

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MILESTONES COMMUNITY HEALTHCARE, INC.

To operate MILESTONE INC./626 EASTON ROAD

Located at 626 EASTON ROAD, GLENSIDE, PA 19038

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 9
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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

and shall remain in effect from March 24, 2011 until March 24, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 128320

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 24 2011

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

Mr. John Bulman, VP, COO
Milestones Community Healthcare, Inc.
614 North Easton Road
Glenside, Pennsylvania 19038

RE: Milestone, Inc./626 Easton Road
626 Easton Road
Glenside, Pennsylvania 19038

Dear Mr. Bulman:

As a result of the Department of Public Welfare's licensing inspection on January 31, 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 cursive script that reads "Ronald Melusky" followed by a vertical line and the initials "KER".

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 MILESTONE INC 626 EASTON ROAD, 626 EASTON ROAD GLENSIDE, PA 19038		CURRENT LICENSE NUMBER 128320	
INSPECTION DATES (Include all dates of the inspection) 01/31/2011		REGIONAL REPRESENTATIVE Betty Bloch, Tom Shopay	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Kristina Brown, MS CRP Operations Director Salisbury			
SIGNATURE OF LEGAL ENTITY <i>Kristina Brown, MS</i>	DATE 3-11-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C. Dilense</i>	DATE 3-15-11

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
18 A home shall comply with applicable Federal, State and local laws, ordinances and regulations.	The home did not have a Certificate of Boiler or Pressure Vessel Operation for its oil fired Burnham furnace as required by 34 Pa. Code Chapter 3, governed by the Pennsylvania Department of Labor and Industry.	2/1/11	Department of labor and Industry came out on 2/1/11 to certify the Boiler. Assistant Operations Director will work with Facilities Department to ensure an annual appointment is scheduled and certificate from L&I is received.	DCV 3-15-11

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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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>Christina Brown, MD</i>	DATE 3-11-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen C. Dalence</i>	DATE 3.15.11

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
20b8 The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.	The home has not provided resident #1 any quarterly statements of financial transactions completed on the resident's behalf since being admitted to the home on 9/21/09. Repeated Violations: 01/12/2010	1/31/11	A quarterly statement for resident #1 for 10-29-09 to 1-26-11 was reviewed by resident, signed, and filed in chart. The Program Director will ensure all Quarterly statements are received and reviewed with residents. The Program Director will review all current financial statements to ensure compliance.	<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: small;"> Steps have been taken to correct violation; full compliance is not verifiable Date: 3.15.11 Initials (DPW): <i>DPW</i> </div>

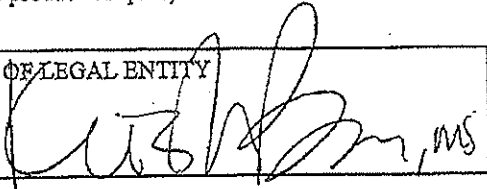

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Cristina Brown, MS</i>	DATE 3-11-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C. Valasek</i>	DATE 3-15-11

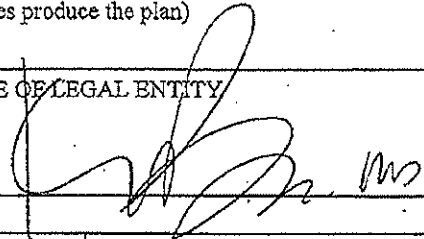
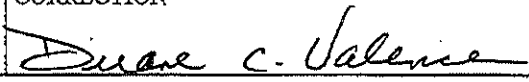
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25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.	The contract dated 5/12/10 for resident #2 was not signed by the administrator or the administrator's designee, the resident, or the payer, if different from the resident.	2/9/11	A new contract was revised and reviewed on 2/9/11 with Resident #2. The Program Director will check all resident contracts to ensure compliance. The Program Director will check all resident contracts monthly going forward.	DCV 3-15-11

