

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PARACLETE GROUP, LLC  
LEGAL ENTITY

To operate GEORGE'S PERSONAL CARE HOME  
NAME OF FACILITY OR AGENCY

Located at 108 WATER STREET, NEW STANTON, PA 15672  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 18  
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 February 4, 2011 until February 4, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 440570

*Robert E. Robinson*

ISSUING OFFICER

*R C King*

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.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

FEB 07 2011

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

Mr. George R. Hudic, Owner  
Paraclete Group, LLC  
421 Cottage Lane  
Monroeville, Pennsylvania 15146

RE: George's Personal Care Home  
108 Water Street  
New Stanton, Pennsylvania 15672

Dear Mr. Hudic:

As a result of the Department of Public Welfare's licensing inspection on November 1, 2010 and January 4, 2011 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 black ink, appearing to read "Ronald Melusky".

Ronald Melusky  
Acting Director

Enclosures  
License  
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME GEORGE S PERSONAL CARE HOME, 108 WATER STREET NEW STANTON, PA 15672		CURRENT LICENSE NUMBER 440573	
INSPECTION DATES (Include all dates of the inspection) 11/01/2010		REGIONAL REPRESENTATIVE D. McConnell, S. Pollock	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>George Nade owner</i>			
SIGNATURE OF LEGAL ENTITY <i>George Nade</i>	DATE 12-11-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 11/01/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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
16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).	On 10/5/10, the home was made aware of an allegation of verbal abuse of residents by staff person B. The home did not submit an incident report to the Department.  <b>Western Region</b>  DEC 23 2010	12/15/10	In the future home will notify DPW and Dept of Aging AT THE TIME OF ALLEGATION. STAFF/OWNERS will do an in house investigation also do try to determine allegations. This will be ongoing. A staff meeting was held to let staff know about the reporting of these serious and to let staff know Ongoing - See Page 1a -	Steps have been taken to correct violation; full compliance is not verifiable 11/01/11 Date Initials DPW

Adult Residential Licensing

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

Page 1a of 11

NAME AND ADDRESS OF PERSONAL CARE HOME GEORGE S PERSONAL CARE HOME, 108 WATER STREET NEW STANTON, PA 15672		CURRENT LICENSE NUMBER 440572	
INSPECTION DATES (Include all dates of the inspection) 11/01/2010		REGIONAL REPRESENTATIVE D. McConnell, S. Peliack	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>George Hadin, Owner</i>			
SIGNATURE OF LEGAL ENTITY <i>George Hadin</i>	DATE 1-26-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 1/20/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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
16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).	On 10/5/10, the home was made aware of an allegation of verbal abuse of residents by staff person B. The home did not submit an incident report to the Department.	2/15/11	Administrator will post "Suspected Resident Abuse Reporting and Investigation Requirements" chart, (see page 1b) in an area that is always accessible to all staff persons.  Administrator will review chart with all staff persons to ensure all staff have a clear understanding of how to report any suspected abuse. Documentation of review will be kept. <i>Jm</i> 1/20/11	

