

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MICHAEL M. TROSIEK, JR.

LEGAL ENTITY

To operate TROSIEK'S PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at P.O. BOX 535, NEW SALEM, PA 15468

(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 13  
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 7, 2011 until February 7, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 450260

*Robert E. Robinson*

ISSUING OFFICER

*RC 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 14 2011

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

Ms. Barbara J. Trosiek-Kett, Administrator  
Michael M. Trosiek, Jr.  
Trosiek's Personal Care Home  
PO Box 535  
New Salem, Pennsylvania 15468

Dear Ms. Trosiek-Kett:

As a result of the Department of Public Welfare's licensing inspection on November 16, 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, 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 TROSIK S PERSONAL CARE HOME, P O BOX 535 NEW SALEM, PA 15468		CURRENT LICENSE NUMBER 450260	
INSPECTION DATES (Include all dates of the inspection) 11/16/2010		REGIONAL REPRESENTATIVE Tera Newman, Larry Mazza	
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>Bonnie J. Trosek Kett</i>	DATE 11/24/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joe J. Perzina (JJP)</i>	DATE 1-27-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
25c11 11) A list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.	Resident #1, admitted 6/27/10, had a resident-home contract that did not indicate the amount that the home will charge the resident for room and meals.	1-18-2011  2-27-11	The home-contract for resident #1 was completed on 1-18-11. Administrator will do monthly checks on all residents record to assure that all required forms are filled out completely.  <u>Copy provided</u> The administrator will review all resident contracts to ensure they are completed in their entirety. 1-27-11 JJP	1-27-11 JJP

Western Region

JAN 26 2011

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

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SIGNATURE OF LEGAL ENTITY <i>Bonnie J. Trosik-Kett</i>	DATE 11/24/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 1-27-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these	Staff person A did not receive the required annual training in the following topics for the 2009 training year: fire safety, emergency preparedness procedures, resident rights, the Older Adult Protective Services Act and falls and accident prevention.  <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">JAN 26 2011</p>	1-19-2011	Staff person A received the required training in Fire-Safety, Emergency Preparedness Plan, residents rights for the 2009 year. Staff A did falls and accident prevention on 1-19-11 and will do Older Adult Protective Services Act on 3-15-11 during our Staff Training will send copy Administrator will make sure all required annual training is done on all staff.  <p style="text-align: center;"><u>Copies provided</u></p>	1-27-11 <i>JJP</i>

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PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.		2-27-11	The administrator will review the homes training plan for 2011 to ensure all required topics under this regulation (2600-65g) are included. to ensure staff are properly trained. 1-27-11 JJP	

Western Region

JAN 26 2011

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

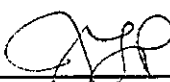
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SIGNATURE OF LEGAL ENTITY <i>Bureau of Trosiek Care</i>	DATE 11/24/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 1-27-11


REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	<p>The third step from the bottom, of the second staircase leading to the kitchen gives way and sinks in when stepped on, presenting a fall hazard.</p> <p>The staircase leading to the basement was wobbly and not steady when walked on, presenting a fall hazard.</p> <p>The residents in the home have access to both staircases.</p>	<p>11-19-2010</p> <p>1-23-2011</p> <p>11-19-2010</p>	<p>The third step was repaired on 11-19-10. Administrator will do routine checks on all stair cases to see that they are in good repair + free of hazards. Also the 2nd step from the bottom was repaired on 1-23-2011 Photo's Enclosed</p> <p>Residents no longer have access to the basement. A lock was put in place on 11-19-2010. Staff + Administrator will make sure doors are always locked, with routine checks.</p>	<p>1-27-11 <i>[Signature]</i></p>

Western Region

JAN 26 2011

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

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SIGNATURE OF LEGAL ENTITY <i>Barbara J Trostek-Kett</i>	DATE 1/24/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1-27-11

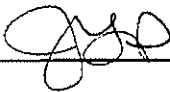
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93a Each ramp, interior stairway and outside steps shall have a well-secured handrail.	The staircase leading to the basement does not have a handrail. The residents in the home have access to the staircase.	1-23-2011	A handrail was added to the basement staircase on 1-23-2011. Residents no longer have access to the basement. A lock was put on the door for there safety. Will do routine checks to make sure doors are locked.  <u>photo Enclosed</u>	1-27-11 


