

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

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

To operate GETZ PERSONAL CARE HOME
NAME OF FACILITY OR AGENCY

Located at R.R.1, BOX 1620, KUNKLETOWN, PA 18058
(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 60
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 25, 2011 until February 25, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 240500

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

MAR 16 2011

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

Mr. Robert Getz, Owner
Getz Personal Care Home, Inc.
Getz Personal Care Home
R.R. 1, Box 1620
Kunkletown, Pennsylvania 18058

Dear Mr. Getz:

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.


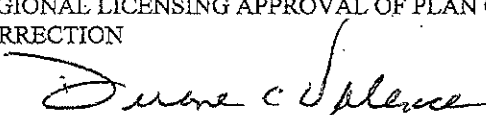
Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky".

Ronald Melusky
Acting Director

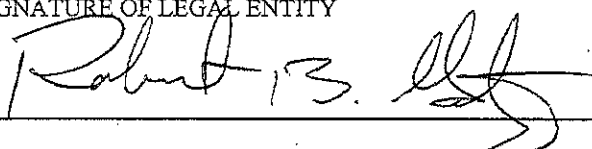
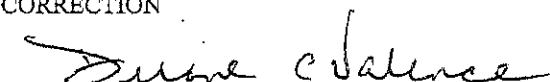
Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME GETZ PERSONAL CARE HOME, R R 1 BOX 1620 KUNKLETOWN, PA 18058		CURRENT LICENSE NUMBER 240500	
INSPECTION DATES (Include all dates of the inspection) 01/11/2011		REGIONAL REPRESENTATIVE Meriann O'Malley, 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) <p align="center">Robert B. Getz, President</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 2-1-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-15-11

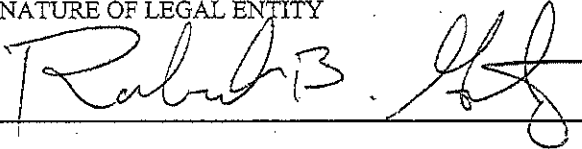
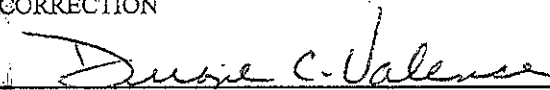
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
16b The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.	The home's policy regarding reportable incidents does not specify how the home will prevent reportable incidents from occurring, who is responsible for the completion of the Reportable Incident form, who is responsible for the submission of the Reportable Incident form to the Department's regional office, the home's investigative methods, and how the home with track and store Reportable Incident forms.	1-11-11-Verbal to inspector + in writing 1-14-11- re-typed policy	On 1-11-11 administrator verbally corrected the policy + put it in writing. On 1-14-11, administrator updated existing typed policy + shared with staff + re-educated staff on policy. Annual education on policies will be conducted to ensure staff are aware of all policies + procedures of facility.	DOV 2-15-11
<p>RECEIVED</p> <p>FEB 02 2011</p> <p>SCRANTON FIELD OFFICE Adult Residential Licensing</p>				

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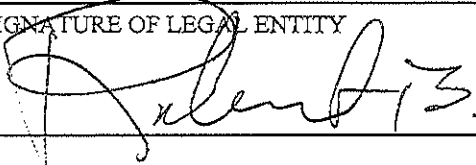
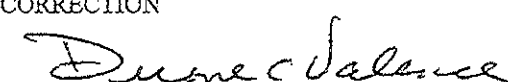
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51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults). Hiring, retention and 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	Resident #19 currently receives services from Compassionate Care Hospice. The copies of completed criminal background checks obtained by the home for hospice staff persons who provide services for resident #19 were completed by a third-party agency and not completed on the PA State Police Request for Criminal Record Check form or via the e-patch system as required by the regulation. Repeated Violations: 01/05/2010	Criminal Checks received 1-12-11	Administrator contacted hospice agency to obtain the correct criminal checks per DPW regulations. Any future use of hospice or visiting nurses services will include requesting e-patch system criminal checks done by agency prior to providing services.	Steps have been taken to correct violation; full compliance is not verifiable Date 2-15-11 Initials (DPW) [unclear]
		on-going	As talk call w/ Adm [unclear] on 2-15-11 - Administrator will review all criminal background checks to ensure compliance with regulation DPW 2-15-11	

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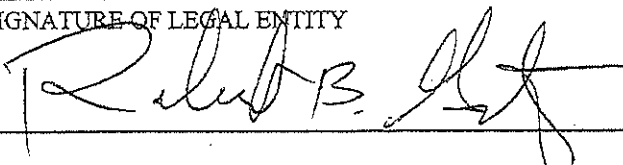

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(relating to protective services for older adults) and other applicable regulations.				See previous page 2 of 12