See page 1b

Jan 26 11 06:33p

2011-01-25 13:29

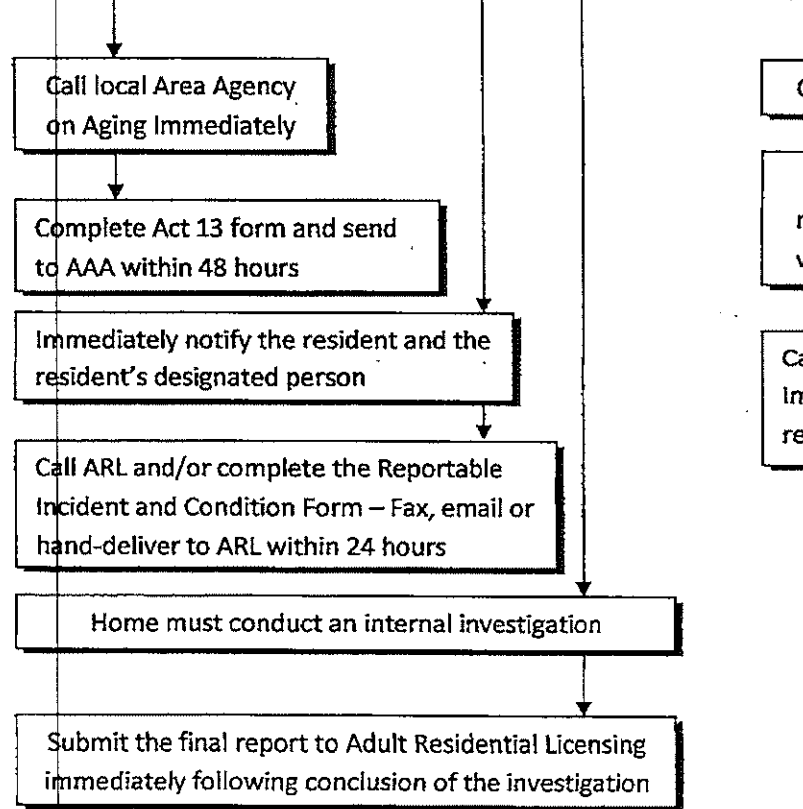
Jaw/1/1/11

# Suspected Resident Abuse Reporting and Investigation Requirements

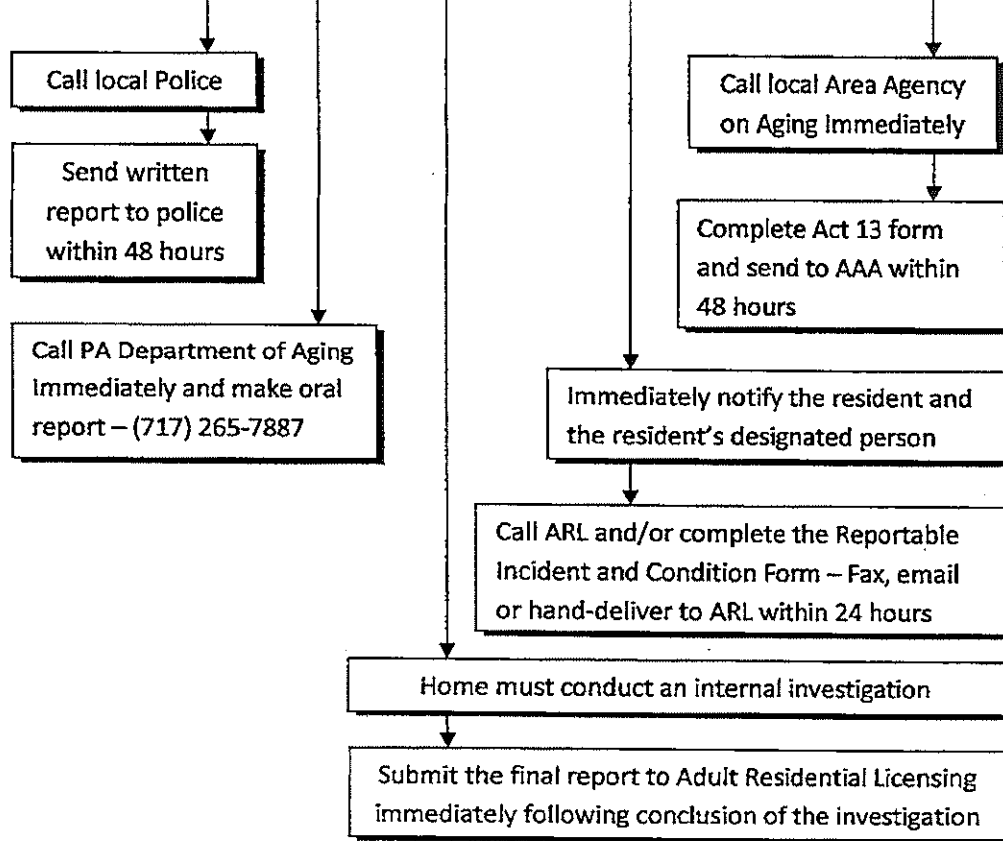
Administrators or employees who have reasonable cause to suspect that a resident (*any age*) might be a victim of abuse must comply with the requirements listed below.

If there is an allegation of abuse involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident. The home is required to obtain approval for the plan of supervision from Adult Residential Licensing and the local Area Agency on Aging. The supervision plan or suspension must be in place until both ARL and the home conclude the investigation.

**Abuse**  
 Any abuse that is *not* serious physical, bodily injury, sexual abuse, or suspicious death. This includes sexual harassment.



