

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to NEW CONCEPTS ASSISTED LIVING, INC.

LEGAL ENTITY

To operate THE SUSQUEHANNA HOUSE

NAME OF FACILITY OR AGENCY

Located at 2400 SUSQUEHANNA TRAIL, MCEWENSVILLE, PA 17749

(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 22
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 25, 2011 until May 25, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **213120**

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 12 2011

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

Ms. Staci Calabro, President
New Concepts Assisted Living, Inc.
P.O. Box 167
McEwensville, Pennsylvania 17772

RE: The Susquehanna House
2400 Susquehanna Trail
McEwensville, Pennsylvania 17749

Dear Ms. Calabro:

As a result of the Department of Public Welfare's licensing inspection on April 7, 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 The Susquehanna House, 2400 Susquehanna Trail McEwensville, PA 17722		CURRENT LICENSE NUMBER 213120	
INSPECTION DATES (Include all dates of the inspection) 04/07/2011		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>SANTI CALABRO Pres</i>			
SIGNATURE OF LEGAL ENTITY <i>Santi Calabro</i>	DATE 4/26/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Debeuse</i>	DATE 5-4-11

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
28f1 Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home.	The home did not provide resident #1 a final written itemized account of funds within 30 days of discharge from the home. The resident was discharged on 12/9/10.	4/11/11	<p>The home did not manage the residents personal funds. The residents discharge sheet stated the resident paid to the date of discharge and was not due a refund.</p> <p>In the future, discharged residents will receive a summary itemizing the amount owed of refund due. This task was added to the check off portion of resident discharge instructions to ensure future compliance. Two staff persons will check discharge record to ensure accuracy.</p>	DCU 5-4-11
<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">MAY 04 2011</div> <div style="font-weight: bold;">SCRANTON FIELD OFFICE</div> <div>Adult Residential Licensing</div>				

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

NAME AND ADDRESS OF PERSONAL CARE HOME The Susquehanna House, 2400 Susquehanna Trail McEwensville, PA 17772		CURRENT LICENSE NUMBER 213120	
INSPECTION DATES (Include all dates of the inspection) 04/07/2011		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Steve Calaspro Pres</i>			
SIGNATURE OF LEGAL ENTITY <i>Steve Calaspro</i>	DATE <i>4/26/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dwayne C. Salame</i>	DATE <i>5-4-11</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
63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.	The home currently serves 21 residents and therefore is required to have at least one staff person certified in CPR and First Aid in the home at all times. There was not at least one staff person trained in CPR and/or First aid present in the home on the following dates and times: Staff person A worked from 8:00am-12:00pm on 3/21/11 and 4/1/11. The staff person's CPR and First Aid certification expired 3/2011. Staff person B worked independently from 4:00pm- 8:00pm on 4/1/11. The staff person's CPR certification expired 3/2011.	<i>4/7/11</i>	<i>The home had scheduled a CPR 1st Aid training for March and the instructor was ill and cancelled the training. The home rescheduled the training ASAP which was 4/7/11 and was actually being conducted at the home during inspection. As stated the training was completed and staff persons A & B were certified (copies attached). In the future the home will schedule trainings for CPR 1st Aid certifications earlier to allow for possible expirations. Staff certifications due dates are already listed on training schedules for administrator to review for needed recertifications.</i>	<i>5-4-11</i>

Steps have been taken to correct violation; full compliance is not verifiable
Date *5-4-11*
Initials (DPW)

5-4-11 *Per adm. all staff received 1st Aid training + CPR certification by 4-7-11 DCV 5-3-11*

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

NAME AND ADDRESS OF PERSONAL CARE HOME The Susquehanna House, 2400 Susquehanna Trail McEwensville, PA 17772		CURRENT LICENSE NUMBER 213120	
INSPECTION DATES (Include all dates of the inspection) 04/07/2011		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Staci Calades Bo</i>			
SIGNATURE OF LEGAL ENTITY <i>Staci Calades Bo</i>	DATE 4/26/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Staci Calades Bo</i>	DATE 5-4-11

