

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ANDSHER PERSONAL CARE HOME, INC.
LEGAL ENTITY

To operate ANDSHER PERSONAL CARE HOME
NAME OF FACILITY OR AGENCY

Located at 20 NORTH KENNEDY DRIVE, MCADOO, PA 18237
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 27
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 1, 2011 until February 1, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations

No: 242510

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.



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

ADULT RESIDENTIAL LICENSING

FEB 17 2011

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

Mr. Andrew J. Sherkness, Administrator
Andsher Personal Care Home, Inc.
Andsher Personal Care Home
20 North Kennedy Drive
McAdoo, Pennsylvania 18237

Dear Mr. Sherkness:

As a result of the Department of Public Welfare's licensing inspection on December 13, 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 black ink, appearing to read 'RM' or similar initials, with a long horizontal stroke extending to the right.

Ronald Melusky
Acting Director


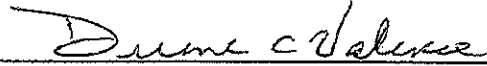
Enclosures
License
Violation Report

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

| | | | |
|---|-----------------|---|-----------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME ANDSHER PERSONAL CARE HOME, 20 NORTH KENNEDY DRIVE, MCADOO, PA 18237 | | CURRENT LICENSE NUMBER 242511 | |
| INSPECTION DATES (Include all dates of the inspection) 12/13/2010 | | REGIONAL REPRESENTATIVE Betty Bloch, 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) ANDREW J. SHERKNESS | | | |
| SIGNATURE OF LEGAL ENTITY Andrew G. Sherkness | DATE 1-18-11 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Dawn Calver | DATE 1-25-11 |

| 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 |
|--|--|-----------------------------------|--|---|
| 25c8 (8) The home's rules related to home services, including whether the home permits smoking. | <p>The contract of residents 1, 2, 3, 4, 5, and 6 did not contain a copy of the current home rules. The home rules stated in the residents' contracts did not state that the residents must notify staff when residents leave the home, the home's right to change resident's room location, the fact that the home is not responsible for unlocked cash and valuables, that alcohol is not permitted without a physician's order, and that all fire drills are mandatory.</p> <div style="text-align: center; margin-top: 20px;"> <p>RECEIVED</p> <p>JAN 21 2011</p> <p>SCRANTON FIELD OFFICE Adult Residential Licensing</p> </div> | 1-18-11 | <p style="font-size: 1.2em; font-family: cursive;">THE PROPER HOME RULES WERE PART OF OUR POLICY + PROCEDURES BUT INADVERTENTLY NOT PART OF THE CONTRACT. THE HOME RULES (COPY ENCL.) WILL BE SENT AS AN ADDENDUM TO THE CURRENT CONTRACT BY ALL RESIDENTS CURRENTLY + WILL BE ADDED AS PART OF ALL FUTURE CONTRACTS AS ADDITIONAL HOME RULES PAGE 11 SEE ATTACHED</p> | <p style="font-size: 1.2em; font-family: cursive;">Dew</p> <p>1-25-11</p> |

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| 42s A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures. | The doors on the common bathrooms designated "D" and "E" on the second floor and the one adjacent to bedroom #4 on the first floor did not have locks on them to provide privacy for the residents when the bathrooms were in use. | 2-1-11 | <p style="font-size: 1.2em; margin: 0;">OUR CONTRACTOR WAS NOTIFIED & LOCKS WILL BE INSTALLED ON ALL COMMON BATHROOMS INCLUDING "D" & "E" - ACROSS 1-Room Room # 4</p> | <p style="font-size: 0.8em; margin: 0;">Steps have been taken to correct violation; full compliance is not verifiable 1-25-11 DCU Initials (DPW)</p> |

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| SIGNATURE OF LEGAL ENTITY <i>Andrew C. Grubness</i> | DATE 1-18-11 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen C. Valencia</i> | DATE 1-25-11 |

