

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to PRESBYTERIAN HOME IN THE PRESBYTERY OF HUNTINGDON

To operate PRESBYTERIAN HOME

Located at 220 NEWRY STREET, HOLLIDAYSBURG, PA 16648

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 50
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 25, 2011 until April 25, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 343400

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 26 2011

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

Ms. Debra Larkin, Executive Director
Presbyterian Home in the Presbytery of Huntingdon
Presbyterian Home
220 Newry Street
Hollidaysburg, Pennsylvania 16648

Dear Ms. Larkin:

As a result of the Department of Public Welfare's licensing inspection on March 23, 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 PRESBYTERIAN HOME, 220 NEWRY STREET HOLLIDAYSBURG, PA 16649		CURRENT LICENSE NUMBER 343400	
INSPECTION DATES (Include all dates of the inspection) 03/23/2011		REGIONAL REPRESENTATIVE GERALD DUMAS, LESLIE PATTON	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Nancy Dickson Personal Care Manager</i>			
SIGNATURE OF LEGAL ENTITY <i>Nancy Dickson</i>	DATE <i>4/12/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dune C. Valence</i>	DATE <i>4-20-11</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
65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency	Staff person A first day of work was 8/9/10 as indicated by the home's staff schedule. Staff person A did not receive the training required to be completed by or on the first day of work until 8/16/10.	<i>4-12-11 per Adm. ND. DCV</i>	Moving forward the required training for new staff will be completed by Staff Development by or on the first day of work and the training will be monitored by the Personal Care Manager.	<i>DCV 4-20-11</i>
		<i>4-12-11</i>	<i>Per telephone call w/ Adm. Nancy Dickson, Administrator has developed an orientation check list to be used by Staff Development to track timely staff training. Administrator will monitor check list after each new hire and before employee's first day of work. DCV 4-20-11</i>	

RECEIVED

APR 18 2011

SCRANTON FIELD OFFICE
Adult Residential Licensing

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

Page 2 of 14

NAME AND ADDRESS OF PERSONAL CARE HOME PRESBYTERIAN HOME, 220 NEWRY STREET HOLLIDAYSBURG, PA 16649		CURRENT LICENSE NUMBER 343400	
INSPECTION DATES (Include all dates of the inspection) 03/23/2011		REGIONAL REPRESENTATIVE GERALD DUMAS, LESLIE PATTON	
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>Nancy Dickson</i>	DATE <i>4/12/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C. Valente</i>	DATE <i>4-20-11</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
location if applicable. (3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.				<i>See page 1 of 14</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME PRESBYTERIAN HOME, 220 NEWRY STREET HOLLIDAYSBURG, PA 16649		CURRENT LICENSE NUMBER 343400	
INSPECTION DATES (Include all dates of the inspection) 03/23/2011		REGIONAL REPRESENTATIVE GERALD DUMAS, LESLIE PATTON	
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>Nancy Dickson</i>	DATE 4/12/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C Valence</i>	DATE 4-20-11

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
65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (4) Reporting of reportable incidents	Staff person B (hired 10/12/10) did not receive training regarding the home's emergency medical plan. Staff person C (hired 2/14/11) did not receive training regarding reportable incidents and the home's emergency medical plan.	4-12-11 <i>PL Admin N.D Per tele call 4-20-11 DCV</i>	Staff person B completed training regarding the home's emergency medical plan on April 8, 2011. Moving forward the required training will be provided within 40 scheduled working hours and documented on the orientation checklist. The training will be monitored by the Personal Care Manager. Staff person C completed training regarding reportable incidents and the home's emergency medical plan on April 11, 2011. Documentation was completed on the orientation checklist. Moving forward training will be provided by Staff Development at orientation for ancillary staff.	DCV 4-20-11
		4-12-11	<i>Per Tele Call to Admin Nancy Dickson Administrator will review all</i>	

Training documentation immediately upon employee orientation and before 40 scheduled working hours DCV 4-20-11

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

NAME AND ADDRESS OF PERSONAL CARE HOME PRESBYTERIAN HOME, 220 NEWRY STREET HOLLIDAYSBURG, PA 16649		CURRENT LICENSE NUMBER 343400	
INSPECTION DATES (Include all dates of the inspection) 03/23/2011		REGIONAL REPRESENTATIVE GERALD DUMAS, LESLIE PATTON	
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>Nancy Dickson</i>	DATE <i>4/12/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C. Valence</i>	DATE <i>4-20-11</i>

