

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ST. JOHN LUTHERAN CARE CENTER

LEGAL ENTITY

To operate ST. JOHN SPECIALTY CARE CENTER

NAME OF FACILITY OR AGENCY

Located at 500 WITTENBERG WAY, P.O. BOX 928 MARS, PA 16046

(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 36
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 4, 2011 until May 4, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 448330

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 03 2011

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

Ms. Karen Russell, Executive Director
St. John Lutheran Care Center
St. John Specialty Care Center
PO Box 928, 500 Wittenberg Way
Mars, Pennsylvania 16046

Dear Ms. Russell:

As a result of the Department of Public Welfare's licensing inspection on March 29, 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 ST JOHN SPECIALTY CARE CENTER, 500 WITTENBERG WAY P O BOX 928 MARS, PA 16046 | | CURRENT LICENSE NUMBER 448330 | |
| INSPECTION DATES (Include all dates of the inspection) 03/29/2011 | | REGIONAL REPRESENTATIVE Jason Williams, Michael Marini | |
| 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>T Ben PCHA L/W</i> | DATE <i>4/20/11</i> | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i> | DATE <i>4-22-11</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 |
|--|---|-----------------------------|--|-----------------------------|
| 25b 25b - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. | <p>The contract for Resident #1, admitted 10/8/10, is not signed by the resident.</p> <p>The contract for Resident #2, admitted 10/30/10, is not signed by the resident.</p> <p>The contract for Resident #3, admitted 12/22/10, is not signed by the resident.</p> | | <p>Contracts for residents #1, #2, and #3 have been signed by the residents (completed by Admissions office); XXXXXXXXXX Administrator, completed audit of remaining personal care contracts for resident signatures effective 4/18/11.</p> <p>Admission staff was educated on the requirement for the resident's review of the contract and resident's signature on the contract on 04/01/11.</p> | <i>4-22-11 [Signature]</i> |

Western Region

Adult Residential Licensing

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

| | | | |
|---|----------------------------|---|----------------------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME ST JOHN SPECIALTY CARE CENTER, 500 WITTENBERG WAY P O BOX 928 MARS, PA 16046 | | CURRENT LICENSE NUMBER 448330 | |
| INSPECTION DATES (Include all dates of the inspection) 03/29/2011 | | REGIONAL REPRESENTATIVE Jason Williams, Michael Marini | |
| 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>T. Brill 1044 LW</i> | DATE <i>4/29/11</i> | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i> | DATE <i>4-22-11</i> |

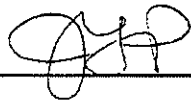
| REGULATION 55 Pa.Code §2600 | VIOLATION | DATE COMPLIANCE VERIFIED BY | PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | DATE COMPLIANCE VERIFIED BY |
|---|---|-----------------------------|---|-----------------------------|
| 65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these | According to training records and Staff person A, the administrator, the annual fire safety training is conducted by Staff person B, the home's maintenance employee. This person is not a fire safety expert and has not been trained by a fire safety expert. <div style="text-align: center; font-size: 1.2em; font-weight: bold;">Western Region</div> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">Adult Residential Licensing</div> | | The Director of Maintenance was provided education on fire safety by a fire safety expert on 4/14/11. (See attached.) The Director of Maintenance is responsible for providing fire safety training to the staff. | <i>4-22-11 [Signature]</i> |

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

| | | | |
|---|----------------------------|---|----------------------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME ST JOHN SPECIALTY CARE CENTER, 500 WITTENBERG WAY P O BOX 928 MARS, PA 16046 | | CURRENT LICENSE NUMBER 448330 | |
| INSPECTION DATES (Include all dates of the inspection) 03/29/2011 | | REGIONAL REPRESENTATIVE Jason Williams, Michael Marini | |
| 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>T. P. H. POHLE</i> | DATE <i>4/20/11</i> | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i> | DATE <i>4-22-11</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 |
|---|--|-----------------------------|---|-----------------------------|
| regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable. | <p>Western Region</p> <p>Adult Residential Licensing</p> | | | |

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

| | | | |
|---|----------------------------|--|----------------------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME ST JOHN SPECIALTY CARE CENTER, 500 WITTENBERG WAY P O BOX 928 MARS, PA 16046 | | CURRENT LICENSE NUMBER 448330 | |
| INSPECTION DATES (Include all dates of the inspection) 03/29/2011 | | REGIONAL REPRESENTATIVE Jason Williams, Michael Marini | |
| 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>T Bell RCHA LPN</i> | DATE <i>4/26/11</i> | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  | DATE <i>4-22-11</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 Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards. | The enabler bars on the beds in room 543 and 564 have 8 inch openings in the bars which are not covered and present an entrapment hazard for residents. | | Manufacturer of the assist bars does not make a cover. Bars were removed on 4/20/11 until covers can be made or alternate assist bars are purchased. | <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date <i>4-23-11</i> Initials (DPW) <i>[Signature]</i></p> |
| Western Region | | | | |