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| 85a Sanitary conditions shall be maintained. | <p>In the common bathroom adjacent to Room #10, the shower stall had brownish mold between the tiles on the wall of the stall. In addition, the floor of the stall was heavily stained.</p> <p>In the common bathroom adjacent to bedroom #16, the walls of the bathtub had brownish mold between the tiles.</p> | <p>1-18-11 TO 2-1-11</p> | <p>VARIOUS CLEANERS ARE BEING TRIED TO CLEAN THE STALL IN SHOWER #10 + THE TUBS OF #16 THE STAINS ARE MOSTLY REMOVED AT THIS TIME + OUR CONTRACTOR WILL EVALUATE THE TUBS + SHOWERS FOR RESCAULING + GROUT MAINTENANCE. STAFF WILL CLEAN ALL TUBS + SHOWERS ON A DAILY BASIS IN THE FUTURE.</p> | <p>DCV 1-25-11</p> |

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| 87 The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate. | The hallway between bedroom #11 and room #10, which is adjacent to the common bathroom on the second floor, did not have a light in it. One of the fire escape stairwells is located next to this hallway. | 2-1-11 | A LIGHT WILL BE INSTALLED IN THIS AREA BY OUR CONTRACTOR. Per Tele call 1-25-11 Administrator to provide DPW/ARC written documentation that light has been installed by the contractor | DCV 1-25-11 |

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| SIGNATURE OF LEGAL ENTITY <i>Andrew C Shekness</i> | DATE 1-18-11 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C Valence</i> | DATE 1-25-11 |



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| 95 Furniture and equipment shall be in good repair, clean and free of hazards. | In the second floor "TV Room", the table floor-lamp was missing the knob to turn the light on/off. In addition, the three wooden support slats on the back of the wood-framed cushioned chair were hanging down and could not provide back support when sitting in this chair. | → 12-13-10 | THE TABLE/FLOOR LAMP WAS BEING USED FOR TABLE + NOT A LAMP AT THIS TIME BUT WAS REMOVED AT TIME OF INSPECTION | Table lamp ^{not raised} with ^{only} DCV 1-25-11 per file on w/Adm. |
| | In bedroom #12, two wooden support slats on the back of the wood-framed cushioned chair were missing, and the third slat was hanging down from the one side of the frame. | → 12-13-10 | THE WOOD FRAMED CHAIR WAS REMOVED + REPAIRED AT TIME OF INSPECTION | DCV 1-25-11 |
| | In bedroom #6, the front of the radiator cover had a middle section insert made out of metal which was not securely attached to any portion of this cover. | 2-1-10 | THE COVER WILL BE REPAIRED BY OUR CONTRACTOR + IN THE FUTURE ALL FURNITURE + EQUIPMENT WILL BE ROUTINELY CHECKED BY STAFF + MAINTAINED BY STAFF OR CONTRACTOR | |
| | In the first floor common bathroom which is adjacent to bedroom #2, the baseboard heating vent was rusted at each end which could pose a safety hazard to the residents. | 2-1-10 | THE BASEBOARD IN THE BATHROOM ACROSS FROM BEDROOM # 2 WILL BE REPAIRED OR REPLACED BY OUR CONTRACTOR | |

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| SIGNATURE OF LEGAL ENTITY <i>Andrew C. Gherkens</i> | DATE 1-18-10 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dune C. Kline</i> | DATE 1-25-11 |

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| 101o Bedrooms shall have walls, floors and ceilings, which are finished, clean and in good repair. | The wall-to-wall carpeting in bedroom #14 had several large ripples on it which were located between the foot of the two beds and the closet area. | 2-1-10 | <p style="margin: 0;"><i>THE CARPETING IN ROOM #14 WILL BE REMOVED + REPLACED WITH LAMINATE FLOOR BY OUR CONTRACTOR</i></p> <p style="margin: 0;"><i>Per Title 55 - 1-25-11</i></p> <p style="margin: 0;"><i>Administrator and 10 staff to monitor area to ensure resident safety until new flooring is installed</i></p> <p style="text-align: right; margin: 0;"><i>DAV 1-25-11</i></p> | <p style="margin: 0;"><i>DAV</i></p> <p style="margin: 0;"><i>1-25-11</i></p> |