REGULATION 55 Pa.Code §2600 and conditions.	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
				<i>See previous page 3 of 14</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME PRESBYTERIAN HOME, 220 NEWRY STREET HOLLIDAYSBURG, PA 16649		CURRENT LICENSE NUMBER 343400	
INSPECTION DATES (Include all dates of the inspection) 03/23/2011		REGIONAL REPRESENTATIVE GERALD DUMAS, LESLIE PATTON	
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>Nancy Dickson</i>	DATE <i>4/12/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duane C. Salas</i>	DATE <i>4-20-11</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
81b Wheel chairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	An enabler bar measuring 12 inches in width by 18 inches in length was attached to the right side of the bed in room # 31. The enabler bar was not covered allowing for possible entrapment of limbs or arms.	<i>4-12-11 Per file call w/ Admin N.D. DCV 4-20-11</i>	A cover was attached to the enabler bar in room #31 on March 23, 2011. Moving forward all enabler bars will be checked by maintenance with a measurement tool to assure the enabler bar does not cause an entrapment hazard before it is installed and routinely on enabler bars already installed. The Personal Care Manager will monitor the process.	Steps have been taken to correct violation; full compliance is not verifiable <i>4-20-11 DCV</i> Date Initials (DPM)
		<i>4-12-11</i>	<i>Per file call w/ Administrator Nancy Dickson on 4-20-11. The Administrator will do weekly physical checks of all enabler to ensure all have appropriate covering. Administrator will in source housekeeping, direct care staff and maintenance staff on the importance of identifying enabler hazards and to make sure each enabler is properly fitted with a cover to reduce physical risk to residents who use them</i>	<i>DCV 4-20-11</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME PRESBYTERIAN HOME, 220 NEWRY STREET HOLLIDAYSBURG, PA 16649		CURRENT LICENSE NUMBER 343400	
INSPECTION DATES (include all dates of the inspection) 03/23/2011		REGIONAL REPRESENTATIVE GERALD DUMAS, LESLIE PATTON	
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>Nancy Dickson</i>	DATE 4/12/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen C. Valenza</i>	DATE 4-20-11

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
132b 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.	The letter from [redacted] Assistant Fire Marshall of The Borough of Hollidaysburg dated May 20, 2010 did not indicate if the home was inspected by a fire expert in the last 12 months.	4-8-11 <i>per. Atm N.D</i>	The home has a letter on file from a fire safety expert, Fred Straub dated April 8, 2011 that indicates the home was inspected. Moving forward a contracted fire safety expert will inspect the home annually and the process will be monitored by the Personal Care Manager.	<i>DoV</i> 4-20-11
		4-20-11 <i>per. Atm N.D</i>	<i>Per Tele call with Adm. Nancy D. This date. Administrator instructed a follow-up file system to remind her when annual fire safety inspections and fire drills are due. Fire Safety expert Fred Straub maintaining a follow-up system on all due fire inspections and drills. Fire Safety expert will contact the home two months prior to the expiration of their current annual fire inspection and fire drill.</i>	