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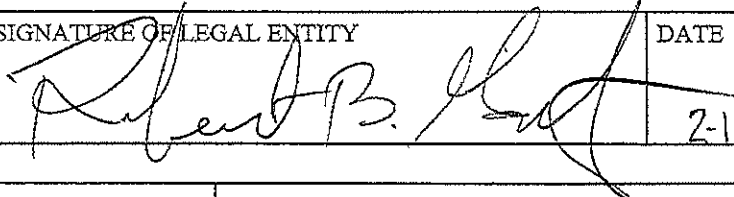

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103e Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.	In the food storage room/pantry, institutional sized bags of cereal that were removed from their original containers were found inside 3 clear large plastic containers. Neither the cereal bags nor the plastic containers were labeled with the date as required.	1-12-11-labeled + dated	1-12-11, dietary staff labeled + dated the cereal bags + bins. Dietary staff will ensure proper labeling + dating is done by auditing the pantry each evening during cleaning. Administrator will also audit audit for compliance during monthly facility rounds.	DCV 2-15-11

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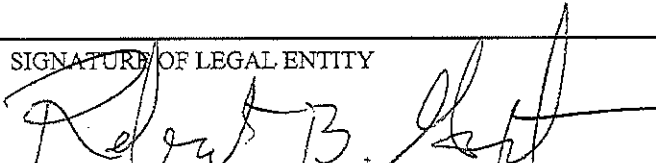
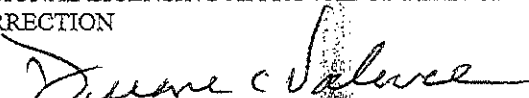
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125a Combustible and flammable materials may not be located near heat sources or hot water heaters.	In a sitting/lounge area next to the dining room, 2 glass hurricane lamps containing keroene were found atop a buffet table.	1-11-11- lamps removed + lamps cleaned 1-12-11-put on monthly facility rounds	1-11-11 -> Hurricane lamps were removed from the sitting area + immediately emptied + cleaned + put back on display on 1-12-11, a check for combustible + flammable materials throughout the building was done. Staff were re-educated on the regulation + administrators were check for combustible + for flammable materials during monthly facility rounds.	D & V 2-15-11

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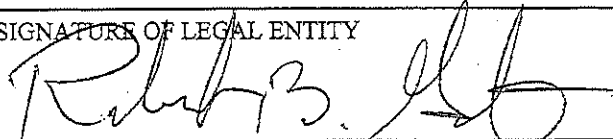
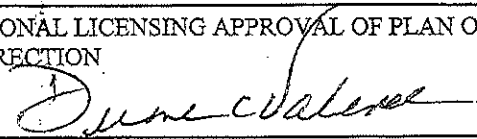
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141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical 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 evaluations for resident #20, dated 3/22/2010, resident #21, dated 8/25/2010, and resident #22 dated 9/29/2010, all refer to attachments that are not signed or dated by their physicians.	1-11-11 <i>And ongoing for Admin file Call 2-15-11</i>	<i>Directors of Nursing shall ensure upon completion of medical evaluation by physician that all documents of properly completed + signatures + dates are in required areas of documents. Administrator will audit charts + forms for completion of required documents after doctor's annual visit to do medical evaluation + at the end of each year.</i>	<i>DCV 2-15-11</i>

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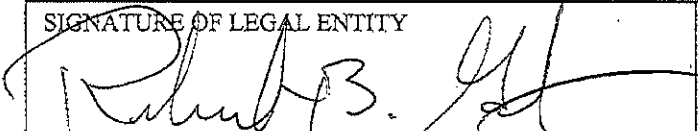
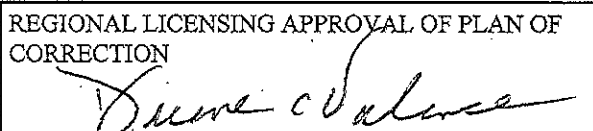
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history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.				See previous page 6 of 12

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184b If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.	The following over-the-counter medications prescribed to resident #23 were not labeled with the resident's name: - Two boxes of "Wal-Mart" brand Artificial Tears lubricating eye drops - Two boxes of "I-CAP" brand eye vitamins	1-11-11 - OTC medications labeled 2-1-11 - nightly audits start	1-11-11 → The OTC medications were labeled by the medication Technician. All medication Technicians were educated on the importance of labeling all OTC medications. 10p-1a shift will audit all carts + closet to ensure all medications are properly labeled each night. Directors of Nursing will also audit weekly + at the end of the month.	DCV 2-15-11
		on-going	Per Tele call w/ Adm. [redacted] on 2-15-11 Administrator will also do monthly audit to ensure compliance and that Director of Nursing will complete audits per the plan of correction.	DCV 2-15-11

