

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HARMONY HOUSE MANOR, INC.

LEGAL ENTITY

To operate HARMONY HOUSE MANOR

NAME OF FACILITY OR AGENCY

Located at 601 LAMBERD AVENUE, JOHNSTOWN, PA 15904

(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 84
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 26

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 January 3, 2011 until July 3, 2011,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 314392

Robert E. Robinson

ISSUING OFFICER

Kemi 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

CERTIFIED MAIL – RETURN RECEIPT

MAILING DATE: JAN 05 2011

Mr. Neal Harrison, President
Harmony House, Inc.
2888 Carpenter Park Road
Davidsville, Pennsylvania 15928

RE: Harmony House Manor
601 Lamberd Avenue
Johnstown, Pennsylvania 15904

Dear Mr. Harrison:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 1, 2010 and November 5, 2010 of the above personal care home, we found that violations specified for your previous PROVISIONAL license have not been corrected and we found new violations not found during our previous inspection.

A SECOND PROVISIONAL license is being issued based on substantial compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the 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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
183d	II	69	\$5	\$345	5 calendar days from mailing date of this letter
85a	III	69	\$3	\$207	15 calendar days from mailing date of this letter
121a	III	69	\$3	\$207	15 calendar days from mailing date of this letter
141a	III	69	\$3	\$207	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Adult Residential Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Financial Operations with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

Once you receive your invoice from the Bureau of Financial Operations, if you disagree with the amount of the penalty, you have the right to appeal through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare. If you decide to appeal, a written request to appeal the fine must be received, along with the assessed daily fine, not to exceed \$500, in accordance with 55 Pa.Code § 2600.263 (relating to appeal of penalty). All appeal requests must be sent to the address indicated on the invoice you will receive from the Bureau of Financial Operations.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

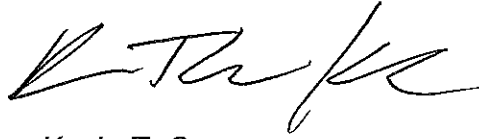
Ronald Melusky, Acting Director
Adult Residential Licensing
Department of Public Welfare
423 Health and Welfare Building
Seventh and Forster Streets
Harrisburg, Pennsylvania 17120

Mr. Neal Harrison

3

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.


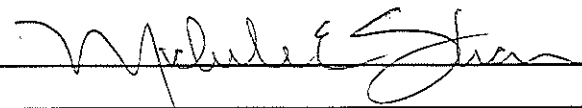
Sincerely,

A handwritten signature in black ink, appearing to read 'K. T. Casey', written in a cursive style.

Kevin T. Casey
Deputy Secretary


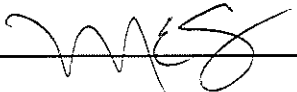
Enclosures
License
Violation Report


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

NAME AND ADDRESS OF PERSONAL CARE HOME HARMONY HOUSE MANOR, 601 LAMBERD AVENUE JOHNSTOWN, PA 15904		CURRENT LICENSE NUMBER 314391	
INSPECTION DATES (Include all dates of the inspection) 11/01/2010, 11/5/2010		REGIONAL REPRESENTATIVE Doug Hoover, Lori Gensil, Tom Roth	
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 11-24-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12/21/10

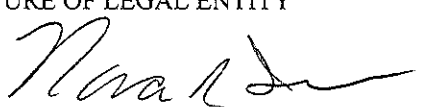
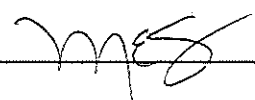
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
3c The personal care home shall post the current license, a copy of 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.	The facility did not post the most recent violation report, dated June 2, 2010. The posted violation report was dated November 10, 2009 and November 12, 2009. PCN Division Central Region Field Office NOV 29 2010 RECEIVED	11-5-10	Posted Corrected Violation Report. I will check monthly to ensure most current violation Report is posted in case someone removes it to read a copy	<div style="text-align: right;"> <p>Steps have been taken to correct violation, full compliance is not verifiable</p> <p>Date: 12/21/10</p> <p>Initials: (DPM)</p> </div>

