

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to NEW HOPE ASSISTED LIVING, INC.

To operate NEW HOPE ASSISTED LIVING

Located at 300 UNION AVENUE, AVALON, PA 15202

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 75  
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 April 3, 2011 until April 3, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **432100**

*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

APR 08 2011

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

Mr. Scott A. Farabaugh, Administrator  
New Hope Assisted Living, Inc.  
New Hope Assisted Living  
300 Union Avenue  
Avalon, Pennsylvania 15202

Dear Mr. Farabaugh:

As a result of the Department of Public Welfare's licensing inspection on January 10, 2011 and January 12, 2011, 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 NEW HOPE ASSISTED LIVING, 300 UNION AVENUE AVALON, PA 15202		CURRENT LICENSE NUMBER 432100
INSPECTION DATES (Include all dates of the inspection) 01/10/2011, 3/12/11	REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Michael Marini	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Scott A. Farabaugh, Administrator</i>		
SIGNATURE OF LEGAL ENTITY <i>Scott A. Farabaugh</i>	DATE <i>3/28/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
		DATE <i>3/31/11</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
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The contracts for Residents #1 and #2 were not signed by the administrator or designee.  Repeated Violations: 01/27/2010	<i>As of 3/26/11 Complete + attached</i>	25b The purpose of this regulation is to provide documentation that the Administrator, or his designee, have signed the contract.  The root cause of the violation is the administrator or his designee overlooking this function during the admissions process.  We have fixed the immediate problem by signing the contracts for Residents #1 and #2 (see attachment 1).  We are certain that the problem will not happen again because an Administrator's Admissions Checklist will be made by March 29, 2011 to be used and signed off for all admissions: <i>Already prepared + with attachments for this section.</i> The method we will use to monitor the process is that the Contract may not be filed until every item on the Administrator's Admissions Checklist is signed off. Each Administrator's Admissions Checklist shall be monitored by the Administrator himself.	
25c4 (4) The party responsible for payment.	The contracts for Residents #2, #3, #4 and #5 do not specify the party responsible for payment.	<i>Complete + attached</i>		

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By \_\_\_\_\_

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

Page 1A of 26

NAME AND ADDRESS OF PERSONAL CARE HOME NEW HOPE ASSISTED LIVING, 300 UNION AVENUE AVALON, PA 15202		CURRENT LICENSE NUMBER 432100
INSPECTION DATES (Include all dates of the inspection) 01/10/2011 , 1/12/11	REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Michael Marini	
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>Scott A. Fairbairn</i>	DATE 3/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
		DATE 3/31/11

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
25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The contracts for Residents #1 and #2 were not signed by the administrator or designee.  Repeated Violations: 01/27/2010		25c4 The purpose of this regulation is to document who is responsible for payment.  The root cause of the violation is the administrator or his designee over looking this function during the admissions process.  We have fixed the immediate problem by asking Residents or their designee to sign the Responsible Party line of the Contract, see Attachment 1.  We are certain that the problem will not happen again because we will implement the use of an Administrator's Admissions Checklist to be used and signed off during all admissions.	<i>[Signature]</i> 3/31/11
25c4 (4) The party responsible for payment.	The contracts for Residents #2, #3, #4 and #5 do not specify the party responsible for payment.	Complete and attached as of 3/26/11	The method we will use to monitor the process is that the Contract may not be filed in the drawer until every item on the Administrator's Admissions Checklist is signed off. This Checklist shall be created by the Assistant Administrator by March 29, 2011. Each Administrator's Admissions Checklist shall be monitored by the Administrator himself.	