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| 101r2 Window coverings shall be clean, in good repair, provide privacy and cover the entire window when drawn. | In the window closest to the exit door in bedroom #14, the mini-Venetian blinds were missing nine slats. In the window closest to the exit door in bedroom #5, the mini-Venetian blinds were missing approximately 5" on the right-side of 5 slats. | 2-1-11 | BLINDS WILL BE CHECKED + MAINTAINED REGULARLY BY STAFF + ADMINISTRATOR IN THE FUTURE. BLINDS ARE ON ORDER FROM CONTRACTOR + WILL BE REPLACED. | DCV 1-25-11 |

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| SIGNATURE OF LEGAL ENTITY <i>Andrew G. Shekness</i> | DATE 1-18-11 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duane C. Valone</i> | DATE 1-25-11 |

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| 1021 Shelves or hooks for the resident's towel and clothing shall be provided. | The first floor common bathroom which is adjacent to bedroom #2 does not have a hook or shelf in it for the resident's use. The home is currently using the grab/assist bar located next to the toilet, or the top of the plastic storage unit, for the resident's towel and other personal items. | 2-1-11 | <p>THE HOOK WILL BE REPLACED + WILL BE CHECKED + MAINTAINED IN THE FUTURE BY STAFF + ADMINISTRATOR</p> <p>Per Tele con w/ Adm 1-25-11 Administrator to have hook installed. Adm will use a chest with a flat 24" x 24" flat surface top as a shelf. DCV 1-25-11</p> | DCV 1-25-11 |

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| SIGNATURE OF LEGAL ENTITY <i>Andrew C. Brubaker</i> | DATE 1-18-11 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen C. Salence</i> | DATE 1-25-11 |

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| 103e Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated. | The following food items located in the "Maytag" brand refrigerator in the home's kitchen were not labeled and/or dated: <ul style="list-style-type: none"> • Peanut butter and jelly sandwich, not dated or labeled • "Fairgrounds" brand luncheon loaf, not dated • Approximately 15 beef patties, not labeled or dated | 12-13-10 ONGOING | <p>THE ITEMS WERE LABELED AT TIME OF INSPECTION + ALL LEFTOVER FOOD IS BEING LABELED + DATED AT THIS TIME IT IS PUT INTO THE REFRIGERATOR + IS CHECKED BY STAFF DAILY BY EACH SHIFT</p> <p>Per Adm. Tele call -- 1-25-11 Administrator to advise staff in writing of the need to label and date food items.</p> <p>Per Administrator - Sign posted on refrigerator door in kitchen to advise staff</p> | DCV 1-25-11 |

Per Administrator - Sign posted on refrigerator door in kitchen to advise staff
Staff DCV 1-25-11

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| SIGNATURE OF LEGAL ENTITY <i>Andrew G. Sheehy</i> | DATE 1-18-11 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Deanne C. Valerius</i> | DATE 1-25-11 |

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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. | <p>The freezer compartment of the "Whirlpool No Frost" brand refrigerator located in the home's basement had a temperature reading of 5 degrees Fahrenheit.</p> <p>The refrigerator compartment of the "Whirlpool No Frost" brand refrigerator located in the home's basement had a temperature reading of 48 degrees Fahrenheit.</p> <p>The "Energy Saver" brand freezer located in the home's basement had a temperature reading of 8 degrees Fahrenheit</p> <p>The "Crosley" brand freezer located in the home's basement did not have a thermometer.</p> | 12-13-10 | <p>THE TEMPERATURES WERE ADJUSTED AT THE TIME OF INSPECTION - WILL BE CHECKED BY STATE + ADMINSTRATOR REGULARLY TO MAINTAIN PROPER TEMPERATURES</p> <hr style="width: 20%; margin: 10px auto;"/> <p>+ IN THE CROSLY FREEZER A THERMOMETER WAS REPLACED AT THE TIME OF INSPECTION</p> | <p>DCV 1-25-11</p> |

