

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PENNSYLVANIA SOLDIERS AND SAILORS HOME  
LEGAL ENTITY

To operate PENNSYLVANIA SOLDIERS AND SAILORS HOME  
NAME OF FACILITY OR AGENCY

Located at 560 E. 3RD STREET, P.O.B 6239, ERIE, PA 16512  
(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 100  
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 18, 2011 until February 18, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 448290

*Robert E. Robinson*

ISSUING OFFICER

*R. C. 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 22 2011

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

Mr. Gary Skovron, Administrator  
Pennsylvania Soldiers and Sailors Home  
P.O. Box 6239  
560 East Third Street  
Erie, Pennsylvania 16512

Dear Mr. Skovron:

As a result of the Department of Public Welfare's licensing inspection on December 14, 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 'R Melusky'.

Ronald Melusky  
Acting Director

Enclosures  
License  
Violation Report

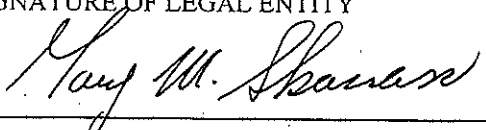
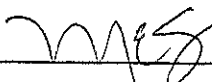
VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

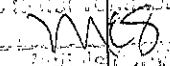
NAME AND ADDRESS OF PERSONAL CARE HOME PENNSYLVANIA SOLDIERS AND SAILORS HOME, 560 E 3RD STREET P O B 6239 ERIE, PA 16512		CURRENT LICENSE NUMBER 448290	
INSPECTION DATES (Include all dates of the inspection) 12/14/2010		REGIONAL REPRESENTATIVE Diane Whitney, Alden Linhart, Lindsey Wislie	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <b>GARY M. SKOVRON PERSONAL CARE HOME ADMINISTRATOR</b>			
SIGNATURE OF LEGAL ENTITY <i>Gary M. Skovron</i>	DATE 1-27-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Michael E. Stram</i>	DATE 2/10/11

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
85d Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.	The trash can in the shared bathroom of room 801 was uncovered.	Feb. 28, 2011	Trash can in bathroom of room 801 was replaced with covered trash can. All shared bathrooms will be reviewed by personal care administrator for covered trash cans. Random audits of shared bathrooms will be conducted by Personal Care Home Admin. monthly x3 and quarterly xl. Results of the audits will be reviewed by the QA Committee to determine need for ongoing monitoring.	Steps have been taken to correct violation; full compliance is not verifiable 2/10/11 Date Initials (D/W)
95 Furniture and equipment shall be in good repair, clean and free of hazards.	The cover for the heating unit in the men's bathroom in the Blue Hall was rusted and the cover for the access hole to the unit was missing.		95 Cover for the heating unit in the bathroom will be cleaned and painted. The missing access cover will be replaced. All heating units will be reviewed by the PCH Admin. for repair. Random audits of the heating units will be conducted by the PCH Admin monthly x3 & quarterly xl. Results of the audits	Steps have been taken to correct violation; full compliance is not verifiable 2/10/11 Date Initials (D/W)

will be reviewed by the QA Committee to determine need for ongoing monitoring.

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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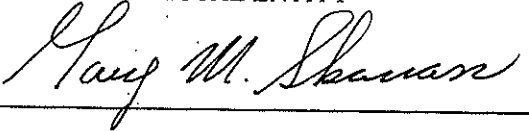
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105g1 To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.	On 12-14-2010, there was an accumulation of lint, approximately 1 1/2", in the lint trap of the commercial dryer in the laundry room across from the first floor recreation room.	Feb. 28, 2011	The laundry staff will be educated by the Staff Development Nurse of the requirement: to reduce the risk of fire hazards, lint shall be removed from the lint trap after each use. The Personal Care Home Administrator will conduct audits of the dryers and lint traps in the commercial laundry area 2x weekly x 1 month and monthly x3. Results of the audits will be reviewed by the Quality Assurance Committee to determine need for ongoing monitoring.	Steps have been taken to correct violation, full compliance is not applicable 2/10/11 Date  (Initials)

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SIGNATURE OF LEGAL ENTITY <i>May M. Shuman</i>	DATE 1-27-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>MES</i>	DATE 2/10/11


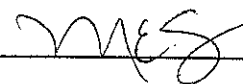
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY.	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	<p>Resident #5's assessment dated 2-24-2010 did not include the diagnoses of hyperlipidemia, hypertension, colon polyps, morbid obesity, diabetes mellitus, and hyperprolactinemia as specified on the medical evaluation dated 2-26-2010.</p> <p>Resident #6's assessment dated 12-1-2010 did not include the diagnoses of CVA, depressive disorder, osteoarthritis, constipation and alcoholism as specified on the medical evaluation dated 12-2-2009.</p> <p>Resident #7's assessment dated 11-24-2010 did not include the diagnoses of chronic non-malignant pain syndrome, seizure disorder, COPD, alcoholism, and nicotine dependence as specified on the medical evaluation dated 11-28-2010.</p> <p>Resident #8's assessment dated 7-14-2010 did not include the diagnoses of paranoid schizophrenia, hyperlipidemia, BPH, GERD, tinea pedis, hypothyroidism, and cannabis use in remission from the medical evaluation dated 7-2-2010.</p>	Feb. 28, 2011	<p>Residents #5, 6, 7, 8, 9, 10 &amp; 11's assessments were updated with diagnosis on the most recent medical evaluation. All other residents' assessments will be updated with the diagnosis from the most recent medical evaluation. The residents' assessments will be randomly audited by Social Service weekly x2, monthly x2 and quarterly x1. Results of the audits will be reviewed by the Quality Assurance Committee to determine need for ongoing monitoring.</p>	<p>State have been taken on 2/10/11 corrected. Any full compliance is not required. <i>MES</i> 2/10/11</p>

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	<p>Resident #9's assessment dated 5-5-2010 did not include the diagnoses of CAD, HTN, BPH, hyperlipidemia, anemia, diverticulosis, and A-flutter from the medical evaluation dated 5-6-2010.</p> <p>Resident #10's assessment dated 10-13-2010 did not include the diagnoses of paranoid schizophrenia, Barrett's esophagitis, cannibas abuse, eposodic anxiety, anemia, insomnia, hip pain, dematitis, hypercholesteralemia, and hypertension from the mediucal evaluation dated 1-12-2010.</p> <p>Resident #11 assessment dated 4-21-2010 did not include the diagnoses of alcoholic gastritis, GERD, diaphragmatic hernia, venus insufficiency and depression from the medical evaluation dated 4-20-2010.</p>			

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227g Individuals who participate in the development of the support plan shall sign and date the support plan.	Resident #8 participated in the development of their support plan on 7-14-2010. The resident did not sign the support plan.	Feb. 28, 2011	Resident #8's support plan will be reviewed with <span style="background-color: black; color: black;">[REDACTED]</span> signed and dated. All other residents support plans will be reviewed signed and dated by those participating in the development at their next scheduled meeting. The residents' support plans will be randomly audited by Social Service monthly X3 and quarterly xl. Results of the audits will be reviewed by the Quality Assurance Committee to determine need for ongoing monitoring.	2/10/11 