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

NAME AND ADDRESS OF PERSONAL CARE HOME NEW HOPE ASSISTED LIVING, 300 UNION AVENUE AVALON, PA 15202		CURRENT LICENSE NUMBER 432100
INSPECTION DATES (Include all dates of the inspection) 01/10/2011 , 1/12/11	REGIONAL REPRESENTATIVE Lisa V. Flinger-Alman, Michael Marini	
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>Scott A. Farnsworth</i>	DATE 3/25/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
		DATE 3/31/11

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
26a The home shall establish and implement a quality management plan.	The home does not have a quality management plan.	<i>Completed as of 3/26/11</i>	<p>The purpose of this regulation is to provide documentation that the home is committed to continuously exploring ways to stay in compliance and improve the care and environment for the Residents.</p> <p>The root cause of the violation is that although quality improvement projects were worked on throughout 2010, the meeting minutes and outcomes were not documented in the Compliance Binder.</p> <p>We have fixed the immediate problem by completing the Quality Report Form from information collected throughout 2010 (see attachment).</p> <p>The problem will not happen again because the policy and procedure has been amended to include 2 regularly scheduled quality meetings to be held during the weeks of January 15th and July 15th of each year (see attachments). The method we will use to monitor the process is that all reports and meeting minutes will be generated and immediately filed subsequent to the meetings.</p>	<i>[Signature]</i> 3/31/11

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

NAME AND ADDRESS OF PERSONAL CARE HOME NEW HOPE ASSISTED LIVING, 300 UNION AVENUE AVALON, PA 15202		CURRENT LICENSE NUMBER 432100
INSPECTION DATES (Include all dates of the inspection) 01/10/2011 , 1/12/11	REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Michael Marini	
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>A. G. Farrelly</i>	DATE 3/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JM</i>
		DATE 3/31/11

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
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.	<p>According to Staff person A, Director of Resident Care, there are cameras in the home that can record/video images up to 30 days the following areas:</p> <ul style="list-style-type: none"> <li>• Basement game room, located in the Lilac Building</li> <li>• Card Room, located on the 1st floor of the Lilac Building</li> <li>• Common area, located on the 2nd floor of the Lilac Building</li> <li>• Common area, located on the 3rd floor of the Lilac Building</li> <li>• Activities room, located in the Rose Building</li> <li>• T.V. room on the 1st floor common area</li> <li>• The Director of Resident of Care and nurse's office</li> </ul> <p>Video recording of residents is not permitted. Video viewing in common areas of the home is permitted only for safety purposes, with written permission of the residents, and only if there is video monitoring with no recording capability. (Observed on 1/10 and 1/12/11)</p>	<p><i>Already complete</i> <i>ae of</i> <i>3/26/11</i></p>	<p>The purpose of this regulation is to ensure that each Resident's right to Privacy is protected.</p> <p>The surveillance equipment has been turned off. If, in the future, the Administrator decides that it is in the best interest of the Residents to implement video viewing then new policies and procedures shall be written that are strictly in compliance with 55Pa. Code Chapter 2600.</p>	<p><i>JM</i> <i>3/31/11</i></p>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME NEW HOPE ASSISTED LIVING, 300 UNION AVENUE AVALON, PA 15202		CURRENT LICENSE NUMBER 432100
INSPECTION DATES (Include all dates of the inspection) 01/10/2011, 1/12/11	REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Michael Marini,	
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>Aunt G. Fairbanks</i>	DATE 3/25/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>
		DATE 3/31/11

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
51/52 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).  Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15	A criminal background check has not been completed for ancillary staff person B, who was hired on 6/25/10. (Observed on 1/10/11)	Already completed and attached as of 3/26/11	The purpose of this regulation is to provide documentation that the home does not hire any staff person who possesses a criminal charge from the prohibited list.  The root cause of the problem is the Administrator didn't perform a criminal background check. We have fixed the immediate problem by completing a criminal background check on staff person B see attachment 3.  The problem will not happen again because each department head, has been directed to sign-off on the new hire checklist form and submit it, along with all new hire documents, to the administrator for his review prior to the documents being filed (see attachment 4).	Steps have been taken to correct violation; full compliance is not verifiable Date <u>3/31/11</u> Initials (DPW) <u>[Signature]</u>

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

NAME AND ADDRESS OF PERSONAL CARE HOME NEW HOPE ASSISTED LIVING, 300 UNION AVENUE AVALON, PA 15202		CURRENT LICENSE NUMBER 432100	
INSPECTION DATES (Include all dates of the inspection) 01/10/2011, 1/12/11		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Michael Marini, Lisa V. Flinner-Alman, Michael Marini	
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>Scott A. Fairbairn</i>	DATE  3/28/11	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
(relating to protective services for older adults) and other applicable regulations.				