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
65d Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following: (1) Training that includes a demonstration of job duties, followed by supervised practice. (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test. (3) Initial direct care staff person training to include the	Staff person C began working at the home the end of February 2011 or the beginning of March 2011 as approximated by staff person D who is the administrator. Staff person C independently performed unsupervised ADL services prior to completing the online direct care training course and competency course on 3/21/11. Staff person E (hired 10/26/10) independently performed unsupervised ADL services prior to completing the online direct care training course and competency course on 11/20/10.	4/26/11	<i>Staff persons C & E were hired in an ancillary position and transferred later to direct care. In the future the administrator will ensure all trainings and certifications are completed in the required time frame. Training requirements for Direct Care Staff are already included in a check off list for staffing purposes and for the administrator to review for required time frames to complete trainings.</i>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> Steps have been taken to correct violation; full compliance is not verifiable Date _____ Initials (DPW) _____ </div>

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

NAME AND ADDRESS OF PERSONAL CARE HOME The Susquehanna House, 2400 Susquehanna Trail McEwensville, PA 17772		CURRENT LICENSE NUMBER 213120	
INSPECTION DATES (Include all dates of the inspection) 04/07/2011		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>STACI CALABRO Lic</i>			
SIGNATURE OF LEGAL ENTITY <i>Staci Calabro</i>	DATE <i>4/26/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen C. Valencia</i>	DATE <i>5-4-11</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
following: (i) Safe management techniques. (ii) ADLs and IADLs. (iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities. (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older. (vi) Implementation of the initial assessment, annual			<i>See previous page (3)</i>	<i>See previous page</i> 31 <i>8 23</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME The Susquehanna House, 2400 Susquehanna Trail McEwensville, PA 17772		CURRENT LICENSE NUMBER 213120	
INSPECTION DATES (Include all dates of the inspection) 04/07/2011		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>STACI CALABRO Pres</i>			
SIGNATURE OF LEGAL ENTITY <i>Staci Calabro</i>	DATE <i>4/26/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen C. Valense</i>	DATE <i>5-4-11</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
assessment and support plan. (vii) Nutrition, food handling and sanitation. (viii) Recreation, socialization, community resources, social services and activities in the community. (ix) Gerontology. (x) Staff person supervision, if applicable. (xi) Care and needs of residents with special emphasis on the residents being served in the home. (xii) Safety management and hazard prevention.			<i>See previous page (3)</i>	<i>See previous page 3 of 23</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME The Susquehanna House, 2400 Susquehanna Trail McEwensville, PA 17772		CURRENT LICENSE NUMBER 213120	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>STACE CALABRO Pres</i>			
SIGNATURE OF LEGAL ENTITY <i>Stace Calabro</i>	DATE <i>4/20/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duane C. Valance</i>	DATE <i>5-4-11</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
(xiii) Universal precautions. (xiv) The requirements of this chapter. (xv) Infection control. (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.			<i>See previous page(s)</i>	<i>See previous page 3 of 27 23</i>

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


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NAME AND ADDRESS OF PERSONAL CARE HOME The Susquehanna House, 2400 Susquehanna Trail McEwensville, PA 17772		CURRENT LICENSE NUMBER 213120	
INSPECTION DATES (Include all dates of the inspection) 04/07/2011		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>SPIN CALABRO Pres</i>			
SIGNATURE OF LEGAL ENTITY <i>SPIN Calabro</i>	DATE 4/26/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen C Valence</i>	DATE 5-4-11

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
88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	The toilet room closest to the entrance door of the "Rest Rooms" area of the home had a hole in the wall which measured 12" high and 11" wide. When facing the toilet, it was in the lower right-hand side of the wall on the right. Under the switch plate in the hallway leading to the residents' bedrooms, and adjacent to the "Activity Area", there was had a hole in the wall which measured 6" x 6". The drywall was pushed in and exposed the wooden wall studs. The deep pink bath mat located in the first common shower, and adjacent to the washer, did not have a non-slip surface on the bottom of it. In addition, the non-slip surface was worn off the maroon bath mat located in the shower/toilet area, which is located adjacent to the "Utility Room". Both mats slid when stepped upon by the inspector on the day of this inspection.	5/13/11 4/26/11	Both holes were damaged by residents. The holes will be repaired by the contractor, at the latest by the date specified. In the future the administrator will make contact with several contractors/repairmen in order to have additional options to conducting repairs in a timely manner. On the day of inspection the bath mats were removed. New mats were purchased. Checking the safety of bath mats was added to staff safety check list. Staff review conducted.	DCV 5-4-11

