

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to THE CORRIGAN HOUSE, INC.
LEGAL ENTITY

To operate THE CORRIGAN HOUSE
NAME OF FACILITY OR AGENCY

Located at 350 HAZLE TOWNSHIP BOULEVARD, HAZLE TOWNSHIP, PA 18202
(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 38
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 June 23, 2011 until June 23, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 201380

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

JUN 02 2011

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

Ms. Kimberly Sidari, Administrator
The Corrigan House, Inc.
PO Box 158
Harleigh, Pennsylvania 18225

RE: The Corrigan House
350 Hazle Township Boulevard
Hazle Township, Pennsylvania 18202

Dear Ms. Sidari:

As a result of the Department of Public Welfare's licensing inspection on May 4, 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 'Ronald 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 CORRIGAN HOUSE, 350 HAZLE TOWNSHIP BOULEVARD HAZLE TOWNSHIP, PA 18202		CURRENT LICENSE NUMBER 201380	
INSPECTION DATES (Include all dates of the inspection) 05/04/2011		REGIONAL REPRESENTATIVE Betty Bloch, Meriann O'Malley	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Kimberly Sidari - Administrator</i>			
SIGNATURE OF LEGAL ENTITY <i>Kimberly Sidari</i>		DATE <i>5/18/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Doreen Calene</i>
			DATE <i>5-20-11</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
20b1 The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.	The home deposits SSI income from resident #s 1 and 2 into its general operating bank account. It then withdraws amounts for room and board and personal needs allowances for these residents. A record which includes dates, deposits, withdrawals, and current balances is not maintained by the home for each of these residents. RECEIVED MAY 19 2011 SCRANTON FIELD OFFICE Adult Residential Licensing	<i>5/16/11</i> <i>5/18/11</i>	<i>Resident #1 - Resident went to Social Security office on 5-16-11 & arrangements were made for Social Security check to be deposited in [redacted] checking account as a direct deposit. [redacted] will assist resident with financial management.</i> <i>Resident #2 - Resident going to Social Security on 5-18-11 & arrangements are being made for [redacted] letter to the payee representative. [redacted] will be responsible for financial management.</i> <i>The above may take a month or two for these transactions to take place, during this period the controller will be in compliance with regulation 20b1 & will keep a record</i>	<i>Doc</i> <i>5-20-11</i>

Addendum to page 1

of financial transactions with the resident including dates, amount of deposit, amount of withdrawals & current balance.

No money will be deposited in the Home General operating bank.

Administrator will review & ensure compliance of this regulation on a monthly basis.

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

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SIGNATURE OF LEGAL ENTITY <i>Kimberly J. Davis</i>	DATE <i>5/18/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duane C. Valence</i>	DATE <i>5-20-11</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
20b3 The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.	The home is not having resident #s 1 and 2 sign receipts for room and board charges paid from their SSI income which is deposited into the home's general operating account or for their PNA distributions which is distributed to them by the home.	<i>5/18/11</i>	<p><i>The controller will obtain a written receipt from the resident for each disbursement at the time of disbursement. Arrangements have been made for resident #1 & #2 for family to be responsible or to assist with financial management. In the future no monies will be deposited in home's general operating bank account. The controller will be in compliance with regulation 20b3 and will keep a record of financial</i></p>	<i>DCV 5-20-11</i>

Addendum to Page 2

Transaction with the resident including dates, amount of disbursement.

Administrator will review & ensure compliance of this regulation on a monthly basis

Record of financial transactions will be utilized see attached.

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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20b5 Commingling of resident funds and home funds is prohibited.	The home is not maintaining a separate bank account for the residents' funds it manages. The home has one general operating bank account in which it deposits resident #'s 1 and 2's SSI checks into. The home then pays for these residents' room and board charges and distributes their PNA funds from this account.	5/18/11	There will be no commingling of resident funds with home funds. Resident #1 - Resident went to Social Security office on 5-16-11. Arrangements were made for Social Security checks to be deposited in [redacted] checking account as direct deposit. [redacted] son will assist resident with [redacted] financial management.	DCV 5-20-11
		5/16/11	Resident #2 - Resident going to Social Security on 5-18-11. Arrangements are being made for [redacted] sister to be [redacted] representative for [redacted] as possible for [redacted] financial management.	
		5/18/11		

Addendum to page 3

In the future should a resident require financial management the Corrigan House will provide such assistance, in accordance with regulation 2600.