Western Region

JAN 26 2011

Adult Residential Licensing

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

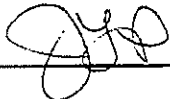
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96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The first aid kit in the kitchen does not include a breathing shield or eye coverings.	11-21-2010	Administrator had extra breathing shields & eye coverings in back office. These items were put into the first-aid kit on 11-21-2010. Administrator will do monthly checks to make sure we have everything needed.	1-27-11 

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JAN 26 2011

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

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101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	The bed closest to the entrance of bedroom #6 does not have a source of light that can be turned on/off from bedside.	11-17-2010          2-27-11	Administrator purchased another nightstand & lamp so that each resident is able to reach their own.  <u>photo Enclosed</u>  The administrator will do monthly checks to ensure all residents have a source of lighting that can be turned on/off at bedside. 1-27-11 gfp	1-27-11 

Western Region

1-27-2011

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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.	On 11/16/10, there was no operable thermometer in the basement freezer.	11-17-2010	A new thermometer was bought & placed in basement freezer. Administrator will do monthly checks to make sure all thermometers are in working condition.	1-27-11 <i>JYP</i>

Western Region

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Adult Residential Licensing

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

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
105g2 Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.	The dryer vent located on the rear deck of the home had an accumulation of lint in the vent and on the floor of the deck.	1-17-2010	The dryer vent located on the rear deck was cleaned & free of any accumulation of lint. Administrator will do daily checks to make sure there is no lint in vent and on the floor.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Date 1-27-11 Initials (DPW)</p>

Western Region

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Adult Residential Licensing

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

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SIGNATURE OF LEGAL ENTITY <i>Bahana J. Trostek, Kett</i>	DATE 1-24-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 1-27-11

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125a Combustible and flammable materials may not be located near heat sources or hot water heaters.	There were four boxes of bed pads stored within one-foot of the home's water heater.	11-17-2010	The bed pads were removed by the homes water heater and a line of paint was painted on the floor within 3 feet of the heater to make sure nothing is placed within the white lines. Administrator will do routine checks to make sure nothing is placed within the lines.	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Date 1/27/11 Initials (DPW)</p>

Western Region

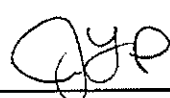
JAN 25 2011

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

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141a The 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	The medical evaluation for resident #1, dated 9/1/10 states "see list" in the medications section. The medical evaluation did not have and attached list.  The medical evaluation for resident #2, dated 9/10/10 states "see list" in the medications section. The medical evaluation did not have and attached list. The medical evaluation did not list the resident's diet, treatment/therapies or allergies.  The medical evaluation for resident #3, dated 9/10/10 was not signed by the physician and the section including medications, treatment/therapies, diet, activities and body positioning was not completed.  Repeated Violations 12/28/2009 <b>Western Region</b>  JAN 26 2011	1-19-2011  1-19-2011  1-19-2011	Administrator took medication mar's down to the doctor to sign off + date and complete areas that were not filled out properly. on the medical evaluation forms. Administrator explained to the doctor that all areas of the required forms need to be filled out correctly Administrator will check all forms to make sure they are filled out properly. Doctor filled out forms on 1-19-2011  <u>copies provided</u>	1-27-11 <i>[Signature]</i>

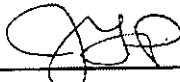
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
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history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.		2-27-11	The administrator will review all residents' medical evaluations to ensure they have been filled out completely and return any that are missing information to the physician to be completed. 1-27-11 JYP	

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144c2 The location of a smoking room or outside smoking area shall be a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.	The home's smoking area on the rear deck is located next to the common walkway and exit to the rear of the home.	11-16-2010	The smoking area on the rear deck was moved to the other side of the deck on 11-16-2010. Staff & Administrator will make sure residents are smoking in the "smoking section" by doing daily checks. <div style="text-align: right; margin-top: 5px;">                         1-27-11  </div>	Steps have been taken to correct violation; full compliance is not verifiable. 1-27-11 Date <span style="float: right;">Initials (DPW)</span>