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16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.	The facility's written policy regarding reportable incidents does not address the prevention, investigation or management of reportable incidents.	11-22-10	Reportable Incident Policy Re-written & updated to cover all parts of The Regulation. Copy enclosed	 12/21/10

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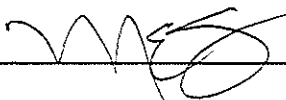
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17 Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's	On 11/5/10, there was a staff logbook that was unsecured and unattended on top of a staff desk on the 3rd floor. Inside the logbook was confidential medical information for 2 residents. Resident #1 had physician change orders for sliding scale and accu checks relating to the diagnosis of diabetes. Resident #2 had physician change orders (new) for Vicodin .	11-5-10	Staff instructed that if they walk away from desk, log must be closed and put in a drawer. I have checked on this since it seems to be happening. I will check on this to ensure the privacy practice is followed	<p style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small;">Stops have been taken to correct violation; full compliance is not verifiable</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: x-small;">Date: 12/21/10 Initials: MGS (DPOW)</p>

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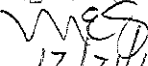
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designated person, or if a court orders disclosure.				

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


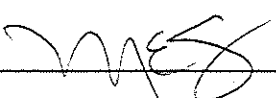
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20b1 The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.	The home is the representative payee for residents #3 and #4. The record of financial transactions kept by the home does not include the cost of personal care services for these residents.	11-5-10	I spoke with the owners of the facility and starting with the next checks that come into the facility I will record them on the resident financial record as well as record the room + board payment being made.	<div style="text-align: center;"> <p style="font-size: small;">Date</p> <p style="font-size: x-large; font-weight: bold;">12/21/10</p> <p style="font-size: small;">Initials (DPO)</p> </div> <div style="text-align: center; margin-top: 5px;"> <p style="font-size: small;">Date</p> <p style="font-size: x-large; font-weight: bold;">12/21/10</p> <p style="font-size: small;">Initials (DPO)</p> </div>
		1/31/11	The administrator will review the financial records monthly to ensure they are complete.	<div style="text-align: center;"> <p style="font-size: small;">Date</p> <p style="font-size: x-large; font-weight: bold;">12/21/10</p> <p style="font-size: small;">Initials (DPO)</p> </div>

Date
12/21/10
Initials (DPO)

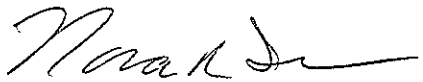
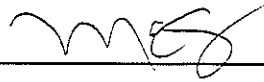

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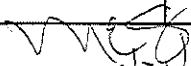
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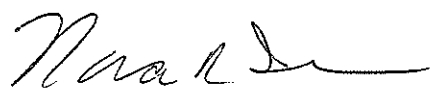
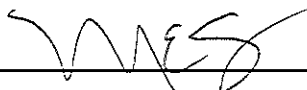
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25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The 3/9/10 contract for resident #5 was not signed by the payer.	11-5-10	<p>██████████ was estranged at time of admission ██████████ is now involved had ██████████ sign contract & will ensure someone involved always sign's them from today forward. My assistant will double check contract's for signatures as Residents are admitted.</p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">Date: 12/21/10 Initials: MGS</p>


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421 A resident has the right to furnish his room and purchase, receive, use and retain personal clothing and possessions.	There are 2 residents that share room #3. The closets that contain these residents' personal possessions are locked and inaccessible to them. Staff B stated that the closets are locked because the residents remove all of their clothing at once and wear them at the same time.	11-5-10	All closet locks removed, families + staff informed this is not permitted. Maintenance made aware + will check weekly to ensure no closets have locks on them.	12/31/10
			Residents will be supervised as needed to ensure they dress properly.	 12/21/10