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| 132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative. | The fire drill record for the drill conducted in November 2010 did not include the day of the month on which it occurred. Repeated Violations: 05/19/2010 | 12-13-10 ONGOING | THE ONLY TIME FIRE DRILL WAS CONDUCTED WAS NOTED ON OUR DAILY DUESIR CALENDAR + WAS NOT ENHANCED ON THE FIRE DRILL LOG AS TO THE EXACT DAY NOV 7 TH 2010. IT WAS PROVIDED + CORRECTED AT THE TIME OF INSPECTION TO BE THE CORRECT DAY. IN THE FUTURE, THE ADMINISTRATOR WILL REVIEW RECORDS TO ENSURE COMPLETION + ACCURACY | DCV 1-25-11 |

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| | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%; border-bottom: none;">Mont</th> <th style="width: 10%; border-bottom: none;">Date</th> <th style="width: 10%; border-bottom: none;">Time</th> <th style="width: 10%; border-bottom: none;">Evac. Time</th> <th style="width: 10%; border-bottom: none;">FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Feb</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Mar</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Apr</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>May</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jun</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jul</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Aug</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Sep</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Oct</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Nov</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table> | Mont | Date | Time | Evac. Time | FSE | Jan | | | | No | Feb | | | | No | Mar | | | | No | Apr | | | | No | May | | | | No | Jun | | | | No | Jul | | | | No | Aug | | | | No | Sep | | | | No | Oct | | | | No | Nov | | | | No | Dec | | | | No | | | |
| Mont | Date | Time | Evac. Time | FSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Jun | | | | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nov | | | | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

| | | | |
|---|-----------------|---|-----------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME ANDSHER PERSONAL CARE HOME, 20 NORTH KENNEDY DRIVE, MCADOO, PA 18237 | | CURRENT LICENSE NUMBER 242511 | |
| INSPECTION DATES (Include all dates of the inspection) 12/13/2010 | | REGIONAL REPRESENTATIVE Betty Bloch, 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) | | | |
| SIGNATURE OF LEGAL ENTITY <i>Andrew G. Greenness</i> | DATE 1-18-11 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dianne A. [unclear]</i> | DATE 1-25-11 |

| 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 |
|--|--|-----------------------------|--|--|
| 141b1 A resident shall have a medical evaluation: (1) At least annually. | The most recent annual medical evaluation in the record of resident #2 was completed 10/21/10. The annual medical evaluation was not completed within a year, and the 15-day grace period, provided of the previous medical evaluation completed 9/1/09. | 12.13.10 ONGOING | MEDICAL EVALUATIONS WILL BE COMPLETED ANNUALLY FOR ANY RESIDENT + IS MONITORED BY A CHECK-LIST OF DATES SUCH UPDATES ARE REQUIRED. ADMINISTRATOR WILL REVIEW + COMPLETE THIS CHECK LIST TO ENSURE TIMELY + ACCURATE RESULTS IN THE FUTURE. | <div style="text-align: center;"> Steps have been taken to correct violation; full compliance is not verifiable Date: _____ Initials (DPW): _____ </div> <div style="text-align: center;"> Steps have been taken to correct violation; full compliance is not verifiable Date: 1-25-11 Initials (DPW): SCV </div> |

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

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| NAME AND ADDRESS OF PERSONAL CARE HOME ANDSHER PERSONAL CARE HOME, 20 NORTH KENNEDY DRIVE, MCADOO, PA 18237 | | CURRENT LICENSE NUMBER 242511 | |
| INSPECTION DATES (Include all dates of the inspection) 12/13/2010 | | REGIONAL REPRESENTATIVE Betty Bloch, 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) | | | |
| SIGNATURE OF LEGAL ENTITY <i>Andrew J. Shekness</i> | DATE 1-18-11 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diana C. Saloner</i> | DATE 1-25-11 |