To ensure compliance Administrator & Controller on admission will decide if resident requires financial management.

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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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.	The payers listed on resident #s 1 and 3's contracts did not sign the resident-home contracts. The contracts were dated 1/5/11 and 2/23/11, respectively.	5/18/11	<p><i>Administrator will contact Payer for resident #1 & #3 to sign admission agreement.</i></p> <p><i>In the future administrator & LPN will review admission agreement to ensure resident & payer both sign & date agreement to be in compliance with regulation 25b.</i></p>	<p><i>Dev</i></p> <p><i>5-20-11</i></p>

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27a If a home agrees to admit a resident eligible for SSI benefits, the home's charges for actual rent and other services may not exceed the SSI resident's actual current monthly income reduced by the current personal needs allowance.	The room and board charges listed on the contracts of resident #s 1 and 4, who are recipients of SSI, exceeded the allowable amount of \$1028.30. The charges listed were \$1250 per month for each of these residents. The contracts were dated 1/5/11 and 2/18/11, respectively.	5/4/11	<p>Corrections were made by administrator at time of inspection.</p> <p>In the future LPN will be involved in pricing for all room & board charges to ensure the money being paid is reflected the same on the agreement.</p> <p>Administrator will review agreements of new admissions to ensure room & board charges are entered correctly.</p>	DCV 5-20-11

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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
91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	In the kitchen, a telephone with an outside line did not have the required emergency numbers or complaint hotline posted on or by the telephone. Repeated Violations: 04/12/2010	<i>5/4/11</i> <i>5/5/11</i>	<i>Corrections was made at time of inspection. Administrator Elouner will do weekly checks to insure all required numbers are posted throughout the facility. Inservice for staff will also include what to look for in residents rooms to keep in compliance with DAW regulations.</i>	<i>5/24/11</i> <i>[Initials (DPW)]</i>

Steps have been taken to correct violation; full compliance is not verifiable
 Date *5/24/11*
 Initials (DPW) *[Initials]*

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103e Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.	<p>In the kitchen on a shelf over the counter area, rice and brown sugar were stored in Ziploc bags. The Ziploc bags were not dated for freshness as is required after food is taken from its original container.</p> <p>In the General Electric side-by-side refrigerator-freezer, an opened box of Great Value brand waffles was not dated for freshness after being opened.</p> <p>A ramekin style cup filled with a red substance that resembled gelatin was also found in the above-described GE side-by-side freezer. The cup's contents were unidentified, and were not dated for freshness; also, the cup had no lid or other type of protective covering to prevent cross contamination.</p> <p>In the refrigerator portion of the above described GE side-by-side, an opened container of Yoplait yogurt was found with no lid or covering to protect the contents from cross-contamination. The 6-ounce container was not dated for freshness.</p> <p>In a cupboard of the home's kitchen (to the right</p>	<p>5/4/11</p> <p>5/5/11</p>	<p>Correction was made at time of inspection.</p> <p>The food items in the freezer & refrigerator not stored properly were removed & discarded.</p> <p>Staff has been instructed on proper procedure for storing food in dated, closed & sealed containers.</p> <p>The night shift staff are made responsible to audit house refrigerators daily to make sure food items are stored & labeled properly.</p> <p>Administrative Owner will audit refrigerators on a regular basis to ensure compliance of regulation 103E.</p>	<p>DCV</p> <p>5-20-11</p>

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	of the sink), 4 plastic containers were found with a variety of cereals in them. The containers did not have dates for freshness as is required when foods are removed from their original containers.	<i>5/4/11</i>	<i>response on page 7</i>	<i>See previous page 7 of 18</i>

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125b Combustible materials shall be inaccessible to residents.	In front of the home to the right of the entrance, a 5-gallon propane tank was found. There was no visible manufacturer or label on the tank. Combustible items must not be in areas where residents may access them.	<i>5/4/11</i>	<p><i>Correction was made at time of inspection, the 5gal propane tank was removed from property.</i></p> <p><i>Property will be checked on a regular basis by administrator for any combustible materials removed immediately to assure safety of our residents.</i></p> <p><i>Unservice for staff on harmful products not allowed in or around facility will be reviewed.</i></p>	<i>DCV 5-20-11</i>
		<i>5/5/11</i>		

