

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SUGAR CREEK REST

To operate MEADOW LAKE MANOR OF SUGAR CREEK REST

Located at 109 PERSONAL CARE LANE WORTHINGTON, PA 16262

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

The total number of persons which may be cared for at one time may not exceed 47
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 28, 2011 until March 28, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **426810**

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

MAR 23 2011

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

Mr. Philip E. Tack, Administrator
Sugar Creek Rest
120 Lakeside Drive
Worthington, Pennsylvania 16262

RE: Meadow Lake Manor of Sugar Creek Rest
109 Personal Care Lane
Worthington, Pennsylvania 16262

Dear Mr. Tack:

As a result of the Department of Public Welfare's licensing inspection on January 21, 2011, February 1, 2011 and March 7, 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,


Ronald Melusky
Acting Director

Enclosures
License
Violation Report

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

P.2

7244450014

MERDOWLAKE MNR

Feb 17 2011 5:20PM

NAME AND ADDRESS OF PERSONAL CARE HOME MEADOW LAKE MANOR OF SUGAR CREEK REST, 109 PERSONAL CARE LANE WORTHINGTON, PA		CURRENT LICENSE NUMBER 426811	
INSPECTION DATES (Include all dates of the inspection) 01/21/2011 and 2-1-11		REGIONAL REPRESENTATIVE M. Orme, Cutter, J, Orme, M, Cutter, J	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Helen Anderson PC Director			
SIGNATURE OF LEGAL ENTITY Helen Anderson	DATE 2-17-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Jan B. [Signature]	DATE 2-20-11

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
3c The personal care home shall post the current license, a copy of the current Violation Report (VR) issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.	On 1/21/11 and 2/1/11 the home's most current violation report was not posted in a conspicuous and public place in the home. <div style="border: 1px solid black; padding: 5px; text-align: center;"> Western Region FEB 17 2011 Adult Residential Licensing </div>	2-21-2011	① posted 2-1-11 ② check wkly to make sure it is posted. ③ The PC Director was instructed to post the current license and a copy of the most recent Violation Report in a conspicuous place and public place ④ Designated person will be responsible	3-9-11 g

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

NAME AND ADDRESS OF PERSONAL CARE HOME MEADOW LAKE MANOR OF SUGAR CREEK REST, 109 PERSONAL CARE LANE WORTHINGTON, PA 16262		CURRENT LICENSE NUMBER 426811	
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SIGNATURE OF LEGAL ENTITY Helen Anderson	DATE 2-17-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 2-20-11

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
25c1 Each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure. A contract to the contrary is not valid. A personal needs allowance is the amount that a resident shall be permitted to keep for his personal use.	<p>The contracts for residents #1, dated 8/19/10, indicates a personal care needs allowance of \$60.00 and not the current personal care needs allowance of \$85.00.</p> <p>The contracts for residents #2, dated 8/30/10, indicates a personal care needs allowance of \$60.00 and not the current personal care needs allowance of \$85.00.</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Western Region</p> <p>FEB 17 2011</p> <p>Adult Residential Licensing</p> </div>	2/1/11	<p>① The resident was educated the personal needs allowance is \$85</p> <p>② The contracts was updated to reflect the personal needs allowance from \$60 to \$85</p> <p>③ All resident contracts were audited for accuracy</p> <p>④ The Resident contracts will be audited for accuracy 3 times a wk then monthly for 2 months</p> <p>⑤ PC Director / Designee both responsible</p>	3-9-11

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

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54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care	Direct care staff person A, hired 11/11/10, does not have a high school diploma, GED diploma, or active registration status on the PA nurse aide registry. Direct care staff person B, hired 9/17/10, does not have a high school diploma, GED diploma, or active registration status on the PA nurse aide registry. Western Region FEB 17 2011 Adult Residential Licensing	2-21-2011	<ul style="list-style-type: none"> ① Staff A+B both bought in their high school diploma. ② all staff records was Audited for having High School diploma GED or active registration on the Pa Registry ③ Human Resources was informed to make sure all papers are in file when sent to us. ④ PC Director will immediately check files for completeness 	3-9-11

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Helen Anderson</i>	DATE 2-17-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 2-20-11

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services with reasonable skill and safety.	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p align="center">Western Region</p> <p align="center">FEB 17 2011</p> <p align="center">Adult Residential Licensing</p> </div>			