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

NAME AND ADDRESS OF PERSONAL CARE HOME NEW HOPE ASSISTED LIVING, 300 UNION AVENUE AVALON, PA 15202		CURRENT LICENSE NUMBER 432100	
INSPECTION DATES (Include all dates of the inspection) 01/10/2011 , 1/12/11		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Michael Marini, Lisa V. Flinner-Alman, Michael Marini	
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SIGNATURE OF LEGAL ENTITY <i>Scott G. Furbush</i>	DATE 3/20/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3/31/11

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
65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency	Staff person B, whose first day of work was 6/25/10, did not receive orientation in any of the required areas. (Observed on 1/10/11)	<i>Complete and attached as of 3/26/11</i>	The purpose of this regulation is to provide documentation that the home provided the education required by 65a to each employee.  The root cause of the problem was that the Dietary Manager forgot to schedule this part time (weekend/two evenings per week dishwasher) employee for orientation.  The problem will not happen again because the Dietary Manager has been educated on the new hire process. In addition, he is now required to use the New Hire Checklist (see attachment 4 from previous section) and submit all new hire documentation to the administrator for his approval prior to filing.	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> Date <i>[Signature]</i> Initials (DPW)

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VIOLAT REPORT  
PERSONAL CARE HOMEs - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME NEW HOPE ASSISTED LIVING, 300 UNION AVENUE AVALON, PA 15202		CURRENT LICENSE NUMBER 432100	
INSPECTION DATES (Include all dates of the inspection) 01/10/2011 , 1/17/11		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Michael Marini, Lisa V. Flinner-Alman, Michael Marini	
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>Scott G. Farabough</i>	DATE 3/28/11	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
location if applicable. (3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.				

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

NAME AND ADDRESS OF PERSONAL CARE HOME NEW HOPE ASSISTED LIVING, 300 UNION AVENUE AVALON, PA 15202		CURRENT LICENSE NUMBER 432100	
INSPECTION DATES (Include all dates of the inspection) 01/10/2011 , 1/12/11		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Michael Marini, Lisa V. Flinner-Alman, Michael Marini	
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>Scott A. Farabough</i>	DATE 3/29/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3/31/11

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
65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (4) Reporting of reportable incidents	Ancillary staff person B did not receive orientation in any of the required areas. (Observed on 1/10/11)	Complete as of 3/26/11	The purpose of this regulation is to provide documentation that the home provided the education required by 65b to each employee.  The root cause of the problem was that the Dietary Manager forgot to schedule this part time (weekend/two evenings per week dishwasher) employee for orientation.  The problem will not happen again because the Dietary Manager has been educated on the new hire process. In addition, he is now required to use the New Hire Checklist (see attachment 4 from previous section) and submit all new hire documentation to the administrator for his approval prior to filing.  The employee (Staff person B) was required to complete the training. See attachment.	Steps have been taken to correct violation; full compliance is not verifiable Date: <i>3/26/11</i> Initials (DPW): <i>[Signature]</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME NEW HOPE ASSISTED LIVING, 300 UNION AVENUE AVALON, PA 15202		CURRENT LICENSE NUMBER 432100	
INSPECTION DATES (Include all dates of the inspection) 01/10/2011, 11/12/11		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Michael Marini, Lisa V. Flinner-Alman, Michael Marini	
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>Scott G. Farabough</i>	DATE 3/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3/31/11

REGULATION 55 Pa. Code §2600 and conditions.	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
<div style="border: 2px solid black; padding: 5px; width: fit-content; margin-bottom: 10px;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="margin: 0;">MAR 28 2011</p> <p style="margin: 0;">By _____</p> </div>				