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

| | | | |
|---|-----------------------------|---|----------------------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME ST JOHN SPECIALTY CARE CENTER, 500 WITTENBERG WAY P O BOX 928 MARS, PA 16046 | | CURRENT LICENSE NUMBER 448330 | |
| INSPECTION DATES (Include all dates of the inspection) 03/29/2011 | | REGIONAL REPRESENTATIVE Jason Williams, Michael Marini | |
| 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>T Bell KHA LWN</i> | DATE <i>4/8/2011</i> | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i> | DATE <i>4/22-11</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 |
|--|--|-----------------------------|--|-----------------------------|
| 121b Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority. | <p>The double doors leading from the personal care unit to the dining room and the rest of the building are equipped with a wander-guard system. This system will lock the doors if a resident wearing a wander-guard bracelet approaches the doors. If a resident with a wander-guard is too close to the doors they can only be operated by a keypad device beside the door for which there is no posted code. Interview with Staff person C indicates that some residents tend to wander off of the unit and this system is to prevent elopement.</p> <p>The external door leading from the sunroom to the back deck is kept locked by the home using a keypad device for which there is no posted code.. This deck has a gate which allows egress from the home. Interview with Staff person C indicates that a family member slipped on some ice outside on the deck so the home keeps the door locked in the winter.</p> | | <p>On day of the inspection (3/29/11), the mag locks were removed from all the doors to give access to residents with wander guards to all areas of the unit. The door will alarm at nurses' station to alert staff when door is opened.</p> <p>On day of inspection, the mag lock was removed from the door leading from sunroom to deck; alarm will sound at nurses' station when deck door is opened.</p> <p>Staff was educated on the changes to the security system on 4/18/11.</p> | <i>4/22-11 [Signature]</i> |

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

| | | | |
|---|----------------------------|---|----------------------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME ST JOHN SPECIALTY CARE CENTER, 500 WITTENBERG WAY P O BOX 928 MARS, PA 16046 | | CURRENT LICENSE NUMBER 448330 | |
| INSPECTION DATES (Include all dates of the inspection) 03/29/2011 | | REGIONAL REPRESENTATIVE Jason Williams, Michael Marini | |
| 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>T Bell PUGH LLP</i> | DATE <i>4/20/11</i> | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i> | DATE <i>4-22-11</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 |
|--|--|-----------------------------|--|-----------------------------|
| 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. | According to the home's fire drill record, not all of the residents of the home are evacuating for fire drills: 6/22/10 20 in home, 4 evacuated 7/15/10 18 in home, 8 evacuated 8/9/10 18 in home, 12 evacuated 9/15/10 17 in home, 1 evacuated 10/19/10 17 in home, 7 evacuated 11/6/10 17 in home, 3 evacuated 12/20/10 19 in home, 8 evacuated 1/17/11 19 in home, 2 evacuated 2/9/11 19 in home, 11 evacuated | | All residents have been properly evacuated during past drills. However, since we have fire safe zones in the facility, only residents who needed to be moved to another fire safe zone were noted on the fire drill log. All residents present in the building at the time of the drill will now be noted. The Maintenance Director was educated on 4/01/11. | |

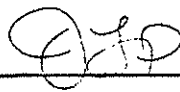
Western Region


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

| | | | |
|---|----------------------------|---|----------------------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME ST JOHN SPECIALTY CARE CENTER, 500 WITTENBERG WAY P O BOX 928 MARS, PA 16046 | | CURRENT LICENSE NUMBER 448330 | |
| INSPECTION DATES (include all dates of the inspection) 03/29/2011 | | REGIONAL REPRESENTATIVE Jason Williams, Michael Marini | |
| 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>T Bell /CHA LRP</i> | DATE <i>4/20/11</i> | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i> | DATE <i>4-22-11</i> |

