

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HOLLIDAYSBURG VETERANS HOME

LEGAL ENTITY

To operate HOLLIDAYSBURG VETERANS' HOME

NAME OF FACILITY OR AGENCY

Located at P.O.BOX 319, HOLLIDAYSBURG, PA 16648

(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 167
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: 343600

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

Mr. Paul Cain, Director
Hollidaysburg Veterans Home
P.O. Box 319
Hollidaysburg, Pennsylvania 16648

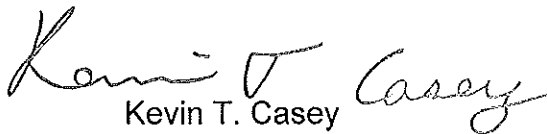
Dear Mr. Cain:

As a result of the Department of Public Welfare's licensing inspection on December 1, 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,


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 HOLLIDAYSBURG VETERANS HOME, P O BOX 319 HOLLIDAYSBURG, PA 16648		CURRENT LICENSE NUMBER 342600	
INSPECTION DATES (Include all dates of the inspection) 12/01/2010		REGIONAL REPRESENTATIVE Ron Minnich, Daug Hoover, Mckinley Rouse	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>MARTIN C. KUPCHELLA</i> <i>ADMINISTRATOR</i>			
SIGNATURE OF LEGAL ENTITY <i>Martin C Kupchella</i>	DATE <i>12/30/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Glenn Enoch</i>	DATE <i>1/3/11</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
85a Sanitary conditions shall be maintained.	According to direct care staff A, the home uses a "facility-wide" glucometer for residents who do not have their own equipment.	<i>12/30/10</i> <i>Ongoing</i>	<i>A NEW PERSONAL GLUCOMETER HAS BEEN ORDERED FOR EACH RESIDENT (SEE ATTACHED)</i> <i>The home will instruct medication Administration staff to use individualized glucometers for each resident. Training documentation shall be kept. - BE</i>	

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

NAME AND ADDRESS OF PERSONAL CARE HOME HOLLIDAYSBURG VETERANS HOME, P O BOX 319 HOLLIDAYSBURG, PA 16648		CURRENT LICENSE NUMBER 343600	
INSPECTION DATES (Include all dates of the inspection) 12/01/2010		REGIONAL REPRESENTATIVE Ron Mimich, Doug Hoover, Mckinley Rouse	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION. (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>MARTIN C KUPCHELLA</i> <i>ADMINISTRATOR</i>			
SIGNATURE OF LEGAL ENTITY <i>Martin C Kupchella</i>	DATE <i>12/30/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen Enrich</i>	DATE <i>1/3/11</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
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 home's designated indoor smoking areas located on the first and second floor had doors which were open and allows for 2nd hand smoke to filter out into the interior hallways.	<i>12/30/10</i>	<i>AUTOMATIC DOOR CLOSERS HAVE BEEN MOUNTED TO EACH SMOKE ROOM DOOR (SEE ATTACHED)</i>	<i>1/3/11 BE</i>

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 PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Martin C. Kupchella</i>	DATE <i>12/30/10</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gloria E. Smith</i>	DATE <i>1/3/11</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
183f1 Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person,	Resident #2's bottle of Genasyme 80 mg has an expiration date of 1/07/10 and was stored by the home in medication cart #1 at the time of inspection.	<i>12/29/10</i> <i>ongoing</i>	<i>PHARMACY STAFF WERE COUNSELED ON 12/29/10 ON FOLLOWING POLICY & PROCEDURES BY CHIEF PHARMACIST. (SEE ATTACHED) Expired medication was discarded. Inspections of medication carts will continue monthly by pharmacy staff. Documentation of the medication audits will be kept.</i>	<i>1/3/11 BE</i>

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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
if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.				