

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HEARTLAND RETIREMENT PERSONAL CARE HOME, INC.

LEGAL ENTITY

To operate HEARTLAND RETIREMENT PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 46 ELEMENTARY LANE, BOX 210, WOOLRICH, PA, 17779

(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 48
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 April 15, 2011 until April 15, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 316150

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

APR 14 2011

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

Ms. Judy Bailey, Administrator
Heartland Retirement Personal Care Home, Inc.
Heartland Retirement Personal Care Home
46 Elementary Lane, Box 210
Woolrich, Pennsylvania 17779

Dear Ms. Bailey:

As a result of the Department of Public Welfare's licensing inspection on March 2, 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 be 'R. Melusky', with a long horizontal flourish extending to the right.

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 HEARTLAND RETIREMENT PERSONAL CARE HOME, 46 ELEMENTARY LANE BOX 210 WOOLRICH, PA 17779		CURRENT LICENSE NUMBER 316150	
INSPECTION DATES (Include all dates of the inspection) 03/02/2011		REGIONAL REPRESENTATIVE Jason Harvey, Florence Babiarz, Devon Grochowski	
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>Judy Bailey</i>	DATE 3-24-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Suzanne C. Valence</i>	DATE 3-29-11

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
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	The personnel file for direct care staff member A did not contain a finalized PA background check that meets the requirements of the OAPSA. The staff member has been retained beyond the 30 day permissible time frame. RECEIVED MAR 28 2011 SCRANTON FIELD OFFICE Adult Residential Licensing	3-18-11	CRIMINAL BACKGROUND WAS COMPLETED AND FILED IN EMPLOYEE (A)'S FILE. UPON A RETURNING EMPLOYEE OR NEW EMPLOYEE THERE WILL BE A NEW CRIMINAL BACKGROUND CHECK COMPLETED BEFORE THE FIRST DAY OF WORK. ADMINISTRATOR WILL REVIEW CHARTS ON MONTHLY BASIS TO MAKE SURE ALL EMPLOYEES HAVE PROPER PAPER WORK THAT IS REQUIRED BY STATE. <i>see page 2 of 21</i> <i>DCV 3-31-11</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> Date <i>3-29-11</i> Initials (DPW) <i>D.C.V.</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME HEARTLAND RETIREMENT PERSONAL CARE HOME, 46 ELEMENTARY LANE BOX 210 WOOLRICH, PA 17779		CURRENT LICENSE NUMBER 316150	
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SIGNATURE OF LEGAL ENTITY <i>Judy Bailey</i>	DATE <i>3-24-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duane C. Splence</i>	DATE <i>3-29-11</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
(relating to protective services for older adults) and other applicable regulations.		<i>3-31-11</i>	<i>Re: Telephone conversation w/ administrator Christina Ferguson on 3-31-11. The administrator will ensure that no new hires or returning employees will work beyond the 30 day provisional hire date. Should that employee's criminal background check not be finalized with a Criminal Background Check. Dec 31-11</i>	<i>See previous page 1 of 21</i>

VIOLATION REPORT
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>Judy Bouley</i>	DATE 3-24-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C. Valence</i>	DATE 3.29-11
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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
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	The home did not have of a high school diploma, GED, or active registry status on the PA nurse's aide registry for direct care staff person A hired 10/11/2010.	4-11-11	ADMINISTRATOR WILL OBTAIN COPY OF HIGH SCHOOL DIPLOMA OFF OF EMPLOYEE A. <i>(See copy attached)</i> ADMINISTRATOR WILL REVIEW CHARTS ON MONTHLY BASES TO MAKE SURE ALL EMPLOYEES HAVE PROPER PAPER WORK THAT IS REQUIRED BY STATE.	<i>DCV</i> 3-29-11

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Judy Barley</i>	DATE 3-24-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jane C Valente</i>	DATE 3-29-11

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
services with reasonable skill and safety.				<i>See previous page 3 of 21</i>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Judy Benley</i>	DATE 3-24-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Devon C. Uplena</i>	DATE 3-29-11

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
103i Outdated or spoiled food or dented cans may not be used.	Five packages of Entenmann's cakes located in the kitchen freezer contained an expiration date 2/11. Tuna salad, soup, and a Jell-O mold located in the kitchen refrigerator were not labeled or dated.	3-18-11	HEARTLANDS COOK DID WALK THROUGH IN THE WALK IN FREEZER AS WELL AS COOLER AND PULLED ANY OUTDATED FOOD THAT WAS OR MAY HAVE BEEN LOCATED INSIDE. COOK ALSO MADE SURE THAT ANYTHING THAT WAS LEFT OVER WAS LABELED AND DATED. COOK WILL DO A DAILY AND ALSO WEEKLY CHECK ON THE COOLER AND FREEZER TO MAKE SURE THAT EVERYTHING IS DATED AND NOT EXPIRED, AS WELL AS MAKING SURE EVERYTHING IS LABELED THAT IS OPENED. ADMINISTRATOR WILL ALSO DO WALK THROUGH ON A DAILY TO WEEKLY BASIS TO ASSURE THAT THIS IS BEING FOLLOWED THROUGH.	DCV 3-29-11