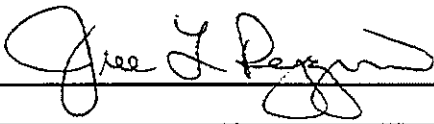
| REGULATION 55 Pa.Code §2600 | VIOLATION | PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------|---|---|-----------------------------|------|------------|-----|-----|------------|----------|--------------|----|-----|------------|----------|--------------|----|-----|------------|----------|--------------|----|-----|------------|----------|-------|----|-----|------------|----------|--------------|-----|-----|------------|----------|-------|----|-----|------------|----------|-------|----|-----|------------|----------|-------|----|-----|------------|----------|-------------|----|-----|------------|----------|-------|----|-----|------------|----------|-------|----|-----|------------|----------|--------------|----|--|--|
| | | DATE COMPLIANCE VERIFIED BY | DATE COMPLIANCE VERIFIED BY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <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>01/17/2011</td><td>05:50 PM</td><td>1 min 23 sec</td><td>No</td></tr> <tr><td>Feb</td><td>02/09/2011</td><td>02:12 AM</td><td>3 min 20 sec</td><td>No</td></tr> <tr><td>Mar</td><td>03/18/2010</td><td>02:14 PM</td><td>2 min 12 sec</td><td>No</td></tr> <tr><td>Apr</td><td>04/05/2010</td><td>06:16 PM</td><td>3 min</td><td>No</td></tr> <tr><td>May</td><td>05/15/2010</td><td>10:40 AM</td><td>3 min 55 sec</td><td>Yes</td></tr> <tr><td>Jun</td><td>06/22/2010</td><td>12:59 PM</td><td>4 min</td><td>No</td></tr> <tr><td>Jul</td><td>07/15/2010</td><td>07:34 PM</td><td>2 min</td><td>No</td></tr> <tr><td>Aug</td><td>08/09/2010</td><td>05:52 AM</td><td>4 min</td><td>No</td></tr> <tr><td>Sep</td><td>09/15/2010</td><td>10:15 PM</td><td>1 min 3 sec</td><td>No</td></tr> <tr><td>Oct</td><td>10/19/2010</td><td>06:12 PM</td><td>3 min</td><td>No</td></tr> <tr><td>Nov</td><td>11/06/2010</td><td>02:28 AM</td><td>4 min</td><td>No</td></tr> <tr><td>Dec</td><td>12/20/2010</td><td>02:35 PM</td><td>3 min 45 sec</td><td>No</td></tr> </tbody> </table> | Mont | Date | Time | Evac. Time | FSE | Jan | 01/17/2011 | 05:50 PM | 1 min 23 sec | No | Feb | 02/09/2011 | 02:12 AM | 3 min 20 sec | No | Mar | 03/18/2010 | 02:14 PM | 2 min 12 sec | No | Apr | 04/05/2010 | 06:16 PM | 3 min | No | May | 05/15/2010 | 10:40 AM | 3 min 55 sec | Yes | Jun | 06/22/2010 | 12:59 PM | 4 min | No | Jul | 07/15/2010 | 07:34 PM | 2 min | No | Aug | 08/09/2010 | 05:52 AM | 4 min | No | Sep | 09/15/2010 | 10:15 PM | 1 min 3 sec | No | Oct | 10/19/2010 | 06:12 PM | 3 min | No | Nov | 11/06/2010 | 02:28 AM | 4 min | No | Dec | 12/20/2010 | 02:35 PM | 3 min 45 sec | No | | |
| Mont | Date | Time | Evac. Time | FSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan | 01/17/2011 | 05:50 PM | 1 min 23 sec | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb | 02/09/2011 | 02:12 AM | 3 min 20 sec | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar | 03/18/2010 | 02:14 PM | 2 min 12 sec | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr | 04/05/2010 | 06:16 PM | 3 min | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May | 05/15/2010 | 10:40 AM | 3 min 55 sec | Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun | 06/22/2010 | 12:59 PM | 4 min | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jul | 07/15/2010 | 07:34 PM | 2 min | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug | 08/09/2010 | 05:52 AM | 4 min | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep | 09/15/2010 | 10:15 PM | 1 min 3 sec | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct | 10/19/2010 | 06:12 PM | 3 min | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov | 11/06/2010 | 02:28 AM | 4 min | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec | 12/20/2010 | 02:35 PM | 3 min 45 sec | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Western Region | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adult Residential Licensing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

| | | | |
|---|---------------------|--|---------------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME ST JOHN SPECIALTY CARE CENTER, 500 WITTENBERG WAY P O BOX 928 MARS, PA 16046 | | CURRENT LICENSE NUMBER 448330 | |
| INSPECTION DATES (Include all dates of the inspection) 03/29/2011 | | REGIONAL REPRESENTATIVE Jason Williams, Michael Marini | |
| 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 T Bell PCHA LWA | DATE 4/20/11 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION  | DATE 4-22-11 |

| 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 The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization | The medical evaluation (dated 12/30/10) for Resident #4, admitted 12/16/10, indicated "see attached" under the medication section. The attached med list was not dated nor was it signed by the physician. Western Region | | Resident #4: Medication List was signed by physician on 4/12/11 (see attached) and audit of all current residents' Medical Evaluation and Medication Lists was completed 4/18/11 (see attached); Administrator will audit new admissions on the next working day to assure Medical Evaluations and Medication Lists are completed for compliance. | 4-22-11  |