**Serious Abuse**  
 Serious physical, serious bodily injury, sexual abuse, suspicious death.



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

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NAME AND ADDRESS OF PERSONAL CARE HOME GEORGE S PERSONAL CARE HOME, 108 WATER STREET NEW STANTON, PA 15672		CURRENT LICENSE NUMBER 440572	
INSPECTION DATES (Include all dates of the inspection) 11/01/2010		REGIONAL REPRESENTATIVE D. McConnell, S. Pollock	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>George Adair (owner)</i>			
SIGNATURE OF LEGAL ENTITY <i>George Adair</i>	DATE 1-26-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 1/20/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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
16d The home shall submit a final report, on a form prescribed by the Department, to the Department's personal care home regional office immediately following the conclusion of the investigation.	The home did not submit a final report to the Department.  <b>Western Region</b>  DEC 23 2010  Adult Residential Licensing	11/15/10  2/15/11	A report was sent to PPW And Dept of Reg 11/13/10  Administrator will ensure that after an investigation, that a final report is sent to the Department.  <i>[Signature]</i> 1/20/11	Steps have been taken to correct violation; full compliance is not verifiable <del>1/20/11</del> Date <i>[Signature]</i> Initials (DPW)

Jan 26 11 06:33p

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

Page 3 of 4

NAME AND ADDRESS OF PERSONAL CARE HOME GEORGE S PERSONAL CARE HOME, 108 WATER STREET NEW STANTON, PA 15672		CURRENT LICENSE NUMBER 443573	
INSPECTION DATES (Include all dates of the inspection) 11/01/2010		REGIONAL REPRESENTATIVE D. McConnell, S. Pollock	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>George Hobe (owner)</i>			
SIGNATURE OF LEGAL ENTITY <i>George Hobe</i>	DATE 1-26-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 1/26/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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
15a The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.701-10225.707) and 6 Pa. Code § 15.21-15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.	On 10/5/10, an allegation of verbal abuse against the residents was reported to staff person A. The home did not report the allegation to the Department of Aging.  <b>Western Region</b>  DEC 23 2010  Adult Residential Licensing	12/5/10	<del>I was not</del> WAS NOT MADE AWARE OF ANY ALLEGATION OF ABUSE ON 11/1/2010. I WAS MADE AWARE OF ALLEGATION THE DAY OF INSPECTION AFTER INSPECTION COMPLETED. I FILED A REPORT TO DPAW AND AGING ON 11/3/2010 AFTER OWNER TALKED WITH STAFF / RESIDENTS AND ALLEGATION TO BE UNFOUNDED. STAFF ASKED BY ME HOWEVER HOW THE NEXT CHECK ON 11/1/10	

- See Page 3a -

by owners.

In the future staff will report incidents immediately

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

NAME AND ADDRESS OF PERSONAL CARE HOME GEORGE S PERSONAL CARE HOME, 108 WATER STREET NEW STANTON, PA 15672		CURRENT LICENSE NUMBER 440573	
INSPECTION DATES (Include all dates of the inspection) 11/01/2010		REGIONAL REPRESENTATIVE D. McConell, S. Pollock	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>George S. Pollock (owner)</i>			
SIGNATURE OF LEGAL ENTITY <i>George S. Pollock</i>	DATE 1-26-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 1/20/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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
<p>§5a The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.</p>	<p>On 10/5/10, an allegation of verbal abuse against the residents was reported to staff person A. The home did not report the allegation to the Department of Aging.</p>	<p>2/15/11</p> <p>2/15/11</p>	<p>Administrator will post "Suspected Resident Abuse Reporting and Investigation Requirements" chart (see Page 1b) in an area that is accessible to all staff at all times.</p> <p>Administrator will review chart with all staff persons to ensure all staff have a clear understanding of how to report any suspected abuse. Documentation of review will be kept thru 1/20/11</p>	

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

NAME AND ADDRESS OF PERSONAL CARE HOME GEORGE S PERSONAL CARE HOME, 108 WATER STREET NEW STANTON, PA 15672		CURRENT LICENSE NUMBER 440573	
INSPECTION DATES (include all dates of the inspection) 11/01/2010		REGIONAL REPRESENTATIVE D. McConnell, S. Pollock	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>George S. Pollock (owner)</i>			
SIGNATURE OF LEGAL ENTITY <i>George S. Pollock</i>	DATE 1-26-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 1/26/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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
15b If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.	On 10/5/10, an allegation of verbal abuse was made against staff person B regarding residents being called stupid and spoken to in a derogatory manner. The home did not develop a plan of supervision or suspend staff person B until the completion of the investigation.  Western Region  DEC 23 2010  Adult Residential Licensing	12-3-10	Although summer investigation alleged, on and deemed unfounded, kept staff on. In the future staff will be suspended until internal investigation is completed, and all other staff and/or residents are thoroughly spoken to, to determine allegation if staff is guilty of the abuse before will be suspended and incident report and act 13 will be submitted.  now and ongoing	Steps have been taken to correct violation; full compliance is not verified 11/20/11 Date: <i>[Signature]</i> Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME GEORGE S PERSONAL CARE HOME, 108 WATER STREET NEW STANTON, PA 15672		CURRENT LICENSE NUMBER 440573	
INSPECTION DATES (Include all dates of the inspection) 11/01/2010		REGIONAL REPRESENTATIVE D. McConnell, S. Pollock	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <div style="text-align: center; margin-top: 10px;"><i>George S. Pollock</i></div>			
SIGNATURE OF LEGAL ENTITY <div style="text-align: center; margin-top: 10px;"><i>George S. Pollock</i></div>	DATE 1/26/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <div style="text-align: center; margin-top: 10px;"><i>[Signature]</i></div>	DATE 1/26/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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
5c The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.	On 10/5/10, an allegation of abuse was made against staff person B regarding verbal abuse to residents in the home. The home did not submit a plan of supervision to the department.	<i>Immediately</i>	<i>The home, in the event of always, will add another staff to supervise accused staff or put accused on suspension until completion of investigation.            When this occurs a plan of supervision along with incident Report will be submitted to DAW + ACT 13 now and ongoing</i>	<div style="text-align: right;">             Steps have been taken to correct violation; full compliance is not verifiable  <i>1/26/11</i>              Date                      Initials (DPW)           </div>
<b>Western Region</b>  REG 2 - 2010  <b>Adult Residential Licensing</b>				