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


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NAME AND ADDRESS OF PERSONAL CARE HOME The Susquehanna House, 2400 Susquehanna Trail McEwensville, PA 17772.		CURRENT LICENSE NUMBER 213120	
INSPECTION DATES (Include all dates of the inspection) 04/07/2011		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch	
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SIGNATURE OF LEGAL ENTITY 	DATE <i>4/26/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Calabro</i>	DATE <i>5-4-11</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
96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The red first aid kit located in the home's kitchen did not contain a breathing shield or a thermometer.	<i>4/7/11</i> <i>4/11/11</i>	<i>On the day of inspection the items mentioned were located and placed in the kit. Staff review was conducted as this is already a part of staff check off to ensure availability of first aid items. The administrator will also complete routine checks of first aid kits.</i>	<i>DCV</i> <i>5-4-11</i>


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

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NAME AND ADDRESS OF PERSONAL CARE HOME The Susquehanna House, 2400 Susquehanna Trail McEwensville, PA 17772.		CURRENT LICENSE NUMBER 213120	
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SIGNATURE OF LEGAL ENTITY 	DATE 4/26/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C. Valasek</i>	DATE 5-4-11

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
103f Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers shall be required in refrigerators and freezers.	Located in the home's kitchen, the thermometer in the freezer portion of the "Hot Point" refrigerator was broken. It did not register a temperature; the needle was pointed at the logo on the bottom of the thermometer.	4/2/11	On the day of inspection a new thermometer was placed in the refrigerator and it registered the correct temperature within the range.	
		4/16/11	Staff ^{review} was conducted and regarding proper storage temperatures. This is already a part of staff check off for regular duties to ensure food safety. In addition the administrator will conduct routine checks as well.	DCU 5-4-11

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

NAME AND ADDRESS OF PERSONAL CARE HOME The Susquehanna House, 2400 Susquehanna Trail McEwensville, PA 17772		CURRENT LICENSE NUMBER 213120	
INSPECTION DATES (Include all dates of the inspection) 04/07/2011		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>STACI CALABRO Pres</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>4/26/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C. Valence</i>	DATE <i>5-4-11</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
103g Food shall be stored in closed or sealed containers.	Located in the home's kitchen pantry, the "Sears Best Kenmore" freezer had the following items in unsealed bags: <ul style="list-style-type: none"> • (4) waffles in an unsealed cellophane bag • (7) chicken patties in an unsealed zipper-top plastic bag 	<i>4/7/11</i> <i>4/11/11</i>	<i>On the day of inspection, the food was disposed of, as requested.</i> <i>Staff Review was conducted regarding proper food storage. There is currently a check off list guide line for proper food storage. The administrator will conduct routine checks in the future to also help ensure future compliance.</i>	 <i>DCV</i> <i>5-4-11</i>

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

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NAME AND ADDRESS OF PERSONAL CARE HOME The Susquehanna House, 2400 Susquehanna Trail McEwensville, PA 17772		CURRENT LICENSE NUMBER 213120	
INSPECTION DATES (Include all dates of the inspection) 04/07/2011		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>STACI CALABRO B.S.</i>			
SIGNATURE OF LEGAL ENTITY <i>Staci Calabro</i>	DATE <i>5/5/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dune Adams</i>	DATE <i>5/5/11</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
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 schedule indicates that only one staff person is routinely scheduled to work at 11:00pm. The home's monthly fire drill record indicates two staff persons participated in the fire drill conducted on 10/16/10 at 11:00pm. Staff person F stated they conducted the fire drill and also participated in the fire drill conducted on 10/16/10 even though they were not scheduled to work on that date or time.	<i>5/5/11</i>	<i>In the future the number of staff participating in the fire drill will correlate with the number of staff persons routinely scheduled to work at that time. The administrator will help to ensure compliance by auditing monthly fire drills.</i>	<i>5/5/11</i>

Steps have been taken to correct violation; full compliance is not verifiable
Dune Adams
 Date _____ Initials (DPW) _____

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

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NAME AND ADDRESS OF PERSONAL CARE HOME The Susquehanna House, 2400 Susquehanna Trail McEwensville, PA 17772		CURRENT LICENSE NUMBER 213120	
INSPECTION DATES (Include all dates of the inspection) 04/07/2011		REGIONAL REPRESENTATIVE Leslie Patton, Betty Blech	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>STACI CALABRO Pres</i>			
SIGNATURE OF LEGAL ENTITY <i>Staci Calabro</i>	DATE <i>5/5/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Valence</i>	DATE <i>5-5-11</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
	Month	Date	Time	Evac. Time	FSE			
	Jan				No	<i>Staci</i>	<i>See previous</i>	<i>see previous page 11 of 23</i>
	Feb				No			
	Mar				No			
	Apr				No			
	May				No			
	Jun				No			
	Jul				No			
	Aug				No			
	Sep				No			
	Oct				No			
	Nov				No			
	Dec				No			