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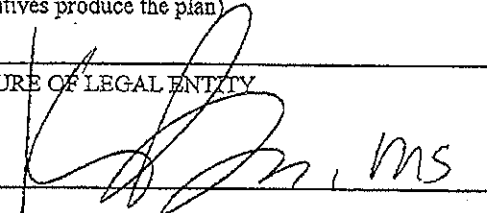

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<p>52</p> <p>Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).</p> <p>Hiring, 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</p>	<p>The Pa. State Police criminal history report on file for employee "A" lists a prohibitive offense that was not graded. The home did not initiate action to determine the grade of the offense and if the employee is eligible for employment in a personal care home setting. The employee was retained beyond the thirty day provisional hiring period pending receipt of appropriate documentation.</p>	<p>2-10-11</p>	<p>Another Criminal Background Check was completed. Employee was taken off the schedule pending results. Upon receiving a new Criminal Background Report, no grade was listed by the State Police. An FBI clearance was requested to obtain grade. Employee "A" was taken off schedule and asked</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>8-5-11 Date Initials (DPW)</p>

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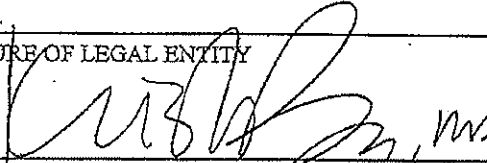

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(relating to protective services for older adults) and other applicable regulations.		2-10-11	<p>on 3-9-11 to speak with County that violation took place and obtain information of grade on letterhead from the Probation Office.</p> <p>In future all criminal Background Checks will be reviewed by Office manager of the SE Region to ensure compliance and correct follow up will occur when needed.</p>	<p>See previous page 4 of 29</p>

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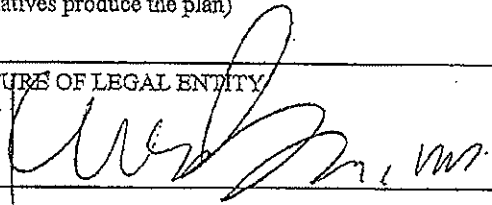

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65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these	Employees "A", "B", and "C" did not receive annual training during Training Year 2010 (1/1/10 - 12/31/10) on emergency preparedness procedures, residents rights, The Older Adult Protective Services Act, and fall/accident prevention.	2/3/11	<p>Program Director completed annual trainings on Emergency preparedness, Residents Rights, The Older Adult Protective Services Act, and Falls/Accident Prevention with all staff.</p> <p>The HR Dept will implement a system that correctly tracks and files all trainings that are completed.</p> <p>The Program Director will check quarterly to ensure all training have been completed and documented appropriately.</p>	DCV 3-15-11

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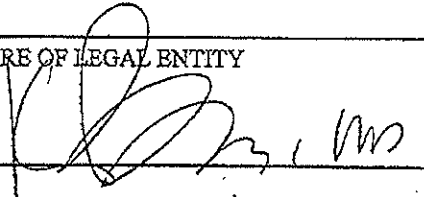

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regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.		2/3/11	Employee "A" was suspended at time of trainings. Upon return Employee "A" will be trained on the above trainings	See prior page 6 of 29

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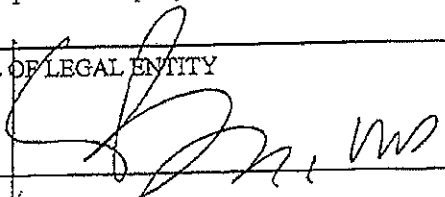

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103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	There was no thermometer in the refrigerator compartment of the home's kitchen Admiral refrigerator.	2/4/11	The lead R.A. purchased a thermometer on 2/4/11. The Program Director will complete monthly checks to ensure all refrigerators and freezers have thermometers. All staff will document daily that refrigerator temperatures are within required ranges.	DCV 3-15-11

