

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WOLF RUN VILLAGE LLC  
LEGAL ENTITY

To operate WOLF RUN VILLAGE  
NAME OF FACILITY OR AGENCY

Located at 3750 ROUTE 220 HIGHWAY, HUGHESVILLE, PA 17737  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

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 80  
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 8, 2011 until February 8, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 221490

*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

FEB 14 2011

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

Ms. Carol S. May, Assistant Administrator  
Wolf Run Village, LLC  
5850 Main Road  
Hunlock Creek, Pennsylvania 18621

RE: Wolf Run Village  
3750 Route 220 Highway  
Hughesville, Pennsylvania 17737

Dear Ms. May:

As a result of the Department of Public Welfare's licensing inspection on January 11, 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 "Ronald 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 WOLF RUN VILLAGE, 3750 ROUTE 220 HIGHWAY HUGHESVILLE, PA 17737		CURRENT LICENSE NUMBER 221490	
INSPECTION DATES (Include all dates of the inspection) 01/11/2011		REGIONAL REPRESENTATIVE Tom Shopay, Florence Babiarz	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Colleen Fritz</i>			
SIGNATURE OF LEGAL ENTITY <i>Colleen Fritz</i>	DATE 1/27/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duane C Valence</i>	DATE 2-3-11

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.	The contract of resident #'s 1, 2, 3, 4 and 5 did not include all of the home's rules. The only rules noted in the respective residents' contract pertained to pets and smoking. The home has a separate binder with all of the home's rules. There was no acknowledgement that residents were made aware of all the home's rules.	1/24/11	25c-8 A meeting ensued on 1/24 with all residents. The Business Office Director reviewed all home rules with each resident. All residents signed for the receipt of the home rules and were in agreement with all. A copy of the home rules was retained by Each resident for their own records  Going forward all admissions will have The home rules attached to the contract to Ensure that they are reviewed and signed upon Admission. Each resident will receive a copy of the homes rules along with the contract.	DCV 2-3-11

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(570)584-0108

Wolf Run Village, LLC

Jan 31 11 03:33p

*Attachment I*

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

NAME AND ADDRESS OF PERSONAL CARE HOME WOLF RUN VILLAGE, 3750 ROUTE 220 HIGHWAY HUGHESVILLE, PA 17737		CURRENT LICENSE NUMBER 221490	
INSPECTION DATES (Include all dates of the inspection) 01/11/2011		REGIONAL REPRESENTATIVE Tom Shopay, Florence Babiarz	
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>William E. Fitch</i>	DATE 1/27/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Valencia</i>	DATE 2-3-11

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
63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.	Based on the work schedule presented at the time of inspection and the home's census, the home did not have a staff person qualified in first aid and CPR present in the home on 1/1/2011 between the hours of 3am and 7am. In addition, a staff person qualified in first aid was not present in the home on 1/3 and 6/2011 between the hours of 11pm and 7am.  Repeated Violations: 05/10/2010	1/27/11	All employees on 11-7 shift are now CPR and First aid certified as of 1/27/11  A Tracking tool has been put in place to monitor when Employees are due for Recertification (this will be Monitored by the Executive Director and Asst. Administrator)  The schedule will be marked With an asterick by the Employees name to indicate Current certification this will ensure all shifts have at least One person on with CPR and First aid certification.	Steps have been taken to correct violation; full compliance is not verifiable Date: 2-3-11 Initials: (DPW)

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(570)584-0108

Wolf Run Village, LLC

Jan 31 11 03:34p

*Attachment*

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(570)584-0108

NAME AND ADDRESS OF PERSONAL CARE HOME WOLF RUN VILLAGE, 3750 ROUTE 220 HIGHWAY HUGHESVILLE, PA 17737		CURRENT LICENSE NUMBER 221490	
INSPECTION DATES (Include all dates of the inspection) 01/11/2011		REGIONAL REPRESENTATIVE Tom Shopay, Florence Babiarz	
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>Colleen E. Fitz</i>	DATE 1/27/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C. Valene</i>	DATE 2-3-11

Wolf Run Village, LLC



Jan 31 11 03:34p

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	The medical evaluation for resident # 1, dated 6/8/2010, and for resident # 4, dated 6/1/2010, used an attachment for medications. The attachments were not signed or dated by the residents' physician.	1/11/2011	141A Going forward all physical evaluations, upon return will be reviewed and checked by the Director Assist Administrators or their designees. They will ensure that any attachments to The physical forms shall have a date And signature of the physician on it.	Steps have been taken to correct violation; full compliance is not verifiable Date: 2/3/11 Initials: (DPW)

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

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(570)584-0108

NAME AND ADDRESS OF PERSONAL CARE HOME WOLF RUN VILLAGE, 3750 ROUTE 220 HIGHWAY HUGHESVILLE, PA 17737		CURRENT LICENSE NUMBER 221490	
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SIGNATURE OF LEGAL ENTITY 	DATE 1/27/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-3-11

Wolf Run Village, LLC

Jan 31 11 03:34p

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.			see page 3	

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

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SIGNATURE OF LEGAL ENTITY <i>Colleen E Fite</i>	DATE <i>1/27/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duane C Salence</i>	DATE <i>2-3-11</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
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 assessment on file for resident # 3 was incomplete as there was no page one of the assessment.	<i>1/11/2011</i>	225a Page 1 of resident #3 of the assessment That was missing from the chart was completed On the day of inspection. Going forward, all assessments, will be stapled Together upon completion and put into The chart with staple in tact to ensure That all forms required will be accessible And complete.  A quarterly review of the charts will be done By the Director, Assistant Administrators or their Designees to ensure compliance with all forms.	<i>Dev</i> <i>2-3-11</i>
			<i>Attachment 3</i>	