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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
105g2 Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryer according to the manufacturer's instructions.	The home did not clean the external duct work of the clothes dryer located in the ground floor laundry room. The outside vent and ground was covered with lint.	3-3-11	STAFF WENT OUTSIDE AND CLEANED LINT FROM OUTSIDE VENT AND GROUND. STAFF WILL CHECK OUTSIDE ON A DAILY BASIS TO ASSURE THAT THERE ISN'T ANY LINT BUILD UP IN VENT OR GROUND.	
		3-31-11	<i>Per telephone call w/ administrator Christine F. Rudolph (3-31-11). Adm. has developed a sign in sheet to be used by staff to check that staff are checking and cleaning the outside external dryer duct work. The administrator will do a weekly check of the external dryer duct work in addition to reviewing staff sign sheet weekly.</i>	DCV 3-31-11

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REGULATION	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
55 Pa.Code §2600				
125a Combustible and flammable materials may not be located near heat sources or hot water heaters.	Two dryer sheets and a tissue were located behind the home's clothes dryer located in the ground floor laundry room.	3-3-11	DRYER SHEETS WERE REMOVED DAY OF INSPECTION. HEARTLAND WILL NO LONGER BE USING DRYER SHEETS SO THIS WILL PREVENT FURTHER REPEATED VIOLATIONS.	
		3-31-11	<i>Per telephone call w/ administrator Christina For 3-31-11. all staff will be in-service by 4-10-11 to check all areas around the dryer to ensure that there are no combustible or flammable materials on or around the dryer. The administrator will also do weekly checks to ensure that staff are complying with instructions from the administrator</i> DEV 3-31-11	DEV 3-31-11

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<i>Judy Bailey</i>	3-24-11	<i>Jane C. Splence</i>	3-29-11

REGULATION 55 Pa.Code §2600	VIOLATION	PLAN OF CORRECTION	
		DATE COMPLIANCE VERIFIED BY	DATE COMPLIANCE VERIFIED BY
132b	The last fire safety inspection and fire drill observed by a fire safety expert was conducted on 3/27/09.	3-27-11 <i>ERLOR</i>	<i>3-29-11</i>
A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.		<p>Administrator wrote a letter to the Local fire department asking for A fire safety expert to come To the facility and perform a fire Safety inspection and fire drill Yearly.</p> <p>Administrator will place the yearly Fire safety inspection date on the Upcoming year on the Calendar to remind Them when it is due as a reminder.</p>	<p>Steps have been taken to correct violation, full compliance is not verifiable</p> <p>Date: <i>3-29-11</i></p> <p>Initials (DPW): <i>DPW</i></p>
		<i>4-15-11</i>	<p><i>Per telephone conversation with administrator Christine F. Resdate (3-31-11). Administrator is to make personal contact with a fire safety expert and have a fire safety inspection and fire drill conducted by a fire safety expert by 4-15-11. The administrator will provide NE ARL licensing with a copy of the certified</i></p> <p style="text-align: right;"><i>continued on page 9 - DCU 3-31-11</i></p>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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<i>Judy Barby</i>	3-24-11	<i>Diane C. Valence</i>	3-29-11

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	<u>Mont</u>	<u>Date</u>	<u>Time</u>	<u>Evac. Time</u>	<u>FSE</u>			
	Jan				No		<p><i>Mail to the fire safety dept by 4-15-11 and a copy of the receipt of the certified mail.</i></p> <p><i>Administrator will document on a calendar or by other means a violation that will remind her to have an annual fire safety inspection and drill performed annually within 12 months of when the last fire safety inspection and drill was conducted.</i></p> <p style="text-align: right;"><i>DCV 3-31-11</i></p>	
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	Mar				No			
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	Dec				No			

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132f Alternate exit routes shall be used during fire drills.	The home conducted 13 fire drills between February of 2010 and February of 2011. Of those drills, 12 of them were conducted by using the home's front and/or side door.	3-24-11	<p>Stickers will remain at each door. Each Fire drill will specify which door was Used by using the alphabetical letters.</p> <p>Administrator will place stickers on each Exit with a alphabetical letter. This will Make it more specific of which exits are Used.</p>	DCU 3-29-11																																																																	
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DCU
4-5-11*

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SIGNATURE OF LEGAL ENTITY <i>Judy Bailey</i>	DATE 3-24-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen C. Valence</i>	DATE 3-29-11