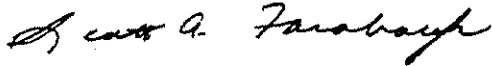

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600


NAME AND ADDRESS OF PERSONAL CARE HOME NEW HOPE ASSISTED LIVING, 300 UNION AVENUE AVALON, PA 15202		CURRENT LICENSE NUMBER 432100	
INSPECTION DATES (include all dates of the inspection) 01/10/2011, 1/12/11		REGIONAL REPRESENTATIVE Lisa V. Flinger-Alman, Michael Marini, Lisa V. Flinger-Alman, Michael Marini	
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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
81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	The bed in Room O has an enabler that is not securely attached to the top of the bed. The enabler has a space of 11 inches in width and poses a possible entrapment hazard. (Observed on 1/12/11)	Completed 3/27/11  4/4/11	The purpose of this regulation is to ensure that Residents' equipment is clean, in good repair and free of hazards.  The root cause of the violation is that the family brought in the equipment and was not aware that the equipment was non-compliant.  We have fixed the immediate problem by notifying the Resident's designated person. She came in and modified the enabler to make it compliant on 3/27/11. <i>3/31/11</i>  Direct care staff persons as well as the housekeepers have been directed to tell the administrator if any Resident brings in an enabler. The posted house rules as well as contract and the shall be updated to inform all current and future Residents and their designees that they may not bring in equipment without permission from the administrator. These tasks shall be completed by the administrator by April 4, 2011.  The method we will use to monitor the process is to assign the home's administrator the task of not only ensuring equipment is clean and in good repair but also ensuring that all equipment is in compliance with regulations.	<i>JW</i> 3/31/11

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MAR 28 2011

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

NAME AND ADDRESS OF PERSONAL CARE HOME NEW HOPE ASSISTED LIVING, 300 UNION AVENUE AVALON, PA 15202		CURRENT LICENSE NUMBER 432100
INSPECTION DATES (Include all dates of the inspection) 01/10/2011 , 1/12/11	REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Michael Marini, Lisa V. Flinner-Alman, Michael Marini	
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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
103b Kitchen surfaces shall be of a nonporous material and cleaned and sanitized after each meal.	The mini refrigerator in the kitchenette located off of the dining room on the main floor was dirty with dried liquids that appeared to be dried milk on the bottom shelf and dried liquid splattered on the inside of the refrigerator door. There were also crumbs on top of the refrigerator. <b>(Observed on 1/12/11)</b>	1/12/11          3/29/11	The purpose of this regulation is to ensure that kitchen surfaces are cleaned and sanitized after each meal.  The root cause of the violation is that heretofore it was not assigned to a specific dietary position.  We have fixed the immediate problem by cleaning the refrigerator <u>the same day as the inspection</u> .  We are certain that the problem will not happen again because the head cook shall amend the dietary job description by March 29, 2011 to state that the mini refrigerator is to be cleaned by the same person(s) who clean and sanitize tables after each meal.  The method we will use to monitor the process is to have the cook check the refrigerator each day and sign-off on a new form as to its cleanliness. The new form shall be made and implemented by March 29, 2011	 3/31/11

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By \_\_\_\_\_

VIOLA. PLAN REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME NEW HOPE ASSISTED LIVING, 300 UNION AVENUE AVALON, PA 15202		CURRENT LICENSE NUMBER 432100
INSPECTION DATES (Include all dates of the inspection) 01/10/2011, 1/12/11	REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Michael Marini, Lisa V. Flinner-Alman, Michael Marini	
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		DATE 3/31/11