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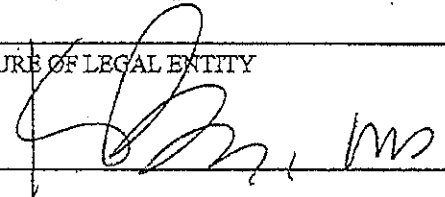

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132a An unannounced fire drill shall be held at least once a month.	<p>Staff person "D" stated that the staff is aware of fire drills prior to the time the alarm is sounded. In addition, when there is only one employee scheduled to work, that employee contacts the fire department, the alarm company, assists in the evacuation process, and observes and records the length of time it takes the residents to evacuate the home during the fire drill.</p> <p>Review of the fire drill records indicated that only one staff person participated in the monthly fire drills conducted between February 15, 2010 through July 17, 2010, between September 23, 2010 through December 16, 2010, and on January 20, 2011.</p>	1/31/11	<p>The Program Director completed a fire drill unannounced on 1/31/11.</p> <p>The Program Director will complete all monthly fire drills unannounced going forward.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date <u>3-15-11</u> Initials (DPW) <u>DCV</u></p>

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	Mont	Date	Time	Evac. Time	FSE			
	Jan				No		All staff and Program Director have been informed that all fire drills must be unannounced and unplanned. All staff and residents at the site with have no knowledge of when fire drills will occur.	See previous page 9 of 29
	Feb				No			
	Mar				No			
	Apr				No			
	May				No			
	Jun				No			
	Jul				No			
	Aug				No			
	Sep				No			
	Oct				No			
	Nov				No			
	Dec				No			

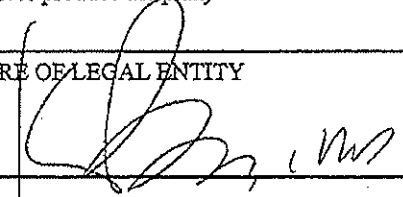
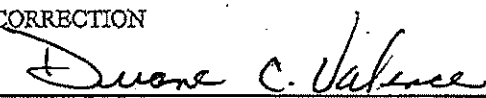
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141a A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	The most current medical evaluation, dated 7/2/10, for resident #3 stated "See provided list" for the "medications"; there were no attachments to this form.	2/21/11	Resident #3 attended a medical appointment on 2/21/11 to update the MASI. The Program Director will ensure that all medications will be written on the MASI or the attached medication list reviewed and signed by the doctor. Program Director will	DCV 3-15-11

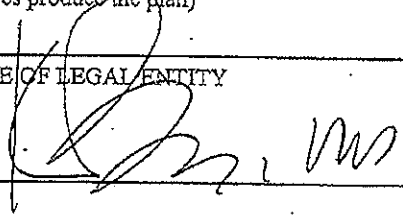

Review all MASI's upon completion.

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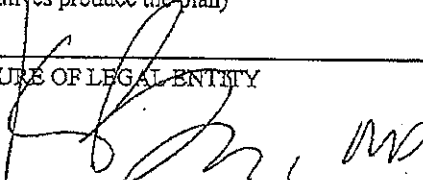

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144b The home rules shall specify whether the home is designated as smoking or non-smoking.	The contract dated 5/12/10 for resident #2 stated that the designated outside smoking location was "outside, by the dumpster"; the actual location is the rear of the home where the table and chairs are located.	2/9/11	The lead RA completed a new contract for Resident #2. The lead RA and Program Director reviewed new contract with Resident #2. Program Director sent a copy to family members to review on 2/9/11. Program Director will review and updated all current contracts and ensure current information going forward.	DC ✓ 3-15-11

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144c1 If smoking is permitted, the designated smoking room or area outside the home shall have fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, fire resistant furniture and fire extinguishers.	Two of the four chairs located in the home's outdoor smoking area were covered with a throw cushion that covered the seat and the back rest. The cushions were not labeled as fire resistant/retardant.	1/31/11	At time of inspection, Program Director removed covered seats from smoking area. Program Director will ensure that all cushion and covers for outside furniture is fire resistant prior to purchasing or placing on furniture.	<div style="text-align: right; font-size: small;"> Steps have been taken to correct violation; full compliance is not verifiable Date <u>3-15-11</u> Initials (DPW) </div>

