-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>11-30-10</i>

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
65i A record of training including the direct care staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.	The home's record of direct care staff training does not include the date or trainer of the first day orientation topics for staff person F.	<i>11-16-10</i> <i>DD</i>	<i>New training form had been used - trainer signature and date added (see addendum #2 - pg.1 for corrections). Original training forms (see addendum #2 - pg2) will be returned to - for continued use with new hires - from this date forward, by trainer.</i>	<i>11-30-10</i> <i>gc</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME PARKER PERSONAL CARE FACILITY, 226 SEWARD AVENUE PARKER, PA 16049		CURRENT LICENSE NUMBER 426560	
INSPECTION DATES (Include all dates of the inspection) 10/27/2010 & 11-01-10		REGIONAL REPRESENTATIVE M. Orme, J. Cutter, M. Orme, J. Cutter	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Deborah Dunkle GRP/PCA</i>			
SIGNATURE OF LEGAL ENTITY <i>Deborah Dunkle GRP/PCA</i>	DATE 11-21-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>g</i>	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
91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	The emergency telephone number lists beside the following telephones do not include the PCH hotline phone number: <ul style="list-style-type: none"> • The telephone in hallway #2 • The kitchen telephone • The telephone on the night stand next to a bed on the left side of bedroom #10. 	11-18-10	<u>All</u> emergency phone numbers posted at each phone - all facility phones - and resident room phones - lists have been changed and updated to include the PCH Hotline phone number. (See addendum #3 - pg. 1 for new list - attached - and also for picture of list in resident room #10 - next to bed; left side of room - pg. 2 of addendum #3). Will be monitored for placement @ phones weekly, by building supervisor.	11-30-10 <i>g</i>

Adult Residential Licensing

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

NAME AND ADDRESS OF PERSONAL CARE HOME PARKER PERSONAL CARE FACILITY, 226 SEWARD AVENUE PARKER, PA 16049		CURRENT LICENSE NUMBER 426560	
INSPECTION DATES (Include all dates of the inspection) 10/27/2010 & 11-01-10		REGIONAL REPRESENTATIVE M. Orme, J. Cutter, M. Orme, J. Cutter	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Deborah Dunkle LPN Pette</i>			
SIGNATURE OF LEGAL ENTITY <i>Deborah Dunkle, Pette</i>	DATE 11-21-10	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
95 Furniture and equipment shall be in good repair, clean and free of hazards.	In the bathroom of bedroom #10, an over the commode riser with a plastic armrest was cracked, exposing sharp edges.	11-01-10 DD	Over the commode riser was replaced in bathroom of room #10 the day of the inspection. New riser - no cracked armrest (see attached Addendum # 4 - pg. 1 - for picture). Room inspection rounds will be done daily by building supervisor for cleanliness, needed repairs, and possible hazards. Bldg. supervisor will report directly to administrator and give verbal notice to maintenance personnel and put on written list of "jobs for maintenance".	11-30-10 f

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

NAME AND ADDRESS OF PERSONAL CARE HOME PARKER PERSONAL CARE FACILITY, 226 SEWARD AVENUE PARKER, PA 16049		CURRENT LICENSE NUMBER 426560	
INSPECTION DATES (Include all dates of the inspection) 10/27/2010 & 11-01-10		REGIONAL REPRESENTATIVE M. Orme, J. Cutter, M. Orme, J. Cutter	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Deborah Dunkle LPN Peta</i>			
SIGNATURE OF LEGAL ENTITY <i>Deborah Dunkle, LPN Peta</i>	DATE 11-21-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>g</i>	DATE

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
183e Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.	On 11/01/10, the medication room refrigerator contained the following prescription medications for resident #3, that had been opened for more than 30 days: <ul style="list-style-type: none"> • Novolin R100 V. sliding scale. The box was dated opened 08/09/10 • Novolin R inj U-100. The box was dated opened 05/04/10 	11-18-10 DD	A newly developed chart will be posted on exterior of the med room refrigerator - listing resident, insulin type, date opened, when 30 day expiration date is - (when to discard and open new bottle) - Bldg. supervisor will check the list weekly and initial it - to ensure prompt disposal and staff notification. (see attached addendum #5 - pg. 1 for new form). Also - staff in service done on Nov. 19-2010 - for updates from State inspection - by administrator.	Steps have been taken to correct violation; full compliance is not verifiable 11-30-10 Date Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME PARKER PERSONAL CARE FACILITY, 226 SEWARD AVENUE PARKER, PA 16049		CURRENT LICENSE NUMBER 426560	
INSPECTION DATES (Include all dates of the inspection) 10/27/2010		REGIONAL REPRESENTATIVE M. Orme, J. Cutter, M. Orme, J. Cutter	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em;">Deborah Dunkle LPN Peta</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 11-21-10	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
226a The resident shall be assessed for mobility needs as part of the resident's assessment.	The 02/29/10 medical evaluation for resident #5, admitted 02/25/10, indicates "unable to move from one location to another without physical assistance". The 03/09/10 assessment indicates, "mobile".	11-18-10 DD	This resident had been discharged to home already. For future admitted residents - If any status for the resident changes from the date of admission to the 14 day assessment - as happened in the case of resident #5 - a new AAA-SS ^{resident evaluation} will be requested from resident RP to match newly acquired status. It will be requested by nurse/administrator. The status on AAA-SS ^{resident's evaluation} and the 14 day assessment will be checked by administrator and office manager to assure all status the same.	11-30-10 <i>g</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME PARKER PERSONAL CARE FACILITY, 226 SEWARD AVENUE PARKER, PA 16049		CURRENT LICENSE NUMBER 426560	
INSPECTION DATES (Include all dates of the inspection) 10/27/2010 & 11-01-10		REGIONAL REPRESENTATIVE M. Orme, J. Cutter, M. Orme, J. Cutter	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Deborah Dunkle LPN Peta</i>			
SIGNATURE OF LEGAL ENTITY <i>Deborah Dunkle, LPN Peta</i>		DATE 11-21-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>g</i>
			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
227g Individuals who participate in the development of the support plan shall sign and date the support plan.	There are no signatures on the 08/17/10 support plan for resident #1. Repeated Violations: 12/02/2009	11-16-10 DD	Will continue to keep on Checklist for chart/file of resident. Nurse/administrator, office manager, and supervisor will all initial checklist/and initial on bottom of signature page also - for signature checks for resident, family member, persons preparing ISP, and others. All 3 sets of initials must be present before ISP can be attached to contract, or put in ISP books, or in resident chart. (See attached	Steps have been taken to correct violation; full compliance is not verifiabl. 11-30-10 Date Initials (DPW)

Addendum b-pg 1 and 2 for Corrected ISP violation).