

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SHARON AHEARN

LEGAL ENTITY

To operate ADULT PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 44 BROAD STREET, PITTSTON, PA 18640

(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 8
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 January 10, 2011 until January 10, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **243860**

Robert E. Robinson

ISSUING OFFICER

[Signature]

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



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

ADULT RESIDENTIAL LICENSING

JAN 28 2011

PHONE: (717) 783-3670

FAX: (717) 783-5662

Ms. Sharon Ahearn, Administrator
Adult Personal Care Home
44 Broad Street
Pittston, Pennsylvania 18640

Dear Ms. Ahearn:

As a result of the Department of Public Welfare's licensing inspection on November 30, 2010 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey
Deputy Secretary

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME ADULT PERSONAL CARE HOME, 44 BROAD STREET PITTSTON, PA 18640		CURRENT LICENSE NUMBER 243860	
INSPECTION DATES (Include all dates of the inspection) 11/30/2010		REGIONAL REPRESENTATIVE Florence Babiarz, Leslie Patton	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Sharon Ahearn Administrator/owner</i>			
SIGNATURE OF LEGAL ENTITY <i>Sharon Ahearn</i>	DATE <i>12-20-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joan Hawley</i>	DATE <i>12-23-10</i>

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
2068 The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.	The home did not provide resident #1 an itemized account of financial transactions made on the resident's behalf for the financial period of October 2009- October 2010. RECEIVED DEC 22 2010 SCRANTON FIELD OFFICE Adult Residential Licensing	<i>11-30-2010</i>	<i>I completed The Quarterly Report on the day of Inspection and had the Resident Initial it. This Resident has a checking account and I am in the process of having her check deposited in this account and she will write a check to me monthly. The bank statement will provide her with an account of her finances in the future I will provide a quarterly report to a resident who I receive money for and have them Initial it, also provide a copy if requested as per regulations.</i>	<i>12-23-10 JH</i>

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

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NAME AND ADDRESS OF PERSONAL CARE HOME ADULT PERSONAL CARE HOME, 44 BROAD STREET PITTSBURGH, PA 15201		CURRENT LICENSE NUMBER 243860	
INSPECTION DATES (Include all dates of the inspection) 11/30/2010		REGIONAL REPRESENTATIVE Florence Babiarz, Leslie Patton	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p style="text-align: center; font-size: 1.2em; margin: 0;">Sharon Ahearn Administrator/owner</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 12-20-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-23-10

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
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 "Whirlpool Ultra Ease" brand refrigerator located in the home's kitchen had a temperature reading of 48 degrees Fahrenheit. The temperature was checked multiple times and was consistently above 40 degrees Fahrenheit.	12-13-10	I called a refrigerator repair man to inspect and correct the cause of the temperature drop/increase. A part was changed and the temperature has been consistent, staying at or above 40°F. Having a thermometer in the refrigerator will keep me informed as to the temp. and I will check it daily to insure the food is kept at the correct temperature as per regulations. <p style="text-align: right; margin-top: 10px;">ATTACHED Bill</p>	12-23-10

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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 <i>Sharon Ahearn</i>	DATE 12-23-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hawley</i>	DATE 12-23-10

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
107c The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.	The home did not have at least one gallon of water for three days for each of the 8 residents being served at the time of the inspection. The home had 18 gallons on-hand, 24 gallons are required.	11-30-2010 (as I did)	I bought a 3 days supply of water for each resident on day of inspection to comply with the regulation. If a situation occurs where I would have the need to use the water I will replenish it as soon as possible to comply as well with this regulation I will maintain a 3 gallon per person supply and add this to a check list to prevent the possible shortage. See ATTACHED	12-23-10 <i>JM</i>

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PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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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 <i>Sharon Akers</i>	DATE 12-20-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Sawyer</i>	DATE 12-23-10

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
144c1 If smoking is permitted, the designated smoking room or area outside the home shall have fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, fire resistant furniture and fire extinguishers.	The woven plastic mesh seat of the metal glider chair located in the home's smoking section did not have documentation indicating it was fire retardant or fire resistant.	11-30-2010	<i>I removed the metal/plastic glider from the smoking area as it did not have a tag on it saying it was fire resistant. I will buy hard plastic seats in the future to prevent having a repeated violation and to comply with this regulation.</i>	<i>12-23-10 JH</i>

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SIGNATURE OF LEGAL ENTITY <i>Sharon Akers</i>	DATE 12-26-2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan Harvey</i>	DATE 12-23-10

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
183c Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.	Novolin insulin prescribed to resident #2 was located in the vegetable drawer of the "Whirlpool Ultra Ease" brand refrigerator in the home's kitchen and not in a locked or secured area.	11-30-10	<i>The bottle of insulin found in the drawer I placed in the locked box that was in the refrigerator. As a rule this medication is placed in the locked box. I will check in this medication label, and have a separate box for bottles that cannot fit in the original box the resident uses daily and secure it with a lock as per regulations.</i>	12-23-10

VIOLATION REPORT
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SIGNATURE OF LEGAL ENTITY <i>Sharon Ahearn</i>	DATE <i>12-20-10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hawley</i>	DATE <i>12-23-10</i>

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
184b If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.	"Refresh" brand eye drops and "Tylenol" brand arthritis relief prescribed to resident #3 were not labeled with the resident's name.	<i>11-30-10</i>	<i>In the future I will print the residents name on the medication before placing it in the med cart. Day of inspection as this was brought to my attention I wrote the residents name on the eyedrop bottle and the Tylenol bottle. I will also do daily checks to make sure everything in the drawer (med cart) is labeled with the residents name as per regulations.</i>		<i>12-23-10 JLA</i>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Sharon Adams</i>	DATE 12-20-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jason Hawley</i>	DATE 12-23-10

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 #4 is prescribed two tablets of Seroquel 50mg to be taken nightly. The resident's Medication Administration Record (MAR) indicates the medication was administered on 11/19/10- 11/29/10. Staff person "A", who is the administrator, did not document what time the medication was administered on the stated dates. Resident #5 is prescribed Furosemide 20meq to be administered once daily as needed. The order was incorrectly written on the resident's MAR which stated, "Furosemide 20meq to be administered by mouth daily." Repeated Violations: 10/29/2009	11-30-10	<i>Res #4</i> I Filled in the time (A.M) on the Medical Record and called the Pharmacy Service to assure next time Medical Records have the time printed on them. I will recheck the way I write the information on the MAR's to provide accurate documentation Res #5 - I added the letters PRN to document on the medical Record that this medication is to be given when needed by mouth daily. I will recheck the documentation on a daily basis as I administer meds	Steps have been taken to correct violation; full compliance is not verifiable Date: 12-23-10 Initials (DPW)

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SIGNATURE OF LEGAL ENTITY <i>Sharon Ahearn</i>	DATE 12-20-10	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>James Harvey</i>	DATE 12-23-10

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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.	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="font-weight: bold; margin-bottom: 10px;">DEC 22 2010</div> <div style="font-weight: bold;">SCRANTON FIELD OFFICE Adult Residential Licensing</div>			<i>See Previous Page</i>