Western Region

JAN 26 2011

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SIGNATURE OF LEGAL ENTITY <i>Brian J. Trostiek-Kett</i>	DATE 1/24/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 1-27-11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
183e Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.	On 11/16/10, resident #1 had an open Novolog insulin prescription that was filled on 6/29/10. The date that the medication was opened was not indicated.	11-16-2010	<p>The date was put on the medication on 11-16-2010. Staff + Administrator will make sure all dates are put on the medication once the meds are opened. The administrator will inspect all medications in the home to ensure they are not expired and all <del>the</del> insulin is dated when opened. The administrator will check all insulin at least monthly to ensure it is dated when opened.</p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">1-27-11 Date <i>[Signature]</i> Initials (DPW)</p>

Western Region

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Adult Residential Licensing

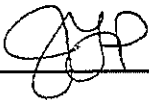
1-27-11 *[Signature]*

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

NAME AND ADDRESS OF PERSONAL CARE HOME TROSTIEK S PERSONAL CARE HOME, P O BOX 535 NEW SALEM, PA 15468		CURRENT LICENSE NUMBER 450260	
INSPECTION DATES (Include all dates of the inspection) 11/16/2010		REGIONAL REPRESENTATIVE Tera Newman, Larry Mazza	
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>Barbara J. Josiek-Kerr</i>	DATE 11/24/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 12/7/11

REGULATION 55 Pa. Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
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	Resident #1's medication record for Novolog stated "use as directed as per sliding scale." The home does not have a physician's order for the sliding scale stating how many units to administer. The home is not recording the units administered to the resident.  <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">2011</p> <p style="text-align: center;">Adult Residential Licensing</p>	1-22-2011	The home contacted the doctor on 1-21-2011 and received a physician's order for the sliding scale. The home is now recording the units administered to resident #1.  <p style="text-align: center;"><u>Copy provided</u></p>	12/7/11 <i>[Signature]</i>

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


NAME AND ADDRESS OF PERSONAL CARE HOME TROSIEK S PERSONAL CARE HOME, P O BOX 535 NEW SALEM, PA 15468		CURRENT LICENSE NUMBER 450260	
INSPECTION DATES (Include all dates of the inspection) 11/16/2010		REGIONAL REPRESENTATIVE Tera Newman, Larry Mazza	
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	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1-27-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
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.				

Western Region

2011

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

NAME AND ADDRESS OF PERSONAL CARE HOME TROSIEK S PERSONAL CARE HOME, P O BOX 535 NEW SALEM, PA 15468		CURRENT LICENSE NUMBER 450260	
INSPECTION DATES (Include all dates of the inspection) 11/16/2010		REGIONAL REPRESENTATIVE Tera Newman, Larry Mazza	
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>Barbara J. Josiek-Kett</i>	DATE 1-24-2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1-27-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	<p>Resident #1's assessment, dated 6/27/10, that indicates a diagnosis of mental illness and does not indicate any dietary needs. The resident's medical evaluation indicates a diagnosis of DM, ESNI, schizophrenia and an 1800 calorie diet.</p> <p>Resident #2's assessment, dated 8/13/10, indicates a diagnosis of diabetes. The resident's medical evaluation has several unreadable diagnosis listed.</p> <p>Resident #3's assessment, dated 8/17/10, indicates a diagnosis of heart disease. The resident's medical evaluation indicates a diagnosis of bipolar disorder.</p>	<p>1-17-2011</p> <p>1-19-2011</p> <p>2-27-11</p> <p>1-17-2011</p>	<p>Resident #1's assessment was corrected &amp; now has the diagnoses &amp; dietary needs. Administrator will make sure all areas of the assessment is filled out correctly.</p> <p>Administrator contacted the doctor and had him list the diagnoses on 1-19-2011. The diagnoses will be entered on the assessment. 1-27-11 JJP</p> <p>Resident #3's assessment was corrected on 1-17-2011 + administrator will make sure all areas are correct at the time that required forms are due.</p> <p style="text-align: right;"><u>Copies included</u> See Attached 17A</p>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable 1-27-11 JJP Date Initials (DPW)</p>

Western Region

Repeated Violations: 12/28/2009

Adult Residential Licensing