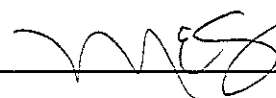
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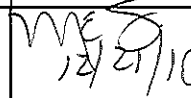
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63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.	No staff in the facility are certified in first aid, obstructed airway techniques and CPR by approved sources including the American Red Cross and the American Heart Association.	11-23-10	<p>Hired a trainer, trained with The American Heart Association & he Re-trained 22 Staff today. He only had 18 cards with him he will mail me the Rest (copies enclosed) Ems Safety have contacted DPW (Kim Black) to get DPW to Approve Ems AS an approved source. If this fails I will Be trained Through an approved source to provide</p>	<p style="text-align: center;">Steps have been taken to correct violation, full compliance is not verifiable</p> <p style="text-align: center;">12/21/10 Initials (DPW) </p>


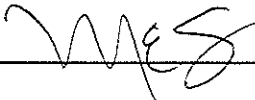
ON-going Training to Staff.

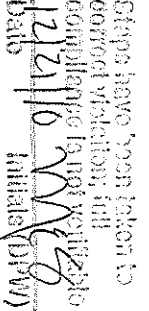
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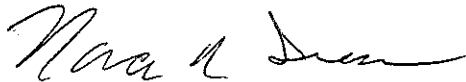
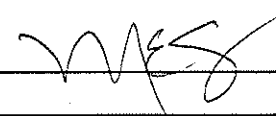
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63b Current training in first aid and certification in obstructed airway techniques and CPR shall be provided by an individual certified as a trainer by a hospital or other recognized health care organization.	Staff A was trained by Staff B who is a certified instructor by EMS Safety Services. EMS Safety Services is not an approved training source. On 11/1/10, Staff B stated that all staff in the facility are trained by EMS Safety Services.	11-23-10 11/23/10	ongoing: Ems safety attempting to become an approved source. (see previous page) Staff are now trained by an approved trainer through the American Heart Assn. MEG 12/21/10	 12/21/10


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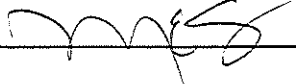
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85a Sanitary conditions shall be maintained.	<p>On 11/1/10, there was a large trash can (approximately 33 gallons) in the dining room next to a serving table for coffee and condiments, including bananas. The trash can was heavily smeared with food particles and stained with liquid spills.</p> <p>On 11/5/10, the following were observed:</p> <ul style="list-style-type: none"> - A small white refrigerator's inside shelf drawer was dirty with old food stains and food particles. - The kitchenette, near room 202, had food stains in front of all of the lower cabinets. <p>Repeated Violations: 11/10/2009</p>	<p>11-1-10</p> <p>11-5-10</p> <p>11-5-10</p>	<p>TRASH can cleaned & moved to other side away from table. maintenance will monitor this to ensure it is kept away from table.</p> <p>Fridge wiped out Kitchen Staff will do a minimum of weekly cleaning and/or as spills occur.</p> <p>Cabinets wiped down. Staff will clean them a minimum of weekly. Maintenance will monitor</p>	<p style="text-align: center;">Date 12/21/10 Initials (DHW) </p> <p style="font-size: small; text-align: center;">Staff have been taken to correct violation, full compliance is not verified to date</p>

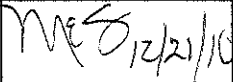
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME HARMONY HOUSE MANOR, 601 LAMBERD AVENUE JOHNSTOWN, PA 15904		CURRENT LICENSE NUMBER 314391	
INSPECTION DATES (Include all dates of the inspection) 11/01/2010		REGIONAL REPRESENTATIVE Doug Hoover, Lori Gensil, Tom Roth	
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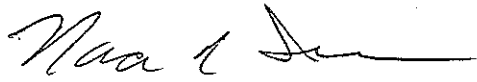

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85d Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.	The trash can in the staff bathroom on the main floor did not have a lid on 11/1/10.	11-5-10	Trash can with lid put in staff Bathrooms. All Bathrooms checked to ensure trash can's with lid's are in place. Maintenance will check this weekly.	<div style="border: 1px solid black; padding: 5px; transform: rotate(-90deg); transform-origin: center;"> <p>Steps have been taken to correct violation. All compliance is in place. (DPW)</p> <p>12/21/10</p> <p></p> <p>Initials (DPW)</p> </div>