*Current annual fire inspection and fire drill
DUY4-20-11*

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

NAME AND ADDRESS OF PERSONAL CARE HOME PRESBYTERIAN HOME, 220 NEWRY STREET HOLLIDAYSBURG, PA 16649		CURRENT LICENSE NUMBER 343400	
INSPECTION DATES (Include all dates of the inspection) 03/23/2011		REGIONAL REPRESENTATIVE GERALD DUMAS, LESLIE PATTON	
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>Nancy Dickson</i>	DATE <i>4/12/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duane C Valance</i>	DATE <i>4-20-11</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																																																																	
	<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/08/2011</td><td>07:04 PM</td><td>6:07</td><td>No</td></tr> <tr><td>Feb</td><td>02/28/2011</td><td>08:32 PM</td><td>5:34</td><td>No</td></tr> <tr><td>Mar</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Apr</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>May</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jun</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jul</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Aug</td><td>08/25/2011</td><td>10:38 AM</td><td>6:04</td><td>Yes</td></tr> <tr><td>Sep</td><td>09/24/2010</td><td>10:07 PM</td><td>7:19</td><td>No</td></tr> <tr><td>Oct</td><td>10/18/2010</td><td>03:30 PM</td><td>6:00</td><td>No</td></tr> <tr><td>Nov</td><td>11/12/2010</td><td>05:21 AM</td><td>9:29</td><td>No</td></tr> <tr><td>Dec</td><td>12/17/2010</td><td>10:42 AM</td><td>5:46</td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/08/2011	07:04 PM	6:07	No	Feb	02/28/2011	08:32 PM	5:34	No	Mar				No	Apr				No	May				No	Jun				No	Jul				No	Aug	08/25/2011	10:38 AM	6:04	Yes	Sep	09/24/2010	10:07 PM	7:19	No	Oct	10/18/2010	03:30 PM	6:00	No	Nov	11/12/2010	05:21 AM	9:29	No	Dec	12/17/2010	10:42 AM	5:46	No			<i>See previous page 6 of 14</i>
Mont	Date	Time	Evac. Time	FSE																																																																	
Jan	01/08/2011	07:04 PM	6:07	No																																																																	
Feb	02/28/2011	08:32 PM	5:34	No																																																																	
Mar				No																																																																	
Apr				No																																																																	
May				No																																																																	
Jun				No																																																																	
Jul				No																																																																	
Aug	08/25/2011	10:38 AM	6:04	Yes																																																																	
Sep	09/24/2010	10:07 PM	7:19	No																																																																	
Oct	10/18/2010	03:30 PM	6:00	No																																																																	
Nov	11/12/2010	05:21 AM	9:29	No																																																																	
Dec	12/17/2010	10:42 AM	5:46	No																																																																	

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

NAME AND ADDRESS OF PERSONAL CARE HOME PRESBYTERIAN HOME, 220 NEWRY STREET HOLLIDAYSBURG, PA 16649		CURRENT LICENSE NUMBER 343400	
INSPECTION DATES (Include all dates of the inspection) 03/23/2011		REGIONAL REPRESENTATIVE GERALD DUMAS, LESLIE PATTON	
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>Nancy Dickson</i>	DATE 4/12/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dore C Valance</i>	DATE 4-20-11

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																					
132d Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.	<p>The letter from [redacted] Assistant Fire Marshall of The Borough of Hollidaysburg dated May 20, 2010 did not indicate the technical construction of the building.</p> <p>A fire drill evacuation time is determined by a fire expert based on the fire wall separation, other fire protection systems such as sprinklers and the technical construction of the building.</p> <p>Assistant Fire Marshall, [redacted] in letter dated May 20, 2010 indicated the time to evacuate residents to a fire safe area is 5 minutes. On the following dates, the home exceeded the amount of time to evacuate the building:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">DATE</th> <th style="text-align: left;">TIME</th> <th style="text-align: left;">EVACUATION TIME</th> </tr> </thead> <tbody> <tr><td>02/23/11</td><td>8:32 p.m.</td><td>5:34 seconds</td></tr> <tr><td>01/08/11</td><td>7:04 p.m.</td><td>6:07 seconds</td></tr> <tr><td>12/17/10</td><td>10:42 a.m.</td><td>5:46 seconds</td></tr> <tr><td>11/12/10</td><td>05:21 a.m.</td><td>9:29 seconds</td></tr> <tr><td>10/18/10</td><td>03:30 p.m.</td><td>6:00 seconds</td></tr> <tr><td>09/24/10</td><td>10:07 p.m.</td><td>7:19 seconds</td></tr> </tbody> </table>	DATE	TIME	EVACUATION TIME	02/23/11	8:32 p.m.	5:34 seconds	01/08/11	7:04 p.m.	6:07 seconds	12/17/10	10:42 a.m.	5:46 seconds	11/12/10	05:21 a.m.	9:29 seconds	10/18/10	03:30 p.m.	6:00 seconds	09/24/10	10:07 p.m.	7:19 seconds	4-12-11	The home has a letter on file from a fire safety expert designating a safe evacuation time and fire safe areas as well as the construction type. Moving forward the home will evacuate all residents to fire safe areas or outside the building in the time specified by the fire safety expert. The evacuation will be monitored and documented by a staff person trained by a fire safety expert.	4-20-11
DATE	TIME	EVACUATION TIME																							
02/23/11	8:32 p.m.	5:34 seconds																							
01/08/11	7:04 p.m.	6:07 seconds																							
12/17/10	10:42 a.m.	5:46 seconds																							
11/12/10	05:21 a.m.	9:29 seconds																							
10/18/10	03:30 p.m.	6:00 seconds																							
09/24/10	10:07 p.m.	7:19 seconds																							