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2609

NAME AND ADDRESS OF PERSONAL CARE HOME GEORGE S PERSONAL CARE HOME, 108 WATER STREET NEW STANTON, PA 15672		CURRENT LICENSE NUMBER 440573	
INSPECTION DATES (Include all dates of the inspection) 11/01/2010		REGIONAL REPRESENTATIVE D. McConnell, S. Pollock	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>George S. Pollock (owner)</i>			
SIGNATURE OF LEGAL ENTITY <i>George S. Pollock</i>	DATE 1-26-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JM</i>	DATE 1/26/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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
85e Sanitary conditions shall be maintained.	Resident bedroom #98 has a very strong odor of cat urine.  Western Region  5/10/2010	1/25/11  2/15/11	Room 98 was thoroughly cleaned after resident was relocated on 11/1/10. Staff such as administrators have to checklist, after rooms are observed every A.M., and if any unsanitary conditions are found. Staff will clean room. Resident bedrooms will be checked at least one time per shift to ensure that sanitary conditions are maintained. Rooms will be cleaned immediately if unsanitary conditions found.	Steps have been taken to correct violation; full compliance is not yet date <i>1/25/11</i> Date Initials (OPW)

Adult Residential Licensing

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2603

NAME AND ADDRESS OF PERSONAL CARE HOME GEORGE S PERSONAL CARE HOME, 108 WATER STREET NEW STANTON, PA 15672		CURRENT LICENSE NUMBER 440573	
INSPECTION DATES (include all dates of the inspection) 11/01/2010		REGIONAL REPRESENTATIVE D. McConnell, S. Pollock	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>George L. DeGuerre</i>			
SIGNATURE OF LEGAL ENTITY <i>George L. DeGuerre</i>	DATE 1-26-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 1/20/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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
124 The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.	Staff person A has confirmed that the home has not notified the local fire department in writing of the home's address, location of bedrooms and the need for assistance in an evacuation.  Western Region  DEC 2 2010  Adult Residential Licensing	11/10/10	On 11/10/10 a letter was written to New Stanton Fire Dept along with floor plan via certified letter  Every year or when a resident declines a new floor plan will be sent to Fire Co along with letter.	<i>[Signature]</i> 1/20/11

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2603

NAME AND ADDRESS OF PERSONAL CARE HOME GEORGE S PERSONAL CARE HOME, 108 WATER STREET NEW STANTON, PA 15672		CURRENT LICENSE NUMBER 440573	
INSPECTION DATES (Include all dates of the inspection) 11/01/2010		REGIONAL REPRESENTATIVE D. McConnell, S. Pollock	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>George S. Pollock</i>			
SIGNATURE OF LEGAL ENTITY <i>George S. Pollock</i>	DATE 1-26-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 1/26/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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
126a A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.	The last inspection of the furnace was conducted on 3/5/09.	12-3-10	A professional screen cleaning company will annually inspect and regulate	<i>[Signature]</i> 1/26/11
Western Region DEC 24 2010 Adult Residential Licensing				