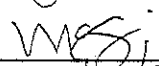
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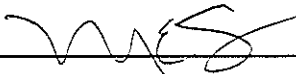
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88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	On each floor of the three story facility is a square laundry chute that is concealed by a wooden door that is approximately 1 1/2 by 1 1/2 feet. These doors are unlocked and the unsecured laundry chute is a fall risk for residents.	11-1-10	Locks were put on All Laundry shoot doors to ensure no one can access the are except staff	 12/21/10


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92 Windows, including windows in doors, shall be in good repair and securely screened when doors or windows are open.	The glass pane in the large window in the north side stair landing to the second floor had a large crack at the bottom near the right side.	11-9-10	Geistown Screen + glass Replaced window. window had been ordered 10-20-10 & was shipped to wrong Address. See enclosed copy of bill for repair	 12/21/10
		12/31/10	Administrator will assign staff to monitor windows and screens monthly for any needed repairs. 	12/21/10

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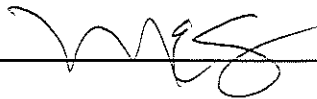
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93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	There are nine carpeted steps which lead to a storage room on the third floor. These steps do not have a handrail. Repeated Violations: 11/10/2009	11-16-10	Handrail put in stairstep Area. All areas of facility checked to ensure no other stairs are missing handrails & that they are secure. Maintenance will check all handrails weekly to ensure they are in place & secure. (See photo)	 12/21/10


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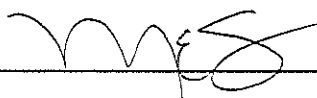
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95 Furniture and equipment shall be in good repair, clean and free of hazards.	<p>On 11/5/10, the following were observed:</p> <ul style="list-style-type: none"> - The exhaust fan light is loose from the ceiling of the bathroom in room #5. - The exhaust fan for the second floor bathroom, near room #202, was not working. - There was a note written on a piece of tape, on the 2nd dryer from the right, in the laundry room that stated that the dryer was smoking. <p>Repeated Violations: 11/10/2009</p>	<p>11-15-10</p> <p>11-17-10</p> <p>11-5-10</p>	<p>Replaced exhaust Fan</p> <p>Exhaust Fan Replace</p> <p>All exhaust Fans will be checked weekly by maintenance to ensure they are secure & in working order</p> <p>Krisag's Repair notified that dryer was not working. Dryer repaired. Staff instructed to notify me or maintenance if any machines are not working</p>	<p>MGS 12/21/10</p>

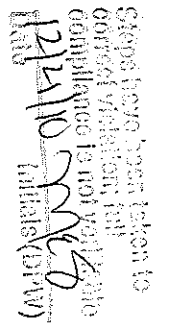
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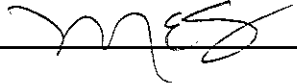
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101i A resident shall have access to his bedroom at all times.	There is a plastic covering in front of the door knob to room #4 that prevents the resident from entering the room.	11-5-10 12/21/10	Door Knob protector Removed STAFF informed That This is unacceptable. Maintenance will check The unit weekly to make sure no Door Knob protectors are being used. Residents will have access to their rooms at all times.  12/21/10	<p style="font-size: small;">Steps have been taken to correct violation; full compliance is now verifiable</p> <p style="font-size: small;">12/21/10</p> <p style="font-size: small;">LORI GENSIL REGIONAL DIV</p>

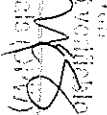
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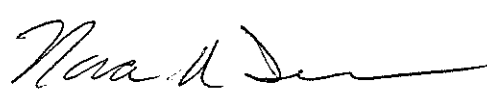
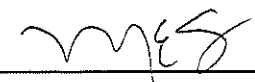
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101r1 There shall be drapes, shades, curtains, blinds or shutters on the bedroom windows.	On 11/5/10, there was no blind or curtain for the left side window in room #3.	11-5-10	Blind put back up in Room 3 Maintenance will check all Room's weekly to ensure Blinds are in place. STAFF instructed to notify Maintenance or I if They see any blinds missing from a window	<p style="text-align: center; font-size: small;">Steps have been taken to correct violation, full compliance is not yet in place</p> <p style="text-align: center; font-size: x-small;">12/21/10 Initials (DPM)</p> 