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
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.	<p>The following items were observed in the main floor kitchen refrigerator:</p> <ul style="list-style-type: none"> <li>• A zip lock bag containing 1/2 of a cucumber and a portion of a cut red pepper - unlabeled and undated</li> <li>• A zip lock bag of cut up onions - unlabeled and undated</li> <li>• A zip lock bag containing 1/2 of a tomato - unlabeled and undated</li> <li>• Two packages of cut up onions wrapped in cellophane - unlabeled and undated</li> <li>• A half of a tomato wrapped in cellophane - unlabeled and undated</li> </ul> <p><b>(Observed on 1/12/11)</b></p>	<p>1/12/11</p> <p>3/29/11</p>	<p>The purpose of this regulation is to ensure that food that is outdated is not served.</p> <p>The root cause of the violation is that the cooks failed to appreciate that the regulation applies to ALL foods including foods that are being processed for today's meals.</p> <p>The items were immediately dated the <u>same day as the inspection</u>.</p> <p>We are certain that the problem will not happen again because the head cook shall document the re-education of the staff in regards to all dietary regulations, policies and procedures by March 29, 2011. All staff shall be made fully aware of the consequences of not labeling and dating food items.</p> <p>The method we will use to monitor the process is to assign the Head Cook (or in his absence the Administrator or Director of Resident Care Services, who are both certified food handlers), to inspect the refrigerators and freezers daily. Staff persons who fail to comply shall receive disciplinary action.</p>	<p><i>[Signature]</i></p> <p>3/31/11</p>

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By \_\_\_\_\_

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

NAME AND ADDRESS OF PERSONAL CARE HOME NEW HOPE ASSISTED LIVING, 300 UNION AVENUE AVALON, PA 15202		CURRENT LICENSE NUMBER 432100	
INSPECTION DATES (Include all dates of the inspection) 01/10/2011, 1/12/11		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Michael Marini, Lisa V. Flinner-Alman, Michael Marini	
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>Scott G. Fairbairn</i>	DATE 3/25/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3/21/11

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
107d The written emergency procedures shall be reviewed, updated and submitted annually to the municipal emergency management agency.	The home's written emergency procedures have not been reviewed since 9/26/09. <b>(Observed 1/12/11)</b>	<i>Completed as of 3/26/11</i>	<p>The purpose of this regulation is to ensure that the home's emergency procedures are adequate to ensure Resident safety through a review by the municipal emergency management agency.</p> <p>The root cause of the violation is that although the plan was submitted and approved per attachment 5 (letter from Borough of Avalon), the administrator did not document that he, too, had reviewed and approved the plan. The signed statement that he had reviewed and approved the plan prior to sending it to the Borough is included with attachment 5.</p> <p>We are certain that the problem will not happen again because the Administrator will be certain to update his approval documentation at the same time he completes the review.</p>	<i>[Signature] 3/21/11</i>

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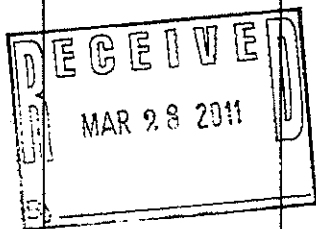
MAR 28 2011

By \_\_\_\_\_

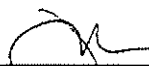
VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME NEW HOPE ASSISTED LIVING, 300 UNION AVENUE AVALON, PA 15202		CURRENT LICENSE NUMBER 432100	
INSPECTION DATES (Include all dates of the inspection) 01/10/2011, 1/12/11		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Michael Marini, Lisa V. Flinner-Alman, Michael Marini	
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SIGNATURE OF LEGAL ENTITY <i>Scott A. Farabough</i>	DATE 3/29/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3/31/11

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
125a Combustible and flammable materials may not be located near heat sources or hot water heaters.	There were three cushions located 18 inches from the water heater. <b>(Observed on 1/12/11)</b>	<i>Completed as of 3/26/11</i>  <i>1/12/11</i>	<p>The purpose of this regulation is to ensure that the combustible and flammable materials are not located near a source that could cause a fire.</p> <p>The root cause of the violation is that an unknown staff person ignored the signage on the hot water heater to not place anything within 5 feet.</p> <p>We are certain that the problem will not happen again because the door to the room where the hot water heaters are located shall remain locked when not in use so that staff may not indiscriminately place items in the room.</p> <p>The method we will use to monitor the process is to ensure that only authorized personnel have a key to the rooms. If items are placed near the hot water heaters then we will be able to identify the staff person and re-educate them accordingly.</p> <p style="text-align: center;"><i>Cushions were moved the same day as the inspection</i></p>	<i>[Signature]</i> 3/31/11




