

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to SUSAN MURPHY

LEGAL ENTITY

To operate SUSAN'S VICTORIAN COTTAGE

NAME OF FACILITY OR AGENCY

Located at 111 HYDRANGEA LANE, MT. PLEASANT, PA 15666

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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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 16
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: No Residents with mobility needs may be served - Bedroom 13

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 June 8, 2011 until June 8, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 428900

Robert E. Robinson

ISSUING OFFICER

[Signature]

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

JUN 14 2011

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

Ms. Susan Murphy, Owner
Susan's Victorian Cottage
111 Hydrangea Lane
Mt. Pleasant, Pennsylvania 15666

Dear Ms. Murphy:

As a result of the Department of Public Welfare's licensing inspection on April 1, 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'.

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 SUSAN S VICTORIAN COTTAGE, 111 HYDRANGEA LANE MT PLEASANT, PA 15666		CURRENT LICENSE NUMBER 428900	
INSPECTION DATES (Include all dates of the inspection) 04/01/2011		REGIONAL REPRESENTATIVE D. McConnell, M. Marini	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) SUSAN MURPHY RN ADMINISTRATOR			
SIGNATURE OF LEGAL ENTITY <i>Susan Murphy RN</i>	DATE 5-11-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>6/1/11</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
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's quality management plan indicates that the home will have a annual review. The last quality management review was 8/1/09. <div style="text-align: center; font-size: 1.2em; font-weight: bold;">Western Region</div>	5-11-11 <i>S. Murphy</i>	I review the QM Plan at least monthly with my last pre inspection review dated 03-23-11. I failed to write a separate page entitled "QM Annual Review" and wrote the enclosed Annual Review on 04-29-11. I added "Write an annual QM Annual Review page" to my QM Plan.	

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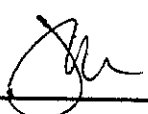
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51/52 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults). Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15	Direct care staff person A, hired 8/9/10, did not reside in Pennsylvania until 4/2010. Staff person A did not have an FBI background check performed 1 year prior to employment or 90 days following the date of hire as required under the Older Adult Protective Services Act. Western Region Adult Residential Licensing	5-11-11 <i>S. Murphy</i> 6/30/11	Fingerprinting was done upon hire and no additional FBI checking was known to be needed. I unsuccessfully phoned 2 DPW inspectors, 2 State Police officers and searched the internet for help on how to proceed. Then I spoke with a kind PCH Admin. who faxed me the correct form and instructions. I mailed the fee, form and fingerprint card of 08-30-10 to Harrisburg on 05-05-11 and will forward the FBI Record Check when received. I now know how to proceed if I hire staff who hasn't lived in PA for 2 yrs. <i>All staff persons who have not been a resident of PA for 2 years prior to hire date will have an FBI record check performed either 1 year prior to hire date or 90 days following date of hire. 6-1-11</i>	

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(relating to protective services for older adults) and other applicable regulations.	<p style="font-size: 1.2em;">Western Region</p> <p style="font-size: 1.2em;">Adult Residential Licensing</p>			

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54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care	Direct care staff person A does not have a high school diploma, GED or active registration status on the Pennsylvania nurse aide registry. — <div style="text-align: center; font-size: 1.2em; font-weight: bold;">Western Region</div> Adult Residential Licensing	5-11-11 <i>S. Murphy</i>	This GED Certificate was requested upon hire and requested again last week. When received a copy will be sent to you. New hires will have the Certificate on file before employment begins.	

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services with reasonable skill and safety.	<p style="font-size: 24px; margin: 0;">Western Region</p> <p style="font-size: 24px; margin: 0;">Adult Residential Licensing</p>			

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64c An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.	Staff person B, the home's administrator, completed only 14 hours of annual training in training year 1/1/10-12/31/10.	5-11-11	I have documentation for 24 CEUs from 05-19-09 to 05-14-10 for my 2010 training year and took the enclosed 10 more in May 2011 per the Inspector's request that I needed 10 more for 2010. I now have changed my training year ^{to be} from Jan thru Dec to avoid confusion.	<i>JM</i> 6-1-11
Western Region				
Adult Residential Licensing				

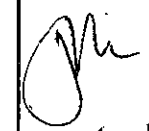
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132c A written fire drill record shall include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.	The fire drill record for the drill conducted on 3/10/2011, does not include the evacuation time. Western Region Adult Residential Licensing	5-11-11 <i>S. Murphy</i>	This alarm was pulled by a child visitor and staff was running around assuring evacuation and looking for the fire but not timing the residents evacuation. I could have guessed and documented a time but that would have been dishonest. We should have held and timed a 2nd drill for that month. <i>Fire drills will be held monthly, times will be recorded on the fire drill log.</i> <i>[Signature]</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Date Initials (DPW)

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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 has not conducted any fire drills with minimum number of staff participating. During the nighttime fire drill on 9/16/2010, 2 staff people participated in the drill. According to staff records, the there is typically only one staff person on duty at this time of day. Western Region Adult Residential Licensing	5-11-11 <i>S. Murphy</i>	Myself and another staff person live in the home and there is rarely only 1 staff person present. Only one staff person conducted our 04-14-11, 11:20PM drill although 2 staff persons were present. I will have only one person participate at one of our 2 yearly nighttime drills.	 6-1-11

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132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	Staff person B stated that residents do not evacuate to the designated outside safe area, the gazebo area, for fire drills.	5-11-11 <i>S. Murphy</i>	I changed our "fire safe area" to a paved area at the front of the home that can be reached via a paved pathway but might have emergency or other traffic. Some residents will have a longer distance to walk unassisted when minimal staff is present. All residents will evacuate to this new area with monthly fire drills.	
	Western Region			
	Adult Residential Licensing			

Steps have been taken to correct violation; full compliance is not verifiable
[Signature]
 Date _____ Initials (DPW) _____