p.4

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

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NAME AND ADDRESS OF PERSONAL CARE HOME The Susquehanna House, 2400 Susquehanna Trail McEwensville, PA 17772		CURRENT LICENSE NUMBER 213120	
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SIGNATURE OF LEGAL ENTITY 	DATE <i>4/26/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen C. Valence</i>	DATE <i>5-4-11</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
144b The home rules shall specify whether the home is designated as smoking or non-smoking.	The contract dated 8/18/10 for resident #3 did not indicate in writing the location of the designated outside smoking location.	<i>4/7/11</i>	<p><i>This was amended on the day of inspection. At the time of inspection, the Home Rules actually already stated the location. Inadvertently, an old copy of the Home Rules was placed in this resident's file. The correct copy was reviewed with the resident and placed in their file.</i></p> <p><i>In the future, two staff persons will review the resident file upon admission to ensure correct forms and compliance. The administrator will conduct routine audits of resident files</i></p>	<i>DCV 5-4-11</i>

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


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NAME AND ADDRESS OF PERSONAL CARE HOME The Susquehanna House, 2400 Susquehanna Trail McEwensville, PA 17772		CURRENT LICENSE NUMBER 213120	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>STACE CALABRO PRO</i>			
SIGNATURE OF LEGAL ENTITY <i>Stace Calabro</i>	DATE <i>4/26/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dwayne C. Salence</i>	DATE <i>5-4-11</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
185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	Staff person A stated it is the home's policy that insulin bottles be dated when the bottle is opened. A bottle of Lantus insulin prescribed to resident #2 was not dated when it was opened on 4/5/11.	<i>4/11/11</i> <i>4/26/11</i>	<i>A staff review was conducted regarding proper dating of medications. As stated, this is already a policy in the home. Besides staff review, the administrator will conduct routine checks of the Medication cart to ensure compliance.</i>	<i>DCU</i> <i>5-4-11</i>
		<i>5-4-11</i>	<i>In tele call w/ administrator SC. on 5-4-11. Documentation provided showing staff trained on medication history, medication carts, medication administration policy and procedure review. Administrator will do monthly monitoring of all medications and incident administration.</i>	<i>DCU 5-4-11</i>

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NAME AND ADDRESS OF PERSONAL CARE HOME The Susquehanna House, 2400 Susquehanna Trail McEwensville, PA 17772		CURRENT LICENSE NUMBER 213120	
INSPECTION DATES (Include all dates of the inspection) 04/07/2011		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>STACI CALABRO Pres</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>4/26/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dune Calabro</i>	DATE <i>5-4-11</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
190b A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.	Resident #2 is prescribed Lantus Insulin to be administered several times daily. There is currently no one working at the home that has completed a Department- approved diabetes patient education training within the past 12 months with a provided 15-day flex. The following staff persons' diabetes training expired on the stated dates: Staff person A; expired 3/17/10. Staff person B; expired 3/12/10 Staff person G; expired 3/12/10 Staff person H; expired 9/11/09	<i>4/25/11</i>	<i>The home attempted several times to provide this recertification. The earliest date possible went past the 15 day flex. The training was conducted on 4/25/11. Recertifications are enclosed. In the future the home will attempt to schedule trainings at an earlier date to allow for possible expirations. Staff recertifications are already listed on training schedules in order to make references for due dates easier.</i>	Steps have been taken to correct violation; full compliance is not verifiable <i>4/25/11</i> Date Initials (DPW)

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NAME AND ADDRESS OF PERSONAL CARE HOME The Susquehanna House, 2400 Susquehanna Trail McEwensville, PA 17772		CURRENT LICENSE NUMBER 213120	
INSPECTION DATES (include all dates of the inspection) 04/07/2011		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Steve Calabro Res</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>4/26/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Done Calabro</i>	DATE <i>5-4-11</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
224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	On resident #3's preadmission screening form, it indicated the "preadmission screening" was completed on 8/19/10; the resident was admitted to the home on 8/18/10. In addition, the "Other Care Needs" section of the form was left unanswered.	<i>4/11/11</i>	<i>The 8/19/10 date for completion was a typographical error. In the future, two staff persons will review the resident's preadmission record in order to ensure forms are completed in an accurate manner.</i>	<i>DCV 5-4-11</i>

