

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to BISHOP PELCZAR MANOR
LEGAL ENTITY

To operate JOHN PAUL II MANOR
NAME OF FACILITY OR AGENCY

Located at 856 CAMBRIA STREET, CRESSON, PA 16630
(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 50
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 31, 2010 until December 31, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 303180

Robert E. Robinson
ISSUING OFFICER

[Signature]
DIRECTOR

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

JAN 28 2011

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

Sister Mary Andrew, Administrator
Bishop Pelczar Manor
John Paul II Manor
856 Cambria Street
Cresson, Pennsylvania 16630

Dear Sister Mary Andrew:

As a result of the Department of Public Welfare's licensing inspection on October 28, 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

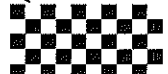
VIOLATION REPORT
 PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

001

DPW

BISHOP PELCZAR MANOR

11/26/2010 11:36 FAX 814 539 2360



NAME AND ADDRESS OF PERSONAL CARE HOME JOHN PAUL II MANOR, 856 CAMBRIA STREET CRESSON, PA 16630		CURRENT LICENSE NUMBER 303180	
INSPECTION DATES (Include all dates of the inspection) 10/28/2010		REGIONAL REPRESENTATIVE Denny Granahan, Becky Riel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) SR. MARY ANDREW John Paul II Manor			
SIGNATURE OF LEGAL ENTITY <i>Sr. Mary Andrew</i>	DATE 11-26-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cyd Bamberger</i>	DATE 12/2/10

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	The home did not have a record of a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aid registry for Direct care staff person A, hired on 7/26/2010. PCH Division Central Region Field Office NOV 29 2010	11-2-10 ONGOING	see attached All documents pertaining to employment will be completed and accounted for by Administration within 3 days of employment during training period. If documents are NOT produced potential employee will be terminated. Per Administrator - staff person A left employment at the home on 11/2/10	Steps have been taken to correct violation; full compliance is not verifiable. 12/2/10 Date Initials (DPW)

RECEIVED

An employment checklist has been implemented 12/2/10

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

NAME AND ADDRESS OF PERSONAL CARE HOME JOHN PAUL II MANOR, 856 CAMBRIA STREET CRESSON, PA 16630		CURRENT LICENSE NUMBER 303180	
INSPECTION DATES (Include all dates of the inspection) 10/28/2010		REGIONAL REPRESENTATIVE Denny Granahan, Becky Riel	
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 <i>S. Mary Andrew</i>	DATE 11-26-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Amberg</i>	DATE 12/21/10

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.			<i>Cont'd</i>	

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DPW

BISHOP PELCZAR MANOR

11/26/2010 11:36 FAX 814 539 2360

NAME AND ADDRESS OF PERSONAL CARE HOME JOHN PAUL II MANOR, 856 CAMBRIA STREET CRESSON, PA 16630		CURRENT LICENSE NUMBER 303180	
INSPECTION DATES (Include all dates of the inspection) 10/28/2010		REGIONAL REPRESENTATIVE Denny Granahan, Becky Riel	
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 <i>St. Mary Andrew</i>	DATE 11-26-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil Bombay</i>	DATE 12/21/10

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
130h The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.	The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.	<i>Immediately and Ongoing</i> 12/7/10	<i>If smoke detectors are disabled a staff person will walk through building checking every room in the Manor every 15 minutes until the situation is rectified. Smithmyer Electronics will be notified immediately and smoke detectors will be fix within 48 hours.</i>	<i>12/21/10 CB</i>
			<i>The home has updated their procedures to reflect what will happen if and when smoke detectors are not operable as stated above. Staff will be trained on the above procedure. CB 12/21/10</i>	

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DPW

BISHOP PELCZAR MANOR

11/26/2010 11:36 FAX 814 539 2360

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

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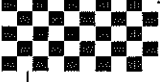
DPW

BISHOP PELCZAR MANOR

12/22/2010 10:00 FAX 814 539 2360

NAME AND ADDRESS OF PERSONAL CARE HOME JOHN PAUL II MANOR, 856 CAMBRIA STREET CRESSON, PA 16630		CURRENT LICENSE NUMBER 303180	
INSPECTION DATES (Include all dates of the inspection) 10/28/2010		REGIONAL REPRESENTATIVE Denny Granahan, Becky Riel	
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 <i>J. Mary Andrew</i>	DATE 12/22/10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cybil B...</i>	DATE 12/22/10

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
185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	The home does not have procedures for the safe use of medications and medical equipment.		See attached (Page 4-A)	Steps have been taken to correct violation; full compliance is not verifiable 12/22/10 Date Initials (DPW)



Plan of Correction for 185A:

1. The home will develop policies and procedures for the safe use of medications and the use of medical equipment. (Dated completed by 1/31/11)
2. All current medication practices will be reviewed and evaluated for their effectiveness and then put into a written policy. (Date completed by 1/10/2011)
3. The facility's pharmacy and pharmacist has been contacted and is ~~supplying~~ ^{assessing} ~~supplying~~ ^{with} ~~supplying~~ ^{the} ~~supplying~~ ^{needed} ~~supplying~~ ^{medications}. (Date completed by 12/30/10)
4. A policy and procedure will be established and implemented for the following:
All staff will be in-service by (Date completed by 2/15/2011)
 - a. Self administration of medication
 - b. Medicine Administration by [redacted] or [redacted]
 - c. Storage and disposal of medicine and supplies
 - d. Labeling medications
 - e. Accountability of medication and controlled substances
 - f. Prescription medication
 - g. Medication records
 - h. Medication errors
 - i. Adverse reactions
 - j. Medication administration training
 - k. What to do if resident refuses or questions a medication
 - l. Medical equipment