Steps have been taken to correct violation; full compliance is not verifiable
 Date: 4-20-11
 Initials: [Signature]

Per tele call w/ admin Nancy D. this date. Staff person Braden W. has been trained by a Fire Safety Expert to conduct drills. He will be responsible to determine when to conduct a drill and time the evacuation. The Administrator will review after each monthly fire drill; the fire drill log to ensure compliance with the instruction to Fire Safe Areas and that evacuation time will be under 4 minutes. Fire drills held in March and April 2011 are under 4 minutes. Dev 4-20-11

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

NAME AND ADDRESS OF PERSONAL CARE HOME PRESBYTERIAN HOME, 220 NEWRY STREET HOLLIDAYSBURG, PA 16649		CURRENT LICENSE NUMBER 343400	
INSPECTION DATES (Include all dates of the inspection) 03/23/2011		REGIONAL REPRESENTATIVE GERALD DUMAS, LESLIE PATTON	
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>Nancy Dickson</i>	DATE <i>4/12/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen C. Saloner</i>	DATE <i>4-20-11</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																																																																	
	<table style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th style="text-align: left;"><u>Mont</u></th> <th style="text-align: left;"><u>Date</u></th> <th style="text-align: left;"><u>Time</u></th> <th style="text-align: left;"><u>Evac. Time</u></th> <th style="text-align: left;"><u>FSE</u></th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/08/2011</td><td>07:04 PM</td><td>6:07</td><td>No</td></tr> <tr><td>Feb</td><td>02/28/2011</td><td>08:32 PM</td><td>5:34</td><td>No</td></tr> <tr><td>Mar</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Apr</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>May</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jun</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jul</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Aug</td><td>08/25/2011</td><td>10:38 AM</td><td>6:04</td><td>Yes</td></tr> <tr><td>Sep</td><td>09/24/2010</td><td>10:07 PM</td><td>7:19</td><td>No</td></tr> <tr><td>Oct</td><td>10/18/2010</td><td>03:30 PM</td><td>6:00</td><td>No</td></tr> <tr><td>Nov</td><td>11/12/2010</td><td>05:21 AM</td><td>9:29</td><td>No</td></tr> <tr><td>Dec</td><td>12/17/2010</td><td>10:42 AM</td><td>5:46</td><td>No</td></tr> </tbody> </table>	<u>Mont</u>	<u>Date</u>	<u>Time</u>	<u>Evac. Time</u>	<u>FSE</u>	Jan	01/08/2011	07:04 PM	6:07	No	Feb	02/28/2011	08:32 PM	5:34	No	Mar				No	Apr				No	May				No	Jun				No	Jul				No	Aug	08/25/2011	10:38 AM	6:04	Yes	Sep	09/24/2010	10:07 PM	7:19	No	Oct	10/18/2010	03:30 PM	6:00	No	Nov	11/12/2010	05:21 AM	9:29	No	Dec	12/17/2010	10:42 AM	5:46	No			<i>See previous page 8 of 14</i>
<u>Mont</u>	<u>Date</u>	<u>Time</u>	<u>Evac. Time</u>	<u>FSE</u>																																																																	
Jan	01/08/2011	07:04 PM	6:07	No																																																																	
Feb	02/28/2011	08:32 PM	5:34	No																																																																	
Mar				No																																																																	
Apr				No																																																																	
May				No																																																																	
Jun				No																																																																	
Jul				No																																																																	
Aug	08/25/2011	10:38 AM	6:04	Yes																																																																	
Sep	09/24/2010	10:07 PM	7:19	No																																																																	
Oct	10/18/2010	03:30 PM	6:00	No																																																																	
Nov	11/12/2010	05:21 AM	9:29	No																																																																	
Dec	12/17/2010	10:42 AM	5:46	No																																																																	

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

NAME AND ADDRESS OF PERSONAL CARE HOME PRESBYTERIAN HOME, 220 NEWRY STREET HOLLIDAYSBURG, PA 16649		CURRENT LICENSE NUMBER 343400	
INSPECTION DATES (Include all dates of the inspection) 03/23/2011		REGIONAL REPRESENTATIVE GERALD DUMAS, LESLIE PATTON	
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	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
<i>Nancy Dickson</i>	4/12/11	<i>Dune C Valence</i>	4-20-11