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

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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 evaluation for resident #3, dated 8/25/10, does not include a mobility assessment. <div style="border: 1px solid black; padding: 5px; text-align: center;"> Western Region FEB 17 2011 Adult Residential Licensing </div>	2-21-2011	① The mobility assessment was updated to include a mobility assessment ② PC Director was educated on the medical evaluation ③ All Residents were Audited for Mobility assessment ④ The Resident evaluations will be audited for accuracy 3 times a wk and then for 2 months monthly.	3-9-11 g

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

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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.	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>Western Region</p> <p>FEB 17 2011</p> <p>Adult Residential Licensing</p> </div>			

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

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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.	Resident #4 is prescribed Alprazolam 0.25 mg, take 1 tab by mouth twice daily as needed. The count sheet, which is used to indicate administration, indicated 60 initial doses. Administrator C had signed the count sheet after administration of the medication and counting 52 and 51 remaining doses consecutively. On 2/1/11, Administrator C counted 46 remaining doses. No other signatures were present on the count sheet showing administration. Western Region FEB 17 2011 Adult Residential Licensing	2/21/2011	<ul style="list-style-type: none"> ① All Count sheets were Audited for completeness ② The staff will be all educated on proper documentation on count sheet By Corporate educator. ③ The Resident count sheets will be Audited for Accuracy 3 times a wk. for 2 wks. then monthly for 2 months ④ Designated person responsible 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>3-9-11</p> <p>Date: _____ Initials (DPW): _____</p>

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MEADOWLAKE MNR

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VIOLATION REPORT
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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	<p>The medication order and the administration of resident #2's Milk of Magnesia is not recorded on the resident's medication administration record (MAR).</p> <p>Resident #4 is prescribed Pantprazole 40 mg tab, Protonix 40 mg, tab EC; take 1 tab orally 1 time per day. The administration of the medication was not recorded on the resident's MAR at 7:00 am on 1/20/11.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p align="center">Western Region</p> <p align="center">FEB 17 2011</p> <p align="center">Adult Residential Licensing</p> </div>	2-21-11	<p>① Medication was removed from cart.</p> <p>② All MARs were Audited for medications being recorded</p> <p>③ The staff will be educated to record All medications administration on the MAR</p> <p>④ designated person is responsible</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>3-9-11 Date Initials (DPW)</p>

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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="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>Western Region</p> <p>FEB 17 2011</p> <p>Adult Residential Licensing</p> </div>			

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187d The home shall follow the directions of the prescriber.	Resident #5 is prescribed Quetiapine Fumerate 25 mg, take 1/2 tab by mouth twice per day for Schizophrenia. Administrator C stated resident #5 did not receive the evening on 1/21/11. (Observed on 2/1/11)	2-21-11	<ul style="list-style-type: none"> ① The medication error was documented in the medical record ② The staff will be educated to follow the directions of the prescriber. ③ The resident medication errors will be audited for accuracy 3 times a wk for 2 wks then monthly for 2 weeks. ④ Designated person will be responsible. 	<p>Steps have been taken to correct violation; full compliance is not verifiable.</p> <p>Date: _____ Initials (DPW): _____</p>

Western Region

FEB 17 2011

Adult Residential Licensing

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

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227g Individuals who participate in the development of the support plan shall sign and date the support plan.	Resident #4 participated in the development of their support plan on 8/30/10; however, the resident did not sign the support plan. <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p align="center">Western Region</p> <p align="center">FEB 17 2011</p> <p align="center">Adult Residential Licensing</p> </div>	2 - 21 - 11	<ul style="list-style-type: none"> ① The Resident signed their Support: ② Staff was educated to have the residents sign their support plan. ③ All Support plans were Audited for Resident Signature ④ The resident support plans will be audited for signatures weekly for 2 months then monthly. ⑤ Designated person responsible 	3-9-11 of

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

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254c Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.	There was a binder located in the home's library that contained a Vital Sign Flow Sheet with resident's monthly vital signs. The library is unlocked and accessible to residents and visitors. Repeated Violations: 05/11/2010 <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p align="center">Western Region</p> <p align="center">FEB 17 2011</p> <p align="center">Adult Residential Licensing</p> </div>	2-21-11	<ul style="list-style-type: none"> ① The vital sign flow sheet binder was moved to a Secured Area. ② The staff will be educated to keep the resident medical records in a secured place. ③ The resident records will be audited for being secured 3 times a week for 2 months then monthly times 2 months. ④ Designated person responsible 	3-9-11

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