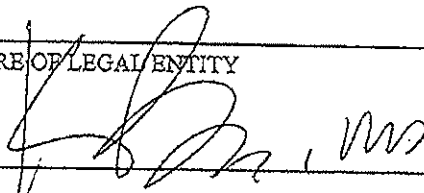

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
162c Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.	The home did not have the following week's menu (February 6th - 12th) posted in the home for the residents to review.	1/31/11	Lead RA completed menu for following week on 1/31/11. Lead RA will ensure all menus are completed and posted for prior week and week after. Program Director will check weekly to ensure all menus are posted appropriately.	DCV 3-15-11

* Please see email sent w/ picture attachments

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

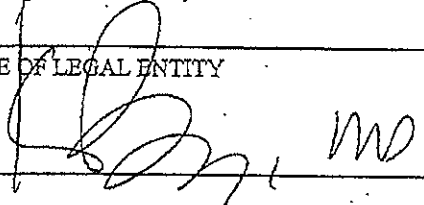
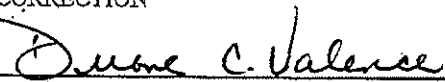
NAME AND ADDRESS OF PERSONAL CARE HOME MILESTONE INC 626 EASTON ROAD, 626 EASTON ROAD GLENSIDE, PA 19038		CURRENT LICENSE NUMBER 128320	
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132b Prescription medication that is not self-administered by a resident shall be administered by one of the following: (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic. (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.	Direct care employees "A" and "B" who are currently assisting residents with medication administration did not complete the required annual practicum in order to maintain their qualification to assist with medication administration.	3-14-11 to 3-15-11	Direct care employees "A" & "B" will retake DPW Safe Medication Administration Training including 40pt written documentation exam, 50pt Multiple Choice Exam and Medication Administration Observations. Direct care employees "A" & "B" will pass the initial training requirements. Certified DPW Trainer will take the DPW Train the Trainer recertification course on March 4, 2011. 2 additional employees will take the Train the Trainer	DCV 3-15-11

Course through DPP Consulting Services by June 2011.

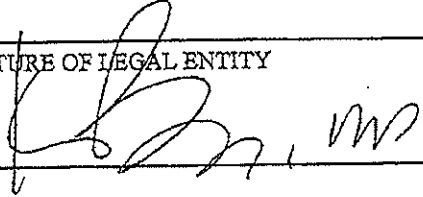
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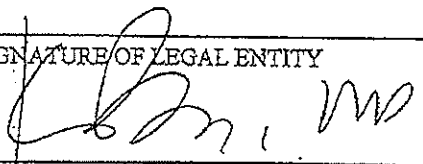
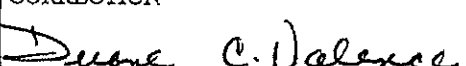
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(3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home. (4) A staff person who has completed the medication administration training in 190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.		3-14-11 to 3-15-11	Assistant Operations Director will provide information and documentation that Employee "A" + "B" re-took course and passed to DPW upon completion of training.	See previous page 15 of 29

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183e Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.	The home did not record the dates in which resident #4's insulin pens were first punctured for use in order to determine when they could no longer be administered to the resident, as noted below: <u>Humulin N Pen u-100</u> - The manufacturer's instructions included to discard after two weeks after the first use, even if the Pen still contained medication <u>Humalog Kwik Pen u-100</u> - The manufacturer's instructions included to record the date the pen was first used to determine the date it must be thrown out, even if medication remained in the Pen	1-31-11	The Nurse committee will review the medication policy for SBH to include dating of multi-dose vials and insulin pens. The Nurse will review procedure of properly labeling insulin pens and discarding insulin pens in DPW training. The Program Director will review in next staff meeting on 4-5-11 how staff are to record the date, in ink, on the pharmacy label for each individual pen on which it is first used. Program Director will also review discarding of expired medication.	Steps have been taken to correct violation; full compliance is not verifiable Date: 3-15-11 Initials (DPW): DCV