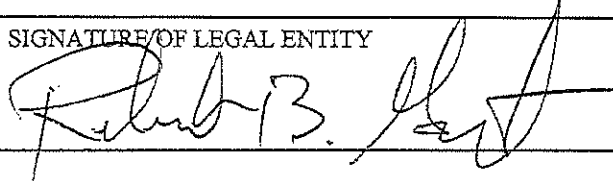
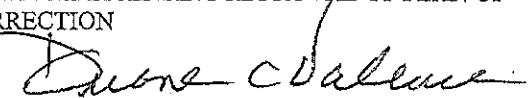
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184c Sample prescription medications shall have written instructions from the prescriber that include the components specified in 184a.	3 sample boxes of Omeprazole 20mg prescribed to resident #20 and 5 sample boxes of Travatan Z .004% eye drops and 2 boxes of Travatan Z .004% eye drops prescribed to resident #24 did not have written directions provided by the prescriber that included the following components: The resident's name, the name of the medication, the date the medication was issued, the prescribed dose and instructions for administration, and the name and title of the prescriber.	1-11-11 - Sample medications labeled 2-01-11 -> nightly audits staff	1-11-11 -> written directions were obtained + put on all sample medications. To ensure continued compliance staff was educated on importance of labeling all medications. 10p-6a shift will do nightly audits of all carts/closets in med room to ensure medications are properly labeled nightly. Directors of Nursing will also audit weekly + at the end of the month. on-going Per Tele call with [redacted] on 2-08-11 Administrator will also do a monthly audit to ensure compliance and that Director of Nursing will complete	DOK 2-15-11

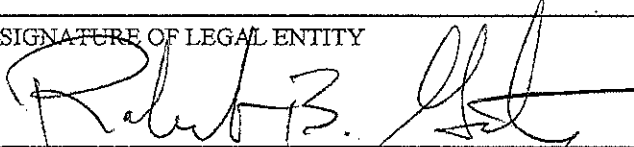

Audits as per this plan of correction DOK
2-15-11

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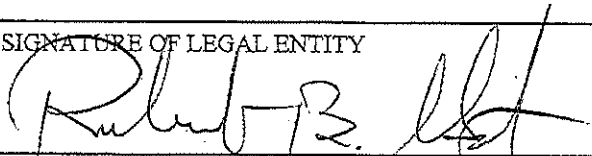
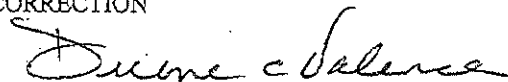
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185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	The home's policy regarding narcotic administration states, "All controlled substances that are stored in the medication cart shall be counted and documented each shift by two (2) staff persons." The Narcotic Count Sheets indicate the staff person that completed the 10:00pm- 6:00am shift on 1/6/11 and 1/8/11 did not document having counted the remaining narcotics with the staff person who was beginning the 6:00am- 2:00pm shift on 1/6/11 and 1/8/11.	2-1-11-Narcotic Binder starts 2-1-11-nightly audits start on-going	A Narcotic Specific binder was created by the Directors of Nursing to ensure accurate counting of narcotics is done + staff are signing appropriately to verify count. All medication technicians were educated on the new system. The Directors of Nursing will audit weekly + at the end of the month for compliance. Re Tele call w/ Adm. [redacted] on 2-15-11 Administrator will also do a monthly audit to ensure compliance with her plan of correction.	Steps have been taken to correct violation; full compliance is not verifiable Date 2-15-11 Initials (DPW) [unclear]

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187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The Medication Administration Record (MAR) of resident #25 did not indicate a diagnosis or purpose for Levothyroxine .1mg. Staff did not initial or sign the MAR of resident #25 to indicate Famotidine 20mg was administered at 8:30pm at 1/9/11. Staff did not sign or initial the MAR of resident #26 to indicate Clozaril 100mg and Ducusate 240mg was administered at 8:30pm on 1/9/11. Staff did not sign or initial the MAR of resident #27 to indicate Pravastatin 20mg was administered at 5:50pm on 1/9/11 and that Nystatin cream and Triamicin Acet .1% cream was administered at 8:30pm on 1/9/11. The MAR of resident #28 did not indicate a diagnosis or purpose for Ranitidine 150mg.	1-11-11 - MAR for #25 + #28 given proper diagnosis + purpose 2-1-11 - nightly audits start	1-11-11 -> Proper diagnosis + purpose were added to MAR for Resident #25 + #28. MARs will be audited nightly by top-level staff to ensure all medications are written properly in the MAR + staff have initialed properly for administration of all medications. Directors of Nursing will audit weekly + at the end of the month for compliance. Staff were educate on importance of proper documentation in MARs.	DCU 2-15-11

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME GETZ PERSONAL CARE HOME, R R 1 BOX 1620 KUNKLETOWN, PA 18058		CURRENT LICENSE NUMBER 240500	
INSPECTION DATES (Include all dates of the inspection) 01/11/2011		REGIONAL REPRESENTATIVE Meriann O'Malley, 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 	DATE 2-1-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 2-15-11

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
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">FEB 02 2011</div> <div style="font-weight: bold;">SCRANTON FIELD OFFICE Adult Residential Licensing</div>			See previous page 11 of 12 DUV