

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

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

To operate EAST DEER PERSONAL CARE HOME  
NAME OF FACILITY OR AGENCY

Located at 967 FREEPORT ROAD, CREIGHTON, PA 15030  
(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 May 18, 2011 until May 18, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 430780

*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

MAY 18 2011

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

Mr. Len Capuzzi, Vice President/Administrator  
East Deer Personal Care Home, Inc.  
East Deer Personal Care Home  
967 Freeport Road  
Creighton, Pennsylvania 15030

Dear Mr. Capuzzi:

As a result of the Department of Public Welfare's licensing inspection on March 10, 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.


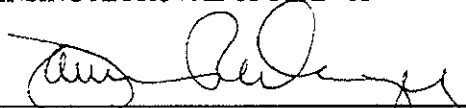
Sincerely,

A handwritten signature in black ink, appearing to read '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 East Deer Personal Care Home, 967 Freeport Road, PA 15030		CURRENT LICENSE NUMBER 430780	
INSPECTION DATES (Include all dates of the inspection) 03/10/2011		REGIONAL REPRESENTATIVE N. Bradfield, D. McConnell	
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 04/02/2011	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 4/2/11

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
26b The quality management plan shall address the periodic review and evaluation of the following: (1) The reportable incident and condition reporting procedures. (2) Complaint procedures. (3) Staff person training. (4) Licensing violations and plans of correction, if applicable. (5) Resident or family councils, or both, if applicable.	The home conducted one quality management meeting within the last year, on 06/23/10; however, the review did not address reportable incident and condition reporting procedures, complaint procedures, staff person training or licensing violations and plans of correction.	5/31/11	A quality management meeting will be conducted by the administrator within one month of the corrected annual violation report. It will consist of a review of all reportable incidents, the complaint procedures, staff training, licensing violations and plans of correction, and the resident council meetings. A sign in sheet along with the findings and actions to correct will be documented in the minutes and kept with the quality management plan.	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable.</p> <p>Date: _____ Initials (DPW): _____</p> </div>

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


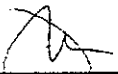
Pag 2 of 8

NAME AND ADDRESS OF PERSONAL CARE HOME East Deer Personal Care Home, 967 Freeport Road, PA 15030		CURRENT LICENSE NUMBER 430780	
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81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	The enabler attached to the bed of resident #1 has a gap of approximately 4 inches between the metal bars, covered only with a pillowcase. This presents a potential entrapment hazard.	4/2/11	A cover was purchased and placed on the enabler, a copy of the invoice is enclosed.  Now, all enablers will have a cover from the manufacturer ordered and placed on it.	 4/11/11
Western Region		4/3/11	Staff will be educated on this requirement and to monitor as part of their regular daily duties that wheelchairs are safely attached and covered.  Administrator or designee	
Adult Residential Licensing				

*will monitor at least monthly. In 4-11-11*

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



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123d If the home serves one or more residents with mobility needs above or below grade level of the home there shall be a fire-safe area, as specified in writing within the past year by a fire safety expert, on the same floor as each resident with mobility needs.	Resident #2 lives on the second floor. The medical evaluation for resident #2, dated 9/21/10, states that resident is unable to move from one location to another without physical assistance from others.	5/31/11	The medical evaluation was corrected and faxed back on the same day, 09/21/2011. They are both kept together. A copy is enclosed. Resident # 2 will be moved to a room at grade level. All residents with mobility needs will be located in a room at grade level. If a fire-safe area is approved by a fire safety expert on higher floors, residents with mobility	
	Western Region	5/31/11	needs may reside on those floors.	