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
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 medical evaluation for resident #1 dated 7/19/10 did not indicate body positioning and recommended nursing home level of care. Repeated Violations: 03/30/2010	4-15-11	<p>Administrator will call Dr. to have him correct level of care from nursing home to Personal care home. There isn't Any body positioning required for Resident.</p> <p>Administrator will go over the MA51 When they are received as well on any Changes that are made by Dr. Also Administrator will check on a monthly Basis to reassure all is correct.</p>	<p>Steps have been taken to correct violation, full compliance is not verifiable Date <u>3-29-11</u> Initials (DPW) <u>D.C.</u></p>
		4-15-11	<p>Re Telephone conversation with administrator Christina F. on 3-31-11 Administrator will forward to NE Region ARC a copy of the completed (corrected) medical evaluation for resident #1. Administrator will perform every new medical evaluation and return any incomplete medical evaluation to the respective residents physician for completion DEV 3-31-11</p>	

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

NAME AND ADDRESS OF PERSONAL CARE HOME HEARTLAND RETIREMENT PERSONAL CARE HOME, 46 ELEMENTARY LANE BOX 210 WOOLRICH, PA		CURRENT LICENSE NUMBER 316150	
INSPECTION DATES (Include all dates of the inspection) 03/02/2011		REGIONAL REPRESENTATIVE Jason Harvey, Florence Babiarz, Devon Grochowski	
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>Judy Bailey</i>	DATE 3-24-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jarone C. Puma</i>	DATE 3-29-11

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
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	Staff did not sign or initial the Medication Administration Record of resident #2 on 3/1/2011 to indicate that .005% of Xalatan had been administered at 8pm. Staff did not sign or initial the Medication Administration Record of resident #3 on 3/1/2011 to indicate that 20mg of Zocor had been administered at bedtime. Repeated Violations: 03/30/2010	3-3-11	Administrator spoke with employee and was going to do medication passage to review where error had occurred. Employee quit before medication passage was to be given. Administrator will check MAR sheets on a daily basis. If there are any initials not signed by a med certified caregiver, the individual caregiver will do a review of where or how the medication error occurred.	Steps have been taken to correct violation; full compliance is not verifiable Date <u>3-29-11</u> Initials (DPW) <u>Devon</u>

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

NAME AND ADDRESS OF PERSONAL CARE HOME HEARTLAND RETIREMENT PERSONAL CARE HOME, 46 ELEMENTARY LANE BOX 210 WOOLRICH, PA		CURRENT LICENSE NUMBER 316150	
17779 INSPECTION DATES (Include all dates of the inspection) 03/02/2011		REGIONAL REPRESENTATIVE Jason Harvey, Florence Babiarz, Devon Grochowski	
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>Jacky Bailey</i>	DATE <i>3-24-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen C. Valmer</i>	DATE <i>3-29-11</i>

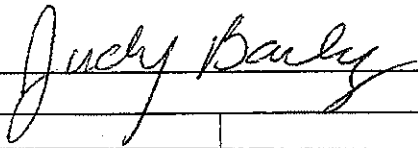
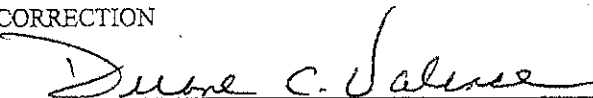
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				<i>See previous page 14 of 21</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME HEARTLAND RETIREMENT PERSONAL CARE HOME, 46 ELEMENTARY LANE BOX 210 WOOLRICH, PA 17779		CURRENT LICENSE NUMBER 316150	
INSPECTION DATES (Include all dates of the inspection) 03/02/2011		REGIONAL REPRESENTATIVE Jason Harvey, Florence Babiarz, Devon Grochowski	
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>Judy Bailey</i>	DATE 3-24-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C Valence</i>	DATE 3-29-11

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
252	The record of resident #3 did not contain a current photograph.	3-3-11	<p>Administrator went and took current Photo of residents #3.</p> <p>Administrator will make sure that when going through residents files that there is A updated yearly photo on front of their File and in front of their MAR sheet.</p>	DCV 3-29-11
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,		3-31-11	<p>Per telephone conversation with administrator Christine For 3-31-11. The administrator stated she took new photos on 3-3-11 of all residents of the home and all new photos have been placed in the resident's individual records.</p> <p style="text-align: right;">DCV 3-31-11</p>	

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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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
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 page 16 of 21</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME HEARTLAND RETIREMENT PERSONAL CARE HOME, 46 ELEMENTARY LANE BOX 210 WOOLRICH, PA 17779		CURRENT LICENSE NUMBER 316150	
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SIGNATURE OF LEGAL ENTITY <i>Judy Bailey</i>		DATE 3-24-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>J. Marie C. Valence</i>
			DATE 3-29-11

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
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.				<i>See prior page 16 of 21</i>

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

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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
(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 prior page 16 of 21</i>

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

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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 16 of 21</i>

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

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REGULATION	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
55 Pa.Code §2600 in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any				<i>Dev</i> <i>3-29-11</i>

RECEIVED

MAR 28 2011

SCRANTON FIELD OFFICE
Adult Residential Licensing