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

NAME AND ADDRESS OF PERSONAL CARE HOME NEW HOPE ASSISTED LIVING, 300 UNION AVENUE AVALON, PA 15202		CURRENT LICENSE NUMBER 432100	
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SIGNATURE OF LEGAL ENTITY <i>of center A. Farabough</i>	DATE <i>3/28/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>3/31/11</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
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	The fire drill record for the drills conducted on 2/24/10 and 12/11/10 do not include the exit route used.	<i>Completed as of 3/28/11</i>	<p>The purpose of this regulation is to ensure that the exit route is included on the fire drill record so that a variety of fire scenarios are practiced by staff and Residents.</p> <p>The root cause of the violation is that the administrator failed to finish completing the form.</p> <p>We are certain that the problem will not happen again because the designated exit routes shall be noted and verified by the administrator.</p> <p>The method we will use to monitor the process is to assign the Assistant Administrator the task of reviewing the record subsequent to each fire drill.</p>	<i>3/31/11</i>

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 MAR 28 2011  
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VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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

NAME AND ADDRESS OF PERSONAL CARE HOME NEW HOPE ASSISTED LIVING, 300 UNION AVENUE AVALON, PA 15202		CURRENT LICENSE NUMBER 432100	
INSPECTION DATES (Include all dates of the inspection) 01/10/2011, 1/12/11		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Michael Marini, Lisa V. Flinner-Alman, Michael Marini	
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>Scott A. Furlong</i>	DATE 3/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3/31/11

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
141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	Under medications on the medical evaluation for Resident #6, dated 11/30/10, it is indicated to "See attached", however, there is no attached list of medications. (Observed on 1/10/11)  Repeated Violations: 01/27/2010	Completed already as of 3/26/11          4/30/11	The purpose of this regulation is to ensure that the Medical Evaluation is complete so that physician orders can be followed by staff.  The root cause of the violation is that the list was separated from the medical photocopy for the pharmacy and was accidentally not re-attached to the form. Physicians should document the medications directly on the medical evaluation.  We have fixed the immediate problem by asking the physician to re-do the medical evaluation.  We are certain that the problem will not happen again because we will staple as opposed to paper clipping any attachments to the MA-55.  The method we will use to monitor the process is that the Director of Resident Care Services shall review the Medical and Service Report, which includes a review of state required forms, on monthly basis.  If a physician attaches copy of medications to the med eval, administrator or designee will	Steps have been taken to correct violation; full compliance is not verifiable Date: 3/31/11 Inmate (DPW)


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ensure that the medication list is signed and dated by the physician and remains attached to the medical evaluation. Jan 3-31-11

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


NAME AND ADDRESS OF PERSONAL CARE HOME NEW HOPE ASSISTED LIVING, 300 UNION AVENUE AVALON, PA 15202		CURRENT LICENSE NUMBER 432100	
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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
history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.				

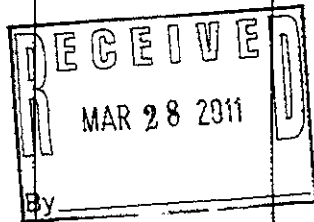
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VIOLAT. REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME NEW HOPE ASSISTED LIVING, 300 UNION AVENUE AVALON, PA 15202		CURRENT LICENSE NUMBER 432100	
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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
225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	The initial assessment for Resident #4, admitted 7/25/10, was completed on 8/10/10.  The assessment for Resident #4 does not indicate the resident sleeps in a recliner.  Repeated Violations: 01/27/2010	<i>Completed as of 3/26/11</i>	The purpose of this regulation is to ensure that the assessment is completed so that a support plan can be generated to meet each Resident's needs.  The root cause of the violation is that it was an oversight (the assessment was 24 hours late) and not common practice as evidenced by no other assessments that were found to be out of compliance during the inspection. In regards to the assessment failing to note that the Resident sleeps in a recliner, the nurse forgot to note that aspect of the assessment on the form.  We fixed the immediate problem by updating the assessment subsequent to the inspection on 1/13/11 see attachment .  We are certain that the problem will not happen again because our standard operating process is to duly note any special needs of our Residents.  The method we will use to monitor the process is to address issues of this nature through daily observations of Residents by weekly care conferences and monthly review of Medical and Service Reports.	 3/31/11