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

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NAME AND ADDRESS OF PERSONAL CARE HOME G BORGES PERSONAL CARE HOME, 108 WATER STREET NEW STANTON, PA 15672		CURRENT LICENSE NUMBER 440573	
INSPECTION DATES (include all dates of the inspection) 11/01/2010		REGIONAL REPRESENTATIVE D. McConnell, S. Pollock	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>George H. DeLoe</i>			
SIGNATURE OF LEGAL ENTITY <i>George H. DeLoe</i>	DATE 11-26-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 11/26/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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
187c If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.	On 10/25/10 and 10/29/10 (8am), resident refused to take the scheduled medication Zofit. The home did not notify the physician within 24 hours of the refusals.  <b>Western Region</b>  DEC 23 2010  Adult Residential Licensing	11/3/10	In the future any refusal missed dose of medication will be reported to M.D. and DPH.  Staff meeting was held to help staff understand the importance of the procedure now and ongoing.  Administrator will write a policy on the procedure for reporting medication refusals and post it in an area accessible to staff persons.	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Date: 11/26/11 Initials: (DPW)

*jm 11-26-11*

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

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NAME AND ADDRESS OF PERSONAL CARE HOME GEORGE S PERSONAL CARE HOME, 105 WATER STREET NEW STANTON, PA 15672		CURRENT LICENSE NUMBER 440573	
INSPECTION DATES (Include all dates of the inspection) 11/01/2010		REGIONAL REPRESENTATIVE D. McConnell, S. Pollock	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>George H. H. H.</i>			
SIGNATURE OF LEGAL ENTITY <i>George H. H. H.</i>	DATE 1-26-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 1/20/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	The assessment for resident #2, dated 8/28/10, was not updated to address the resident's change in care that required the resident to need assistance in transferring, dressing, and incontinence.  Western Regional 2010  Adult Residential Licensing	12/3/10          2/15/11	The assessment, support plan and <del>that</del> <sup>medical evaluation</sup> will be updated as resident declines and her need of assistance will be now and ongoing. Resident # No longer in the home. Administrator will review the assessments of all residents to ensure that they are complete and accurately reflect resident's care needs and services.  <i>[Signature]</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Date _____ Initials (DPW)

- See page 10a -

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

Page 10a of 11

NAME AND ADDRESS OF PERSONAL CARE HOME GEORGE S PERSONAL CARE HOME, 108 WATER STREET NEW STANTON, PA 15672		CURRENT LICENSE NUMBER 440573	
INSPECTION DATES (include all dates of the inspection) 11/11/2010		REGIONAL REPRESENTATIVE D. McCormell, S. Pollock	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>George H. L. L. L.</i>			
SIGNATURE OF LEGAL ENTITY <i>George H. L. L. L.</i>	DATE 1-26-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 1/26/11

REGULATION 55 Pa Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	The assessment for resident #2, dated 6/29/10, was not updated to address the resident's change in care that required the resident to need assistance in transferring, dressing, and incontinence.	2/15/11	All staff persons who complete assessments will be educated on the need for a new assessment annually and when a resident has a significant change in condition.  <i>[Signature]</i>	

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

Page 1 of 11

NAME AND ADDRESS OF PERSONAL CARE HOME GEORGE'S PERSONAL CARE HOME, 108 WATER STREET NEW STANTON, PA 15672		CURRENT LICENSE NUMBER 440573	
INSPECTION DATES (include all dates of the inspection) 11/01/2010		REGIONAL REPRESENTATIVE D. McConnell, S. Follock	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>George S. Suda (owner)</i>			
SIGNATURE OF LEGAL ENTITY <i>George S. Suda</i>	DATE 1-26-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 1/26/11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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.	The support plan for resident #2, dated 6/28/10 was not updated to address the resident's need in assistance with transferring due to a decline in vision.  <b>Western Region</b>  DEC 23 2010  Adult Residential Licensing	2/15/11	The support plan will be updated as resident's need in assistance increase. Resident #2 no longer in the home. Administrator will review all residents support plans to ensure that they are complete and accurately reflect each residents care, needs and services. All staff persons completing support plans will be educated regarding completion and accuracy of the documents.	Steps have been taken to correct violation; full compliance is not verifiable 1/31/11 Date: <i>[Signature]</i> (initials (DPW))

*[Signature]* See page 11a

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

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NAME AND ADDRESS OF PERSONAL CARE HOME GEORGE S PERSONAL CARE HOME, 108 WATER STREET NEW STANTON, PA 15672		CURRENT LICENSE NUMBER 440573	
INSPECTION DATES (Include all dates of the inspection) 11/01/2010		REGIONAL REPRESENTATIVE D. McConnell, S. Pollock	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>George DeLorenzo</i>			
SIGNATURE OF LEGAL ENTITY <i>George DeLorenzo</i>	DATE <i>1-22-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>1/20/11</i>

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE	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.	The support plan for resident #2, dated 6/29/10 was not updated to address the resident's need in assistance with transferring due to a decline in vision.		<i>including the need to update the plan when there is a significant change in resident's condition.</i>  <i>[Signature]</i>	