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INSPECTION DATES (Include all dates of the inspection) 04/07/2011		REGIONAL REPRESENTATIVE Leslie Patton, Betty Bloch	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>STACI CALABRO Res</i>			
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 4/26/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 5-4-11

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
225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	The assessment dated 8/31/10 fore resident #3 did not include "Diagnosis". The area on the form was left unanswered.	4/11/11	Staff review was conducted on proper completion of records In the future the staff persons will review resident assessment forms in order to ensure they are complete.	DEV 5-4-11
		5-4-11	Res file call w/ administrator SC on 5-4-11 - Administrator will review all assessment forms to ensure accuracy of information and completeness of the document. DEV 5-4-11	

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NAME AND ADDRESS OF PERSONAL CARE HOME The Susquehanna House, 2400 Susquehanna Trail McEwensville, PA 17772		CURRENT LICENSE NUMBER 213120	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>STACEY CALANCA Pres</i>			
SIGNATURE OF LEGAL ENTITY <i>Stacey Calanca</i>	DATE 4/26/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Stacey Calanca</i>	DATE 5-4-11

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
<p>252</p> <p>Each resident's record shall include the following information:</p> <p>(1) Name, gender, admission date, birth date and Social Security number.</p> <p>(2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.</p> <p>(3) A photograph of the resident that is no more than 2 years old.</p> <p>(4) Language or means of communication spoken or used by the resident.</p> <p>(5) The name,</p>	<p>Copies of the Department's Reportable Incident Report form dated 12/12/10 involving resident #4 and #5 were not maintained in the residents' records, as required by this regulation. The records of resident #6 and #2 did not include identifying marks; the area for identifying marks on the "Resident Face Sheet" was left unanswered for both residents. They were admitted to the home on 2/10/11 and 1/13/07, respectively.</p>	<p>4/7/11</p> <p>4/7/11</p>	<p>On the date of inspection copies from Reportable Incident file were added to the residents' files. In the future the Administrator will routinely check resident records for completion and accuracy.</p> <p>Staff Review Conducted -</p> <p>The identifying marks portion of the records for Resident #2 + #6 was completed. In the future, completion of Resident Records will be reviewed by two Staff persons to ensure proper completion. The administrator will make routine checks of resident records.</p>	<p>DCV</p> <p>5-4-11</p>

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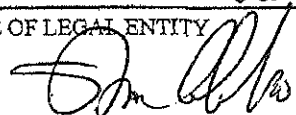
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NAME AND ADDRESS OF PERSONAL CARE HOME The Susquehanna House, 2400 Susquehanna Trail McEwensville, PA 17772		CURRENT LICENSE NUMBER 213120	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>STACI CALABRO Rios</i>			
SIGNATURE OF LEGAL ENTITY <i>Staci Calabro</i>	DATE <i>4/26/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Staci Calabro</i>	DATE <i>5-4-11</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
address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary			<i>See page (18)</i>	<i>See previous page 19 of 24 23</i>

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NAME AND ADDRESS OF PERSONAL CARE HOME The Susquehanna House, 2400 Susquehanna Trail McEwensville, PA 17772		CURRENT LICENSE NUMBER 213120	
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SIGNATURE OF LEGAL ENTITY 	DATE <i>4/26/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Stac Calabro</i>	DATE <i>5-4-11</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
restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any.			<i>See page (18)</i>	<i>See previous page 18 of 23</i>

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NAME AND ADDRESS OF PERSONAL CARE HOME The Susquehanna House, 2400 Susquehanna Trail McEwensville, PA 17772		CURRENT LICENSE NUMBER 213120	
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SIGNATURE OF LEGAL ENTITY 	DATE 4/26/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C. Valasek</i>	DATE 5-4-11

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
(16) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated. (19) An inventory of the resident's property entrusted to the administrator for safekeeping. (20) The financial records of residents			<i>See page (18)</i>	<i>See previous page 18 of 22 23</i>

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Dr. [Signature]</i>			
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 4/26/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diana C. Saluse</i>	DATE 5/11

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
receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified			<i>See page (18)</i>	<i>See previous page 18 of 23</i>

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SIGNATURE OF LEGAL ENTITY 	DATE <i>4/26/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Stace Calabro</i>	DATE <i>5-4-11</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
In 41. (25) A copy of the resident-home contract. (26) A termination notice, if any			<i>See page 18</i>	<i>See previous page 18 of 23</i>
<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">MAY 04 2011</div> <div style="font-weight: bold;">SCRANTON FIELD OFFICE Adult Residential Licensing</div>				