

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to CHRIST THE KING MANOR, INC.

LEGAL ENTITY

To operate CHRIST THE KING MANOR

NAME OF FACILITY OR AGENCY

Located at 1100 WEST LONG AVENUE, DUBOIS, PA 15801

(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

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa. Code §§ 2600.231-239 - Capacity 20

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 9, 2011 until May 9, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 300070

*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

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

Mr. Samuel Zaffuto, CEO  
Christ the King Manor, Inc.  
P.O. Box 448  
DuBois, Pennsylvania 15801

RE: Christ the King Manor  
1100 West Long Avenue  
DuBois, Pennsylvania 15801

Dear Mr. Zaffuto:

As a result of the Department of Public Welfare's licensing inspection on March 16, 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,

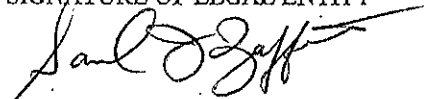

A handwritten signature in black ink, appearing to be 'R. Melusky', with a long horizontal line extending to the right.

Ronald Melusky  
Acting Director

Enclosures  
License  
Violation Report

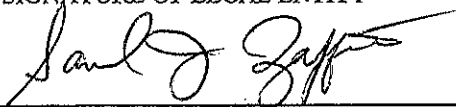
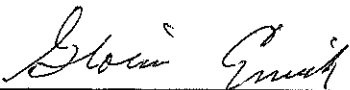


VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME CHRIST THE KING MANOR, 1100 WEST LONG AVENUE DUBOIS, PA 15801		CURRENT LICENSE NUMBER 300070	
INSPECTION DATES (Include all dates of the inspection) 03/16/2011		REGIONAL REPRESENTATIVE Michael Palermo, Doug Hoover	
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 4-12-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 5/04/11

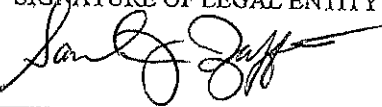
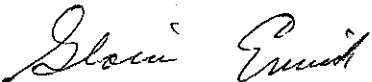
REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)		DATE COMPLIANCE VERIFIED BY		
designated person, or if a court orders disclosure.		4-4-11	<ul style="list-style-type: none"> <li>The Emergency Transfer Information should not have been left out at the Nurse's Station. This information book is to be kept in the locked Medication Room.</li> <li>Staff has been inserviced on proper storage of confidential information.</li> <li>Administrator will do audits monthly to Ensure this information is kept secured.</li> </ul>	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">5/04/11 BE</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">Date</td> <td style="border: none; width: 50%;">Initials (DPW)</td> </tr> </table>	Date	Initials (DPW)	
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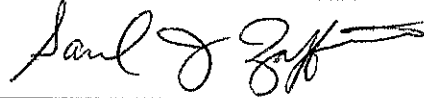
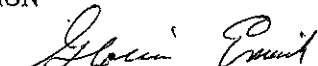
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82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	<ul style="list-style-type: none"> <li>• A gallon container of bleach, with a manufacturer's label indicating, "Call poison control center if ingested," was accessible to residents in an unlocked lower cabinet in the laundry room next to the activity room.</li> <li>• A bottle of Weiman glass cooktop cleaner labeled, "if swallowed, call poison control center," was unlocked and accessible to residents on top of the counter in the activity room.</li> </ul> <p>Residents of the home have not been assessed as being capable of recognizing and using poisons safely.</p>	4-4-11	<ul style="list-style-type: none"> <li>• Staff has a locked area for poisonous materials to be kept.</li> <li>• The Administrator will do audits monthly to ensure poisonous materials are kept locked and out of reach of the residents.</li> </ul> <p><i>Identified items were secured immediately at the time of the inspection. -GE</i></p>	5/04/11 GE

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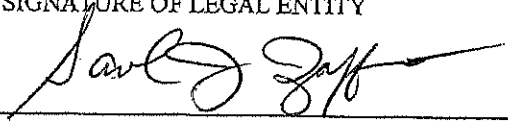
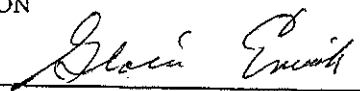
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121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	At noon, on the date of the inspection, the exit door in the living room was locked by a magnetic lock preventing immediate egress in the event of an emergency. This door is not located in the secured dementia care unit of the facility.	4-4-11	Magnetic lock has been disabled by the Maintenance Department and will not be used at any time. Residents have full egress at all times to exit this door.	5/04/11 BE

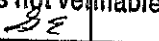
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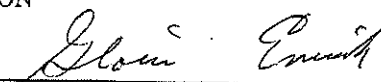
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132g Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.	The home's fire drill record for 7/21/10 at 11:15 PM reflected that 10 staff persons assisted with the drill. The record for 1/27/11 at 6:45 AM indicated that 17 staff persons assisted with the drill. According to the home's daily schedules, only two staff are typically working in the facility during the 11 PM to 7 AM shift.	4-7-11	A fire drill was held on 4/7/11 at 5:30 A.M. by the Fire Safety Inspector with three staff members and 58 residents present. It took eight (8) minutes evacuate to fire safe area. Safety Coordinator will continue to do fire drills with the 11-7 staff quarterly as per the Manor's protocol using only staff that are present during sleeping hours.  PLEASE SEE THE ATTACHED LETTER FROM THE CERTIFIED FIRE INSPECTOR.	Steps have been taken to correct violation; full compliance is not verifiable <u>5/04/11</u> <u>BE</u> Date Initials (DPW)

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187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	At 12:10 PM, staff A was observed initialing the MAR for resident #1 prior to administering the medications Vitamin C, 100 mg and I-CAPS with Lutein.	4-4-11	<ul style="list-style-type: none"> <li>Administrator discussed with this staff person on proper medication administration techniques.</li> <li>Staff person will be monitored by both medication administration trainers. Trainers will continue to monitor all medication staff for compliance in medication administration.</li> <li>All Medication Staff have been inserviced on this regulation/violation by the Administrator.</li> </ul>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>5/04/11 </p> <p>Date Initials (DPW)</p>

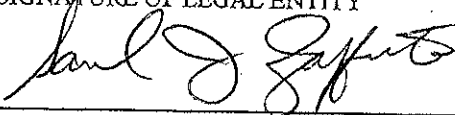
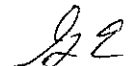
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202 The following procedures are prohibited: (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited. (3) Pressure point techniques, defined as the application of pain for the purpose of achieving	On 3/8/11 at 11:30 AM, the medication Lorazepam, 0.5 mg PRN was administered to resident #2 for agitation, which could be considered a chemical restraint.	4-4-11	(1) PRN Lorazepam for resident #2 has been discontinued as med not needed.  (2) All MAR's in relation to PRN medications have been reviewed by the Administrator for chemical restraints. Any medications ordered for agitation have been reviewed by RN and physicians ordering the medication with some changed or discontinued if not needed.  Medical Director and attending physicians have been informed of this regulation.	Steps have been taken to correct violation; full compliance is not verifiable <u>5/04/11</u> <u>BE</u> Date Initials (DPW)

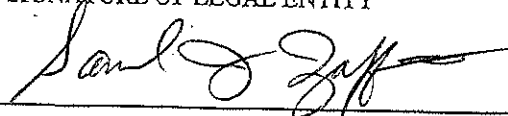

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compliance, is prohibited. (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. (5) A mechanical restraint, defined as a device that 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				

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reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.				