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

NAME AND ADDRESS OF PERSONAL CARE HOME NEW HOPE ASSISTED LIVING, 300 UNION AVENUE AVALON, PA 15202		CURRENT LICENSE NUMBER 432100	
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227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of those services.	The support plan for Resident #4 does not indicate the resident sleeps in a recliner.  Repeated Violations: 01/27/2010	<i>Completed as of 3/24/11</i>	<p>The purpose of this regulation is to ensure that each Resident's support plan reflects care and services that fulfill the needs demonstrated in the assessment.</p> <p>The root cause of the violation is that nurse forgot to note that aspect of care on the Support Plan form.</p> <p>We fixed the immediate problem by updating the Support Plan (see attachment 7)</p> <p>We are certain that the problem will not happen again because our standard operating process is to duly note any special needs of our Residents.</p> <p>The method we will use to monitor the process is to address issues of this nature through daily observations of Residents by weekly care conferences and monthly review of Medical and Service Reports.</p>	<i>[Signature]</i> 3/31/11

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PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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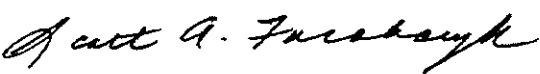

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252 Each resident's record shall include the following information: (1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old. (4) Language or means of communication spoken or used by the resident. (5) The name.	None of the resident's records include an inventory of personal belongings.  <div style="text-align: center; border: 2px solid black; padding: 5px; width: fit-content; margin: 20px auto;">                         RECEIVED MAR 28 2011                     </div>	To be completed by 4/28/11	The purpose of this regulation is to ensure that each Resident's record includes information that is relevant to his or her care of personal belongings.  The root cause of the violation is that at the time of admission we offer each Resident and his/her designated person a form to complete for the purpose of listing valuable personal belongings. The form does not include a section for voluntarily inventorying all personal belongings including non-valuables.  The Chief Operating Officer shall amend the form by 3/29/11, to invite Residents and/or their designees to inventory all personal belongings. This amended form shall be used in the admissions process effective 3/29/11 and it shall also be distributed to current Residents and their designees. by 4/28/11 The method we will use to monitor the process is to ensure that the new form replaces the old form in the admissions contract.  See attachment - final page of this section.	Steps have been taken to correct violation; full compliance is not verifiable [Signature] Initials (DPW)

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

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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
address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary				

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

NAME AND ADDRESS OF PERSONAL CARE HOME NEW HOPE ASSISTED LIVING, 300 UNION AVENUE AVALON, PA 15202		CURRENT LICENSE NUMBER 432100	
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restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any.				

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


NAME AND ADDRESS OF PERSONAL CARE HOME NEW HOPE ASSISTED LIVING, 300 UNION AVENUE AVALON, PA 15202		CURRENT LICENSE NUMBER 432100	
INSPECTION DATES (Include all dates of the inspection) 01/10/2011 , 1/12/2011		REGIONAL REPRESENTATIVE Lisa V. Flinner-Alman, Michael Marini, Lisa V. Flinner-Alman, Michael Marini	
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>Scott A. Farnbaugh</i>	DATE 3/28/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 3-31-11

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
(16) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated. (19) An inventory of the resident's property entrusted to the administrator for safekeeping. (20) The financial records of residents				

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receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified				

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in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any				

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