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
132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	<p>During the fire drills conducted in the home in approximately the last 12 months, some residents were evacuated to the dining room as acknowledged during interviews with the home's administrator and maintenance supervisor.</p> <p>The home's fire safe areas identified in the letter dated May 20, 2010 from the Assistant Fire Marshall, [REDACTED] of The Borough of Hollidaysburg are the homes stairwells and the first floor main main lobby.</p>	<p>4-12-11 <i>Per tele call w/ Adm ND DCV 4-20-11</i></p>	<p>All residents will be evacuated to a fire safe area or outside to a public thoroughfare during each fire drill as specified in the letter from a fire safety expert. Moving forward all fire drill logs will be reviewed by the Personal Care Manager.</p>	<p><i>DCV 4-20-11</i></p>
		<p>4-20-11 <i>Per tele call w/ Adm ND DCV 4-20-11</i></p>	<p><i>Per tele call w/ Adm. Nancy D. The administrator will conduct a review after each fire drill to make sure that evacuations are followed and that residents are evacuated to fire safe areas in the time allotted by the Fire Safety Expert based on the Fire Safety Expert's letter to the home dated 4-8-11. The administrator will take whatever corrective action may be necessary to ensure</i></p>	

Compliance with a safe and timely evacuation of all residents and staff

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

NAME AND ADDRESS OF PERSONAL CARE HOME PRESBYTERIAN HOME, 220 NEWRY STREET HOLLIDAYSBURG, PA 16649		CURRENT LICENSE NUMBER 343400	
INSPECTION DATES (Include all dates of the inspection) 03/23/2011		REGIONAL REPRESENTATIVE GERALD DUMAS, LESLIE PATTON	
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>Nancy Dickson</i>	DATE <i>4/12/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dune C Valence</i>	DATE <i>4-20-11</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																																																																	
	<table style="width: 100%; border-collapse: collapse; font-size: small;"> <thead> <tr> <th style="text-align: left;">Mont</th> <th style="text-align: left;">Date</th> <th style="text-align: left;">Time</th> <th style="text-align: left;">Evac. Time</th> <th style="text-align: left;">FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td>01/08/2011</td><td>07:04 PM</td><td>6:07</td><td>No</td></tr> <tr><td>Feb</td><td>02/28/2011</td><td>08:32 PM</td><td>5:34</td><td>No</td></tr> <tr><td>Mar</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Apr</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>May</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jun</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jul</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Aug</td><td>08/25/2011</td><td>10:38 AM</td><td>6:04</td><td>Yes</td></tr> <tr><td>Sep</td><td>09/24/2010</td><td>10:07 PM</td><td>7:19</td><td>No</td></tr> <tr><td>Oct</td><td>10/18/2010</td><td>03:30 PM</td><td>6:00</td><td>No</td></tr> <tr><td>Nov</td><td>11/12/2010</td><td>05:21 AM</td><td>9:29</td><td>No</td></tr> <tr><td>Dec</td><td>12/17/2010</td><td>10:42 AM</td><td>5:46</td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan	01/08/2011	07:04 PM	6:07	No	Feb	02/28/2011	08:32 PM	5:34	No	Mar				No	Apr				No	May				No	Jun				No	Jul				No	Aug	08/25/2011	10:38 AM	6:04	Yes	Sep	09/24/2010	10:07 PM	7:19	No	Oct	10/18/2010	03:30 PM	6:00	No	Nov	11/12/2010	05:21 AM	9:29	No	Dec	12/17/2010	10:42 AM	5:46	No			<i>See previous page 10 of 14</i>
Mont	Date	Time	Evac. Time	FSE																																																																	
Jan	01/08/2011	07:04 PM	6:07	No																																																																	
Feb	02/28/2011	08:32 PM	5:34	No																																																																	
Mar				No																																																																	
Apr				No																																																																	
May				No																																																																	
Jun				No																																																																	
Jul				No																																																																	
Aug	08/25/2011	10:38 AM	6:04	Yes																																																																	
Sep	09/24/2010	10:07 PM	7:19	No																																																																	
Oct	10/18/2010	03:30 PM	6:00	No																																																																	
Nov	11/12/2010	05:21 AM	9:29	No																																																																	
Dec	12/17/2010	10:42 AM	5:46	No																																																																	