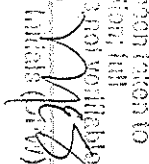
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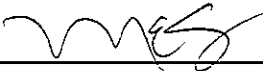
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102h Toilet paper shall be provided for every toilet.	On 11/5/10, there was no toilet paper for the toilet by the sink in the central hall bathroom.	11-5-10	Toilet paper Replared. STAFF will check each shift to make sure Toilet paper is Not empty.	<div style="text-align: center;"> <p style="font-size: small;">Changes have been taken to correct violation. All compliance is now verified.</p> <p style="font-size: x-small;">12/21/10</p> <p style="font-size: x-small;"></p> <p style="font-size: x-small;">LORI GENSIL REGIONAL LICENSING</p> </div>


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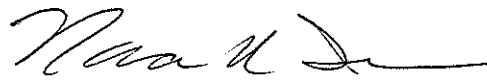
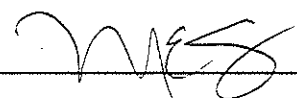
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102i A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.	On 11/5/10, there was no soap by the sink in the central hall bathroom.	11-5-10	Soap Replenished. STAFF will check each shift to ensure Soap is available	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> <p>Steps have been taken to correct violation. Full compliance (no) verified by 12/21/10  (Initials) (PW)</p> </div>

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102k Use of a common towel is prohibited.	On 11/5/10, there were no paper towels in the central hall bathroom.	11-5-10	Paper towels Re-Filled STAFF will check each shift that paper towel holders are not empty	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="font-size: small; margin: 0;">State may refer to correction (if not within 15 days) for continued action.</p> <p style="font-size: x-large; margin: 0;">12/21/10</p> <p style="font-size: small; margin: 0;"></p> </div>


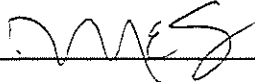
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103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	The temperature in the large white freezer in the kitchen measured 30 degrees Farenheit.	11-8-10	New Freezer delivered. Kitchen staff to check temps each shift to make sure they are within normal limits. If out of normal limit they will notify maintenance or I. Receipt Attached	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 12/21/10 Initials: MRS (RPW)</p>
		1/15/11	all refrigerators and freezers will be checked daily to ensure they are at the proper temperature	


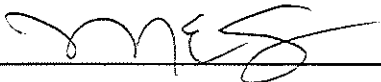
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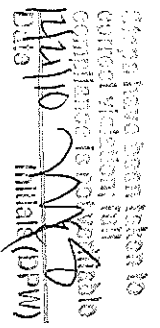
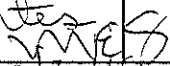
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107d The written emergency procedures shall be reviewed, updated and submitted annually to the municipal emergency management agency.	The facility could not provide a specific date of review for the written emergency procedures. It could not be determined if the the emergency procedures were reviewed within the past year.	8-11-10	Review of policy done by me day of Total evac, This year was 8-11-10. I am Reviewing it again & will mail it to emergency management This week & yearly hereafter.	 12/21/10


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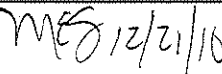
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121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	On 11/1/10, the double exit doors facing the sports field were obstructed by two plastic tables and chairs stored up against the exterior of the doors.	11-1-10	Tables & chairs Removed Maintenance instructed when mowing not permitted to set them at door. I will monitor this each day when I come to work	
	On 11/5/10, the exit door on the right hand side in the kitchen was blocked by a large bucket and mop.	11-5-10	mop bucket moved. I will monitor each working day that it is not put in hall	
	Repeated Violations: 11/10/2009	1/5/11	The administrator will instruct staff to not block egress routes 	