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

| | | | |
|---|------|---|---------|
| NAME AND ADDRESS OF PERSONAL CARE HOME ST JOHN SPECIALTY CARE CENTER, 500 WITTENBERG WAY P O BOX 928 MARS, PA 16046 | | CURRENT LICENSE NUMBER 448330 | |
| INSPECTION DATES (Include all dates of the inspection) 03/29/2011 | | REGIONAL REPRESENTATIVE Jason Williams, Michael Marini | |
| 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 |
| | |  | 4-22-11 |

| 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 |
|--|-----------|-----------------------------|---|-----------------------------|
| history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request. | | | | |

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

| | | | |
|---|----------------------------|---|----------------------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME ST JOHN SPECIALTY CARE CENTER, 500 WITTENBERG WAY P O BOX 928 MARS, PA 16046 | | CURRENT LICENSE NUMBER 448330 | |
| INSPECTION DATES (Include all dates of the inspection) 03/29/2011 | | REGIONAL REPRESENTATIVE Jason Williams, Michael Marini | |
| 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>T Bell SCHA L/P</i> | DATE <i>4/21/11</i> | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JYP</i> | DATE <i>4/22/11</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 |
|--|---|-----------------------------|---|-----------------------------|
| 143a The home shall have a written emergency medical plan that includes the following: (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice, if possible. (2) Emergency transportation to be used. (3) An emergency-staffing plan. | The home's written emergency medical plan does not contain an emergency staffing plan. <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">Adult Residential Licensing</p> | <i>6/1/11</i> | Emergency Medical Plan was updated to include the Emergency Staffing Plan (see attached). <i>All involved staff dealing with the Emergency Medical Plan will be educated on the Emergency Staffing Plan. 4-22-11 JYP</i> | <i>4/22/11 JYP</i> |

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

| | | | |
|---|----------------------------|---|----------------------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME ST JOHN SPECIALTY CARE CENTER, 500 WITTENBERG WAY P O BOX 928 MARS, PA 16046 | | CURRENT LICENSE NUMBER 448330 | |
| INSPECTION DATES (Include all dates of the inspection) 03/29/2011 | | REGIONAL REPRESENTATIVE Jason Williams, Michael Marini | |
| 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>J Bell PCHA LTV</i> | DATE <i>4/20/11</i> | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JYP</i> | DATE <i>4-22-11</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 |
|---|--|-----------------------------------|--|-----------------------------------|
| 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 | <p>The double doors leading from the personal care unit to the dining room and the rest of the building are equipped with a wander-guard system. This system will lock the doors if a resident wearing a wander-guard bracelet approaches the doors. If a resident with a wander-guard is too close to the doors they can only be operated by a keypad device beside the door for which there is no posted code. Interview with Staff person C indicates that some residents tend to wander off of the unit and this system is to prevent elopement.</p> <p>The external door leading from the sunroom to the back deck is kept locked by the home using a keypad device for which there is no posted code. This deck has a gate which allows egress from the home. Interview with Staff person C indicates that a family member slipped on some ice outside on the deck so the home keeps the door locked in the winter.</p> <p style="text-align: center; font-size: 1.2em; font-weight: bold;">Western Region</p> | | <p>On day of the inspection (3/29/11), the mag locks were removed from all the doors to give access to residents with wander guards to all areas of the unit. The door will alarm at nurses' station to alert staff when door is opened.</p> <p>On day of inspection, the mag lock was removed from the door leading from sunroom to deck; alarm will sound at nurses' station when deck door is opened.</p> <p>Staff was educated on the changes to the security system on 4/18/11.</p> | <i>4-22-11 JYP</i> |

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

| | | | |
|---|----------------------------|---|----------------------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME ST JOHN SPECIALTY CARE CENTER, 500 WITTENBERG WAY P O BOX 928 MARS, PA 16046 | | CURRENT LICENSE NUMBER 448330 | |
| INSPECTION DATES (Include all dates of the inspection) 03/29/2011 | | REGIONAL REPRESENTATIVE Jason Williams, Michael Marini | |
| 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>T BPH FCHA LLC</i> | DATE <i>4/20/11</i> | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JWP</i> | DATE <i>4-22-11</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 |
|--|----------------|-----------------------------|---|-----------------------------|
| 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 | Western Region | | | |

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

| | | | |
|---|----------------------------|---|----------------------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME ST JOHN SPECIALTY CARE CENTER, 500 WITTENBERG WAY P O BOX 928 MARS, PA 16046 | | CURRENT LICENSE NUMBER 448330 | |
| INSPECTION DATES (Include all dates of the inspection) 03/29/2011 | | REGIONAL REPRESENTATIVE Jason Williams, Michael Marini | |
| 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>T Bell PCHA LLD</i> | DATE <i>4/27/11</i> | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i> | DATE <i>4-22-11</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 |
|--|----------------|-----------------------------------|---|-----------------------------------|
| reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. | Western Region | | | |