| 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 |
|--|--|-----------------------------|---|---|
| 183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home. | The following medications prescribed to the stated residents expired on the stated dates: Resident #6: (2) packages of Acetaminophen ER 650mg, expired 1/20/10 Resident #7: Cetirizine HCL 10mg, expired 9/14/10 Resident #8: Acetaminophen ER 650mg, expired 9/9/10 Resident #9: Non-Aspirin 325mg, expired 9/17/10 Resident #10: (2) packages of Non-Aspirin 500mg, expired 7/15/10; Non-Aspirin 500mg, expired 9/12/09 Repeated Violations: 08/20/2010 05/19/2010 | 12-13-10 | DISCONTINUED MEDS + RESIDENTS WHO ARE OBSOLETE WILL BE RETURNED TO PHARMACY OR PROPERLY OBSOLETE. ALL MEDS, OTC'S + CAM'S WILL BE CHECKED FOR EXPIRATION + ACCURACY WEEKLY WITHIN MONTHLY BY THIS PHARMACY WEEKLY, TO INSURE THE MEDS WE HAVE ARE CURRENT, UP TO DATE, CURRENT RESIDENTS + WILL COORDINATE THIS WITH THE PHARMACY, TO INSURE ACCURACY | Steps have been taken to correct violation; full compliance is not verifiable 1-25-11 Date: <i>DC</i> Initials (DPW) |

| | | | |
|---|-----------------|---|-----------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME ANDSHER PERSONAL CARE HOME, 20 NORTH KENNEDY DRIVE, MCADOO, PA 18237 | | CURRENT LICENSE NUMBER 242511 | |
| INSPECTION DATES (Include all dates of the inspection) 12/13/2010 | | REGIONAL REPRESENTATIVE Betty Bloch, Leslie Patton | |
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| SIGNATURE OF LEGAL ENTITY <i>Andrew C. Shubness</i> | DATE 1-18-11 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Deanne C. Valance</i> | DATE 1-25-11 |

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| 185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. | Staff person A, who is the administer, and staff persons B and C stated it is the home's policy that insulin can not be administered after 28 days of an insulin bottle being opened. The following residents are prescribed insulin which staff continued to administer after the period of time specified by the home's policy: Resident #3: Lantus insulin, opened 11/11/10 Resident #8: Novolog insulin, opened 11/12/10 Resident #11: Novolog insulin, opened 11/12/10 Resident #5 is prescribed Flexeril 10mg to be administered 3 times a day as needed. The medication was not on hand at the time of the inspection. | 12-13-10 ONGOING | THE INSULIN WAS DISCARDED AT TIME OF INSPECTION + A POLICY OF USING STICK-ON LABEL TO RECORD THE "OPEN DATE" - THE 28 DAY DISCARD DATE ON THE INSULIN BOTTLES. ALSO WE USE A CALENDER TO HIGHLIGHT THE DISCARD DAY OF ANY INSULIN USED + THESE ARE CHECKED DAILY BY STAFF + ADMINISTRATOR TO ENSURE COMPLIANCE. RESIDENT # 5 FLEXERIL WAS CORRECTED AT TIME OF INSPECTION OR EXTENS OFFICE WAS CALLED. | DCV 1-25-11 |

CONFIRMED FLEXERIL WAS O.K. WE WILL WORK WITH THE PHARMACY TO ENSURE ALL CHECKS ARE MADE TO MAR'S WHENEVER MED CHANGES OCCUR.

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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| SIGNATURE OF LEGAL ENTITY <i>Andrew C. Burkness</i> | DATE 1-18-11 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>D. Marie C. Valente</i> | DATE 1-25-11 |

| 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 |
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| 221c A current weekly activity calendar shall be posted in a conspicuous and public place in the home. | The home does not have a current weekly activity calendar posted for December 2010; the one posted did not include a month and year on it. | 12-13-10 + ONGOING | THE ACTIVITY CALENDAR WAS NOTED AT TIME OF INSPECTION. THE CURRENT MONTHS, MONTHS, + YEARS WILL BE CHANGED WITH THE CURRENT EACH MONTH TO REFLECT THE CURRENT MONTHS, MONTHS, YEARS OF OUR ACTIVITY CALENDAR. THIS WILL BE MONITORED BY STATE ADMINISTRATOR. | DCV 1-25-11 |

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JAN 21 2011

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Adult Residential Licensing