



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
100 LACKAWANNA AVENUE
ROOM 330, SCRANTON STATE OFFICE BUILDING
SCRANTON, PENNSYLVANIA 18503-1923

ADULT RESIDENTIAL LICENSING

PHONE: (570) 963-3209
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CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 14, 2011

Ms. Paula Sagan-Hahn, Executive Director
Lakewood Senior Living-Drums, LLC
Fritzingertown Senior Living Community
159 South Old Turnpike Road
Drums, Pennsylvania 18222

Dear Ms. Sagan-Hahn:

As a result of the Department of Public Welfare's licensing inspection on December 6, 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.

Sincerely,

Michele Maszkalczyk
Regional Licensing Administrator

Enclosure
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME FRITZINGERTOWN SENIOR LIVING COMMUNITY, 159 SOUTH OLD TURNPIKE ROAD DRUMS, PA 18222		CURRENT LICENSE NUMBER 201660	
INSPECTION DATES (Include all dates of the inspection) 12/06/2010		REGIONAL REPRESENTATIVE Ann O'Haire	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Paula Sagan-Hahn RW - Executive Director</i>			
SIGNATURE OF LEGAL ENTITY <i>Paula Sagan-Hahn RW</i>	DATE <i>02/02/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Michelle Moskalewicz</i>	DATE <i>2.14.11</i>

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
42b A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.	On 12/3/10 Resident #1 was physically and verbally abused by staff person A. Resident #1 was able to give an account of this incident and this incident was observed and intervened by another staff person. Staff person A was observed grabbing and pulling Resident #1 from bed and statement heard that resident would be admitted to a psychiatric unit if they did not cooperate.	<i>12/04/10</i> <i>1/6/11</i>	Upon receipt of allegation of suspected abuse, verbal and written reports were issued to Regional Office as well as Area Agency on Aging. Employee was placed in ancillary position pending complete and thorough investigation of incident. Upon completion of investigation, employee received reinsertion and training in anger management. Employee was permanently transferred to ancillary position and will have no unsupervised contact with residents. Administrator will monitor to prevent reoccurrence. Additionally, all employees received reinsertion in abuse prevention as well as mandatory reporting of abuse. Administrator, DON, Department Heads and Resident Care Coordinators will provide ongoing monitoring for compliance to this requirement.	<i>MM</i> <i>2.14.11</i>

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FEB 10 2011

SCRANTON FIELD OFFICE
Adult Residential Licensing

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

NAME AND ADDRESS OF PERSONAL CARE HOME FRITZINGERTOWN SENIOR LIVING COMMUNITY, 159 SOUTH OLD TURNPIKE ROAD DRUMS, PA 18222		CURRENT LICENSE NUMBER 201660	
INSPECTION DATES (Include all dates of the inspection) 12/06/2010		REGIONAL REPRESENTATIVE Ann O'Haire	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Paula Sagan - Administrator - Executive Director</i>			
SIGNATURE OF LEGAL ENTITY <i>Paula Sagan - Administrator</i>	DATE <i>02/02/11</i>	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
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.	The home did not submit to the Department their plan in writing on how the facility planned to address Staff Person A's employment status at the facility. Staff Person A was found to have been verbally & physically abusive towards Resident #1 and the home did not follow up with a written plan on how they were to safe guard Resident #1 and the other resident in the facility.	<i>12/04/10</i>	Upon notification of allegation of abuse, employee involved was immediately placed in an ancillary position pending complete and thorough investigation of incident. Employee was supervised by Dietary Department Head and employee was not allowed unsupervised contact with any resident. Administrator will continue to monitor and assure compliance to this regulation.	<i>MM</i> <i>2-14-11</i>

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