

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **I & A RESIDENTIAL SERVICES, INC.**

To operate **I & A RESIDENTIAL SERVICES, BUILDING A**

Located at **111 EAST PIKE, INDIANA, PA 15701**

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 **5**
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 **March 9, 2011** until **March 9, 2012**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 427230

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

MAR 11 2011

PHONE: (717) 783-3670

FAX: (717) 783-5662

Ms. Heather Gelles, Executive Director
I & A Residential Services, Inc.
1019 Philadelphia Street, Suite 2
Indiana, Pennsylvania 15701

RE: I & A Residential Services – Building A
111 East Pike Road
Indiana, Pennsylvania 15701

Dear Ms. Gelles:

As a result of the Department of Public Welfare's licensing inspection on December 28, 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,


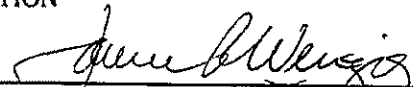
A handwritten signature in black ink, appearing to read 'R. Melusky'.


Ronald Melusky
Acting Director

Enclosures
License
Violation Report

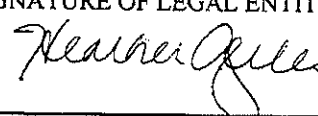

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

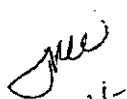
Page / of 2

NAME AND ADDRESS OF PERSONAL CARE HOME I & A RESIDENTIAL SERVICES BUILDING A, 111 EAST PIKE INDIANA, PA 15701		CURRENT LICENSE NUMBER 427230	
INSPECTION DATES (Include all dates of the inspection) 12/28/2010		REGIONAL REPRESENTATIVE D. McConnell	
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 	DATE 2/9/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-24-11

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
25a1 Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.	Resident #2, admitted on 12/22/10, did not have a resident-home contract completed as of 12/28/10. <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">Adult Residential Licensing</p>		Effective immediately, Administrator, [REDACTED] will ensure all future admissions have resident-home contracts signed within 24 hours after admission or prior to admission. Resident # 2's contract was completed 12/28/10 and is attached.	 2-24-11

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

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85e Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.	The garbage can and recycle bin on the rear deck are not covered.		85e further states, "This does not apply to local recycle containers." Please refer to the attached pictures. There was no trash on the porch. The garbage can in question that did not have a lid contains plastics for recycling. We have labeled this trash can "plastics" and purchased a lid. We labeled the small, blue container "aluminum cans" and labeled the other container "ice melt." Our home has too much weekly recycling to use the regular "local recycle container" so we use other receptables. The ice melt is stored there for convenience.	 2-24-11
Western Region Adult Residential Licensing				

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SIGNATURE OF LEGAL ENTITY <i>Heather Ogles</i>	DATE 2/9/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JAW</i>	DATE 2-24-11

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
132a An unannounced fire drill shall be held at least once a month.	Both the administrator and staff confirm that the staff are notified in advance of a fire drill. Repeated Violations: 01/25/2010	2/9/11	Our staff had been notified to conduct a drill via telephone at the exact time the drill was to be conducted in accordance with our interpretation of the LMI, "fire drills must be held without any notice...other than for the staff person responsible for setting off the alarm..." As a result of this citation, effective immediately, a person other than the staff on duty will set off our alarm to conduct a drill.	Steps have been taken to correct violation; full compliance is not verifiable <i>2-24-11 JAW</i>	Date Initials (DPW)

Western Region

Adult Residential Licensing

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

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SIGNATURE OF LEGAL ENTITY <i>Weather Gilles</i>	DATE 2/9/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>DM</i>	DATE 2-24-11


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
144c2 The location of a smoking room or outside smoking area shall be a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.	The home's smoking area on the rear deck is located directly outside the exit from the kitchen.	12/28/10	The smoking area was moved 12/28/10, the day of inspection. There are two other exits off the main floor that are smoke free.	<i>DM</i> 2-24-11
<p style="font-size: 24px; opacity: 0.5;">Western Region</p> <p style="font-size: 24px; opacity: 0.5;">Adult Residential Licensing</p>				

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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.	The most recent assessment completed for resident #3 was on 10/10/09. <div style="text-align: center; font-size: 24px; opacity: 0.5;">Western Region</div>	2-24-11 3-31-11	Effective immediately, Administrator, [REDACTED] will ensure all assessments are completed in accordance with regulation 225c. Resident # 3's assessment was completed 12/28/10. See attached. <i>Administrator will review the assessments of all residents to ensure they are timely and complete. Assessments will be completed at least annually and if a resident has a significant change in condition.</i>	Steps have been taken to correct violation; full compliance is not verifiable Date <u>2-24-11</u> Initials (DPW) <u>DM</u>

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227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	The most recent completed support plan for resident #3 was 10/10/09.	12/28/10 Immediately	The support plan for resident #3 was updated on 12/28/10. Administrator will ensure that all support plans are completed in accordance with regulation 227c.	Steps have been taken to correct violation; full compliance is not verifiable <u>2-24-11</u> Date Initials (DPW)
		3/31/11	Administrator will review the support plans of all residents to ensure they are timely and complete support plans will be completed at least annually and if a resident has a significant change	

in condition on 2-24-11