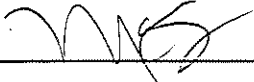
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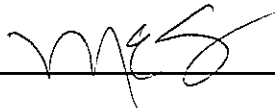
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
123c For a home serving 9 or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.	The emergency evacuation diagram on the exit door down the hall from the administrator's office did not identify pull stations or fire extinguishers.	11-17-10	All emergency diagrams checked & correct. Maintenance will monitor monthly to ensure in place.	 12/21/10

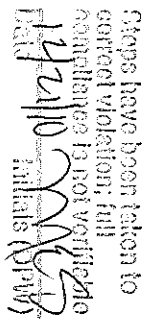
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME HARMONY HOUSE MANOR, 601 LAMBERD AVENUE JOHNSTOWN, PA 15904		CURRENT LICENSE NUMBER 314391	
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131f Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.	There was no inspection tag for the fire extinguisher next to the exit by room #12. Repeated Violations: 11/10/2009	11-5-10	TAG Replaced. A plastic Removable cover was put on this extinguisher to deter this from happening. This is located in The Dementia unit. Maintenance will monitor these weekly	 12/21/10

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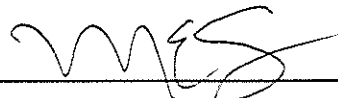
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141a he medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	Resident #6, admitted 4/13/10 to the secure dementia care unit, has a medical evaluation dated 4/13/10 which lists medications as "None." The resident record documents that the resident does take medications. The same medical evaluation does not document height, weight, blood pressure, temperature or pulse. Resident #7, admitted 9/3/10, has a medication evaluation dated 8/30/10 which refers to an attached medication list. There is no attached medication list. Repeated Violations: 11/10/2009	11-5-10 11-5-10	Resident was on no meds At time of placement. The owners + I will Re-check All med evals as they arrive to make sure they are complete	 <p style="font-size: small; text-align: center;">Steps have been taken to correct violation; full compliance is not verified</p>

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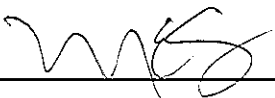
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history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment,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


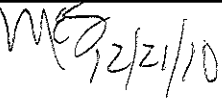
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183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Resident #8 had Acetaminophren, 325 mg , which expired on 10/16/10. Resident #9 had Exelon Patch, 4.6 mg , which was discontinued on 10/10/10. Repeated Violations: 06/02/2010	11-5-10 1/31/11	Staff instructed to double check all meds ~ meds in all med carts. Med Audits will be reviewed more carefully The medications will be checked monthly to ensure they are not expired or discontinued MES 12/21/10	Steps have been taken to correct violation; full compliance is not verifiable 12/21/10 MES (RJV)

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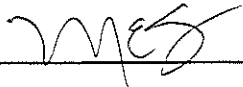
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185b At a minimum, the procedures must include: (1) Documentation of the receipt of controlled substances and prescription medications. (2) A process to investigate and account for missing medications and medication errors. (3) Limited access to medication storage areas. (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive	The home's procedures for the safe use of medications and medical equipment do not include a process to investigate and account for missing medications.	11-19-10 12/29/10	Medication policy updated - more clear on directions, medication policy will be revised to include a process to investigate and account for missing medications.  12/29/10	 12/21/10


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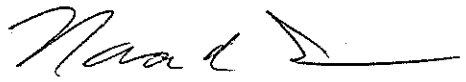
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medication administration services or assistance with self-administration. This requirement does not apply to a resident who self-administers medication without the assistance of a staff person and stores the medication in his room.				

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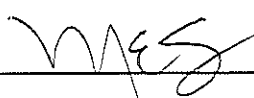
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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The November 2010 medication administration record for resident #10 does not specify the diagnosis or purpose for each of the medications.	11-22-10	All mads checked to ensure a diagnosis is listed for each med. Mads will be checked monthly as well as any time a new med is ordered	<p style="font-size: small; margin: 0;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="font-size: x-small; margin: 0;">12/21/10  Diana Chalko (Micko)</p>

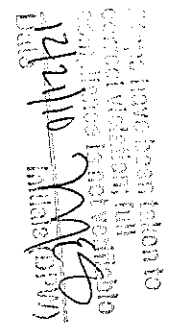
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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				