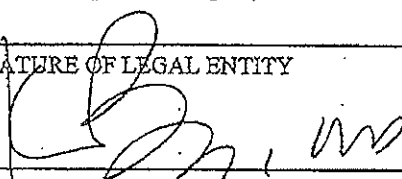
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184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	Stored in the medication refrigerator located in the nurses' station, the Humulin N Pen u-100 insulin and the Humalog Kwik Pen u-100 insulin for resident #4 did not have pharmacy labels on them and were not stored in the manufacturer's original multi-pack boxes of pens.	1-31-11	Pharmacy will label each individual insulin pen or multi-dose vial in the multipack box as well as the original box. Staff will store the pens in the original pharmacy labelled box and will maintain that original box at the home to prevent loss or disposal by the resident. Residents will pack an individual pen with a pharmacy label attached when taking an insulin pen off site to self administer. Procedure will be reviewed with all staff.	<p align="center"> <input type="checkbox"/> Steps have been taken to correct violation; full compliance is not verifiable <input checked="" type="checkbox"/> Compliance is not verifiable Date: 3/3-11 Initials: (DPW) </p>

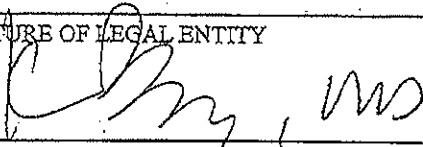
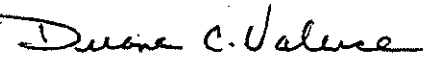
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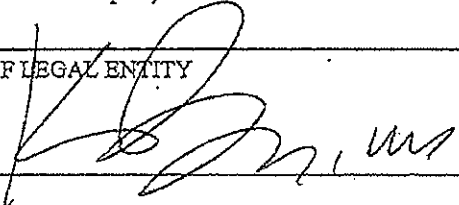
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202 The following procedures are prohibited: (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited. (3) Pressure point techniques, defined as the application of pain for the purpose of achieving	The January 2011 medication administration record for resident #1 stated: "Ativan 1mg Lorazepam 1mg 1 tablet by mouth three times a day - For agitation".	2-3-11	Administrator will direct staff to review the purpose of medications ordered and to contact the ordering physician for the mental health diagnosis or symptom for which the medication is being prescribed if not present on the physician's order. Program Director reviewed this policy on 2-3-11 at staff meeting. Program Director will ensure this is completed when new medications are prescribed.	DCV 3-15-11

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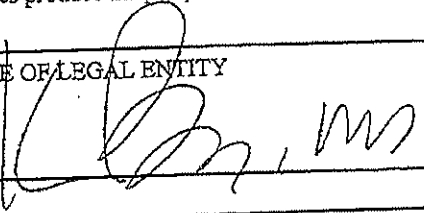
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compliance, is prohibited. (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or		3-9-11	A new prescription will be obtained by psychiatrist. The Pharmacy will update the MAR for April 2011 to reflect the new diagnosis. The MAR has been updated by staff for March 2011 by hand, to reflect new diagnosis from psychiatrist.	See previous page 19 of 29

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reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.				<i>See prior page 19 of 29</i>

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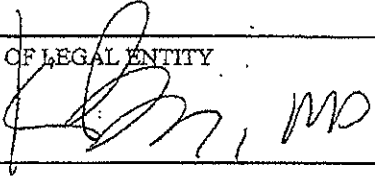
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224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	The following preadmission screening forms were incomplete, as noted below: <u>Resident #3</u> - The date the preadmission screening was completed; if the needs of the resident could be met by the services provided by the home; other special care needs; and behavioral needs sections of the form were left blank. <u>Resident #2</u> - The preadmission screening completed on 4/20/11 did not address if the needs of the resident could be met by the services provided by the home; this section of the form was left blank.	1-31-11	Program Director will be trained by Assistant Operation Director how Pre-admission paperwork is to be completed to ensure compliance. Program Director will review all pre-admission paperwork prior to admission date. If paperwork is not completed in full, the Program Director will return to referring agency or social worker to complete the packet appropriately.	DCV 3-15-11

Assistant Operations Director will review completed packet before admission.

