



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

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

MAR 02 2011

Ms. Debra L. Wivell, Administrator
The Green House
37 Central Avenue
Wellsboro, Pennsylvania 16901

RE: The Laurels
39 Central Avenue
Wellsboro, Pennsylvania 16901

Dear Ms. Wivell:

Thank you for your request for a waiver of 55 Pa.Code Ch. 2600 (relating to personal care homes). You have requested a waiver of 55 Pa.Code § 2600.190(b) (relating to medication administration training) regarding resident diagnosed with osteoporosis and the administration of the FORTEO Pen.

Your request for waiver is being returned for additional information. The following details must be included in the waiver request:

- Name of each resident affected by the waiver request.
- The support plan, assessment, medical evaluation (including prescription information), and medication administration record (MAR) for each resident who has a diagnosis by a physician of osteoporosis and requires a FORTEO Sub-Q injection.
- Full names, special qualifications, and medical training of each staff person who is being proposed to administer the FORTEO Sub-Q injections.
- Training documentation for any staff member employed by the home who has successfully completed the Department-approved medication administration course. Please also indicate if any of these staff members are currently responsible for administering insulin to any residents of the home.
- Documentation of nursing oversight or management provided by an LPN or RN.

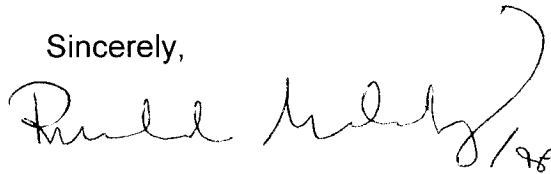
Ms. Debra L. Wivell

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- Documentation that you provided the affected resident(s) and designated person(s) with the name, address and telephone number of the Department staff person to submit comments and documentation that you offered assistance to resident(s) who wished to submit comments. The letter to the residents must be dated and addressed to the resident.

If you have any questions regarding the waiver process, please contact Ms. Tara Pride, Director of Policy, at telephone number (717) 783-3670.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ronald Melusky", with a date "1/98" written at the end of the signature.

Ronald Melusky
Acting Director