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202 The following procedures are prohibited: (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited. (3) Pressure point techniques, defined as the application of pain for the purpose of achieving	The October and November 2010 medication administration records and the medication labels for residents' #6, #11 and #12 indicate PRN (as needed) medications for agitation. Specifically, Trazodone, 50 mg. for resident #6, Ativan, 1 mg. for resident #11 and Haldol, 0.5 mg. for resident #12.	11-5-10	Doctor's notified of This error. Staff will monitor all new orders to ensure Doctor's are not ordering any meds for agitation	<div style="text-align: center;">  <small>Signature of Compliance Verifier</small> </div>

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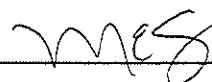
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compliance, is prohibited. (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or				

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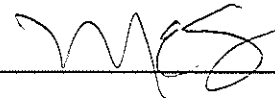
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reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.				

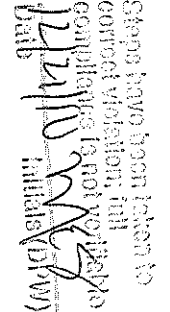
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224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	Resident #5, admitted 3/9/10, has a preadmission screening form dated 3/8/10 that is blank regarding whether the facility can meet the needs of the resident. Resident #13, admitted 6/29/09, has a preadmission screening form dated 6/29/09 that is blank regarding whether the facility can meet the needs of the resident.	11-13-10 11-15-10	Checked all preadmission Screenings. My Assistant will check Future Screenings as Residents are admitted Checked all preadmission Screenings. My Assistance will check Future Screenings as Residents are admitted	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="font-size: small; margin: 0;">Steps have been taken to correct violation. Full compliance is not verifiable</p> <p style="font-size: x-large; margin: 0;">12/21/10</p> <p style="font-size: small; margin: 0;">Initials (DPW)</p> </div>


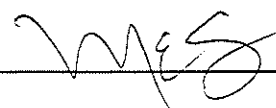
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227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	Resident #14, admitted 4/27/10 to the secure care dementia unit, did not have a support plan completed within 30 days of admission in addition to the required 72 hour support plan that was done on 4/27/10. Staff B stated that she was unaware that two support plans had to be completed for residents who are in the secure care dementia unit.	11-5-10 1/15/11	I am Fully Aware That 2 support plans must be completed & will completed These as Regs Require The administrator will use a follow-up system to ensure each resident admitted to the SOCU has a support plan within 72 hours after admission and a subsequent support plan within 30 days of admission.	Steps have been taken to correct violation. All compliance (not verified) 12/21/10  Initials (D/W)


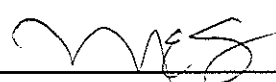
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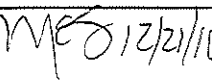
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234a Within 72 hours of the admission or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.	Resident #15 was admitted to the SDCU on 2/22/10. The support plan dated 3/5/10, is more than 72 hours after admission.	11-5-10 1/15/11	Support plans will be done within 72 hours of admission to SDCU. Re-done within 30 days thereafter. The administrator will use a follow-up system to ensure all required support plans are completed within the required time frame. MGS 12/21/10	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Change from taken to control violation full compliance for regulatory (12/21/10)</p> <p>12/21/10 MGS</p> </div>

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252 Each resident's record shall include the following information: (1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old. (4) Language or means of communication spoken or used by the resident. (5) The name,	Copies of reportable incidents that pertain to specific residents are not kept in resident records.	11-8-10	A copy of All Reportable incidents are kept in Resident Files, At time Quality management case load done. From here forward They will be put in Resident Files immediately After faxing them to DPWUS.	 12/21/10

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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 11-24-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	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
address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary				

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

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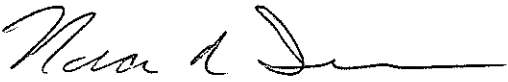
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any.				

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(16) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated. (19) An inventory of the resident's property entrusted to the administrator for safekeeping. (20) The financial records of residents				

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receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified				

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in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any				