Adult Residential Licensing


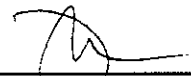
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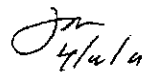


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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	According to staff person A, who is the home's administrator, the fire drill log indicates the evacuation time that it takes for the second-floor residents to evacuate to one of the home's two interior stairwells. Neither stairwell has been designated in writing as a fire-safe area by a fire-safety expert within the past year.  <div style="text-align: center; font-size: 1.2em; font-weight: bold;">Western Region</div>	4/30/11	Starting in April 2011 the time will reflect how long it takes to get all residents outside the building.	 4/4/11

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

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132f Alternate exit routes shall be used during fire drills.	According to staff person A, who is the home's administrator, the residents on the second floor have been using both stairwells for every fire drill.  The basement level of the home is accessible to residents. However, the fire drill logs do not indicate that the exits from the basement were used during any fire drills.	4/30/11	The beauty shop was evacuated in 2009 but not 2010. From now on it will be used annually for a fire drill and documented on the fire log.  The home will continue to alternate exits for monthly fire drills.   4/2/11	<div style="writing-mode: vertical-rl; transform: rotate(180deg);">                     Steps have been taken to correct violation; full compliance is not verifiable.                      Date:                       Initials (DPW):  </div>
<div style="display: flex; justify-content: space-between;"> <span>Western Region</span> <span>Adult Residential Licensing</span> </div>				


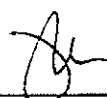
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183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Resident #4 is prescribed Novolin R and Lantus insulin. There is no date indicating when the medications were opened.  Repeated Violations: 03/23/2010	4/2/11  4/30/11	The MARS now needs to be initialed two times a day for all residents that are prescribed insulin. This is to ensure that the bottle has been dated when it was opened.  All staff who administer medications will be educated on this requirement.  The administration or a designated staff person will check monthly to ensure that no outdated medication, or undated insulin is kept in the home.	Steps have been taken to correct violation; full compliance is not verifiable Date: 4/30/11 Initials (DPW): [Signature]
Western Region				
Adult Residential Licensing				

home. 

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

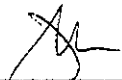
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225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	The assessment for resident #1, dated 03/26/10, does not address resident's use of the enabler attached to resident's bed.  The medical evaluation for resident #2, dated 09/21/10, states that the resident is "unable to move from one location to another without physical assistance from others." The assessment dated 10/08/10 does not address the assistance needed in evacuations. Resident resides on the 2nd floor of the home.  Repeated Violations: 03/23/2010	4/2/11          7/2/11	The current assessment dated 03/13/2011 for resident #1 states that an enabler is used to assist getting in and out of bed. It is listed as "other" under Special Health or Dietary Needs. From now on all residents with an enabler will be listed on the assessment and support plan.  The medical evaluation for resident #2 was corrected on the same day that it is dated. 09/21/2010. A copy is enclosed. The resident is able to move from one location to another without physical assistance from others.	Steps have been taken to correct violation; full compliance is not verifiable 4/11/11 Date Initials (DPV)

Western Region

Adult Residential Licensing



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

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

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227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	<p>The support plan for resident #1, dated 03/26/10, does not address and the resident's use of the enabler attached to resident's bed.</p> <p>The medical evaluation for resident #2 dated 09/21/10 indicates that the resident is "unable to move from one location to another without physical assistance from others." The support plan dated 10/08/10 does not address the assistance resident requires during evacuations.</p> <p>The medical evaluation for resident #3 dated 01/20/11 indicates that the resident has "difficulty understanding and following oral directions in the event of an emergency" and a visual impairment. The support plan, dated 01/24/11, does not address the resident's visual impairment or the assistance resident requires during evacuations.</p> <p style="text-align: center; font-size: 1.2em;">Western Region</p>	<p>4/2/11</p> <p>4/2/11</p> <p>4/2/11</p>	<p>The support plan for resident # 1 dated 03/26/2010 did list the enabler as does the support plan dated 03/12/2011. We will continue to document all enablers in the support plan and assessment. A copy is enclosed.</p> <p>The medical evaluation was corrected on the same day it was received, 09/21/2010, and they were attached together. The resident is able to move from one location to another without any assistance. If they do need assistance it will be documented in the assessment and support plan.</p> <p>The assessment and support plan now reflect resident #3's special needs. A copy of each is enclosed. All special needs will be addressed on the assessment and support plan now and in the future.</p>	<p>4/14/11</p>

Steps have been taken to correct violation, full compliance is not verifiable  
Date 4/14/11 Initials DM (DPW)

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

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