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

NAME AND ADDRESS OF PERSONAL CARE HOME PRESBYTERIAN HOME, 220 NEWRY STREET HOLLIDAYSBURG, PA 16649		CURRENT LICENSE NUMBER 343400	
INSPECTION DATES (Include all dates of the inspection) 03/23/2011		REGIONAL REPRESENTATIVE GERALD DUMAS, LESLIE PATTON	
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>Nancy Dickson</i>	DATE <i>4/12/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C. Jelenka</i>	DATE <i>4-20-11</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
182b 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.	Staff person D completed the Initial Annual Practicum on 10/11/09 and the Annual Practicum on 10/9/10. The Annual Practicum was not completed in its entirety due to only 2 of the required 4 Medication Administration Record reviews being completed. Staff person E completed the Initial Medication Administration training on 1/14/10. The Initial Annual Practicum was completed on 7/24/10 on the Annual Practicum form which resulted in the staff person completing only 2 of the required 3 medication administration observations. Staff persons D and E are not properly trained to administer medication but administer medication on a regular basis.	<i>3-25-11</i> <i>per table call</i> <i>with admin. D</i> <i>DEC 4-20-11</i> <i>3-25-11</i>	Staff person D completed Med Pass Training on March 25, 2011. Documentation of training was completed on the appropriate form. Moving forward Med Pass Training and Practicum documentation will be monitored by the Personal Care Manager. Staff Person E completed Med Pass Training on March 25, 2011. Documentation was completed on the appropriate forms. Moving forward Med Pass Training and Practicum documentation will be provided by a Licensed Practical Nurse who has completed Department of Public Welfare Train the Trainer courses, and will be monitored by the Personal Care Manager.	<i>DEC</i> <i>4-20-11</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME PRESBYTERIAN HOME, 220 NEWRY STREET HOLLIDAYSBURG, PA 16649		CURRENT LICENSE NUMBER 343400	
INSPECTION DATES (Include all dates of the inspection) 03/23/2011		REGIONAL REPRESENTATIVE GERALD DUMAS, LESLIE PATTON	
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>Nancy Dickson</i>	DATE <i>4/12/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C. Valence</i>	DATE <i>4-20-11</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
(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.				<i>See previous page 12 of 14</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME PRESBYTERIAN HOME, 220 NEWRY STREET HOLLIDAYSBURG, PA 16649		CURRENT LICENSE NUMBER 343400	
INSPECTION DATES (Include all dates of the inspection) 03/23/2011		REGIONAL REPRESENTATIVE GERALD DUMAS, LESLIE PATTON	
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>Nancy Dickson</i>	DATE 4/12/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Teresa C. Valence</i>	DATE 4-20-11

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
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	The following expired medications prescribed to the stated residents were located in the home's first medication cart: Resident # 1 Acetaminophen 325 mg, expired 1/23/11 Resident # 1 Temazepam, 15 mg, expired 1/23/11 Resident # 2 Bausch and Lomb Sooth XP eye drops, expired 10/2009 Resident # 3 Acetaminophen 325 mg, expired 1/23/11 Resident # 4 Mucinex 600 mg, expired 2/22/11 Staff person # 5 stated it is the home's policy that insulin be discarded 30 days after being opened. Levemir insulin prescribed to resident # 6 was opened on 2/21/11 but was continuing to be used by staff.	3-23-10 4-12-11 <i>Per file call w/ Admin Nancy D.</i> <i>w/ Admin D-D</i>	All expired medications have been removed from the medication carts. Moving forward staff will monitor medications for expiration dates monthly. The Personal Care Manager will monitor the medication cart checks.	
		4-22-11	<i>Per file call w/ Admin Nancy D. This date expired medication were discarded on 3/23/10. Two charge nurses will do monthly audits of medication carts to ensure that there are no expired medications. The administrator will also do monthly medication cart audits to ensure that staff are following procedures. Home has set up a new procedure - all medications will have a sticker on them indicating their expiration dates. Two charge nurses and level 1 staff that administer medications will be in service by 4-22-11. Medication procedures to be updated to address procedure to be followed for expired containers and other medications.</i>	

Steps have been taken to correct violation; full compliance is not verifiable
 Date: 4-20-11
 Initials (DPW): DCV

RECEIVED
 APR 18 2011
 SCRANTON FIELD OFFICE
 Adult Residential Licensing