N/A is not an acceptable response.

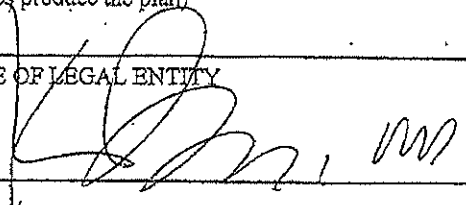
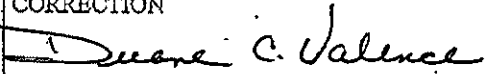
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227a A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.	The most current support plan on file, developed 5/12/10, for resident #2 did not address the "care services" and the "mobility" portions of the form; both were left blank.	2-1-11	Program Director completed a revised plan with Resident #2 to ensure the plan reflected the needs of mobility. Program Director will complete monthly chart reviews to ensure all paperwork is fully completed and accurately filled out.	Steps have been taken to correct violation; full compliance is not verifiable Date 3/25/11 Initials (DPW)

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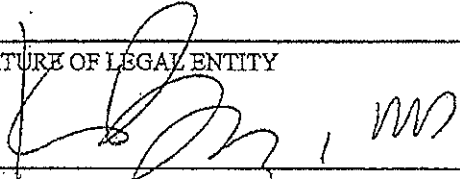

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252 Each resident's record shall include the following information: (1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (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,	The records of resident #s 2, 3, and 5 did not address identifying marks.	2-1-11	The form was updated to include "Identifying Marks" section. All residents in the home with tattoos or other identifying marks will have such marks noted on their consumer information sheets. Program Director will ensure this is completed.	DCV 3-15-11

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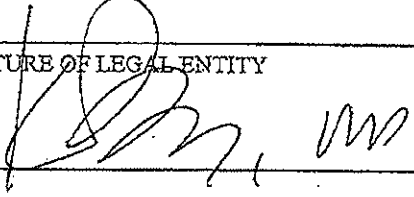

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address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary				<i>See previous page 24 of 29</i>

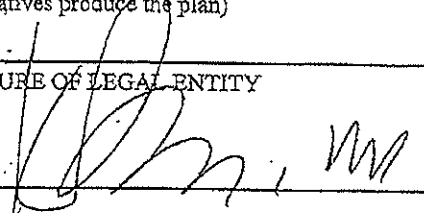

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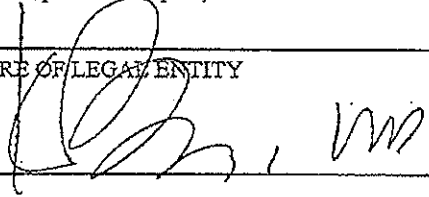
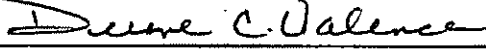
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restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (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.				See previous page 24 of 29

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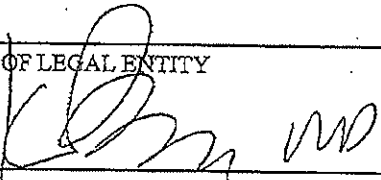

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(16) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal 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				<i>See previous page 24 of 29</i>

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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
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				<i>See prior page 24 of 29</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME MILESTONE INC 626 EASTON ROAD, 626 EASTON ROAD GLENSIDE, PA 19038		CURRENT LICENSE NUMBER 128320	
INSPECTION DATES (include all dates of the inspection) 01/31/2011		REGIONAL REPRESENTATIVE Betty Bloch, Tom Shopay	
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 3-11-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-15-11

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
in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any				<i>See prior page 24 of 29</i>