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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.	Review of the fire drill records indicated that the time of day (am or pm) was not listed for the drills conducted on 8/25/10, 7/22/10, and 8/5/10.	<i>5/5/11</i> <i>5/5/11</i>	<i>Administrator will review fire log monthly to ensure all information is properly filled out</i> <i>Administrator reviewed fire drill log with [redacted] to ensure all information is properly filled out at time of fire drills.</i>	<i>DCV</i> <i>5-20-11</i>

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SIGNATURE OF LEGAL ENTITY <i>Kimberly Didaw</i>	DATE <i>5/18/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duane C Salene</i>	DATE <i>5-20-11</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
184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	<p>The pharmacy label dated 4/15/11 for resident #5 stated, "Artificial tears Polyvinyl alcohol instill 2 drops in both eyes as needed for dry eyes; the most current physician's order dated 5/2/11 stated, "Akwa tear drops instill 1 drop in each eye 4x daily lubricating drop". The pharmacy label was not updated to reflect the eye drops changed from a PRN medication to a straight order.</p> <p>The pharmacy label dated 2/22/11 for resident #5 stated for Clotrimazole 1% cream to "apply to affected area as directed"; the most current physician's order dated 5/2/11 stated, "Clotrimazole 1% cream apply to affected groin area as needed.</p>	<p style="text-align: center;"><i>5/5/11</i></p> <p style="text-align: center;"><i>5/5/11</i></p> <p style="text-align: center;"><i>on going</i></p>	<p><i>Pharmacy labels for resident 5 for Akwa tear drops & clotrimazole 1% cream were updated on 5-5-11. Notified pharmacy for new labels. Staff that were medication trained was inservice on regulation 184A</i></p> <p><i>Administrator/LPN will do a weekly med cart inspection to certain the label is correct with required information.</i></p>	<p><i>DCV</i> <i>5-20-11</i></p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE CORRIGAN HOUSE, 350 HAZLE TOWNSHIP BOULEVARD HAZLE TOWNSHIP, PA 18202		CURRENT LICENSE NUMBER 201380	
INSPECTION DATES (Include all dates of the inspection) 05/04/2011		REGIONAL REPRESENTATIVE Betty Bloch, Meriann O'Malley	
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>Kimberly Sidari</i>	DATE 5/18/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C. Valenc</i>	DATE 5-20-11

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
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The 5/11 medication administration record for resident #5 did not include the route of administration for the following prescribed medications: Acetaminophen 325mg, Aspirin 81mg/Ecotrin 81mg, Diphenhist 25mg, Finasteride 5mg, Furosemide 40mg, Lisinopril 5mg, Magnesium Oxide 140mg, Mirtazapine 30mg, Omeprazole 20mg, Potassium Chloride 10mg, Vitamin B-1 100mg, and Wellbutrin SR 150mg	5/5/11	<i>Resident #5 - All of [redacted] medication records were reviewed and route of administration was added to the medication records that did not include route of administration. In the future Administrator will review all residents medication records with LPN the beginning of each month & weekly to ensure compliance with regulation 187A.</i>	<i>Steps have been taken to correct violation; full compliance is not verifiable</i> Date _____ Initials (DPW) _____

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE CORRIGAN HOUSE, 350 HAZLE TOWNSHIP BOULEVARD HAZLE TOWNSHIP, PA 18202		CURRENT LICENSE NUMBER 201380	
INSPECTION DATES (Include all dates of the inspection) 05/04/2011		REGIONAL REPRESENTATIVE Betty Bloch, Meriann O'Malley	
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>Kimberly Dadori</i>	DATE <i>5/18/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C Valence</i>	DATE <i>5-20-11</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
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.		<i>5/5/11</i>	<i>Refer to page 13</i>	<i>See previous page 13 of 18</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE CORRIGAN HOUSE, 350 HAZLE TOWNSHIP BOULEVARD HAZLE TOWNSHIP, PA 18202		CURRENT LICENSE NUMBER 201380	
INSPECTION DATES (Include all dates of the inspection) 05/04/2011	REGIONAL REPRESENTATIVE Betty Bloch, Meriann O'Malley		
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>Kemibuly Sidori</i>	DATE <i>5/18/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Valance</i>	DATE <i>5-20-11</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	
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	At 3:05pm on the day of this inspection, direct care staff person A was observed by the inspector signing the 5/2011 medication administration record for resident #6 prior to administering the 3pm medications to the resident: Lorazepam 0.5mg tablet Risperidone 0.25mg tablet	<i>5/5/11</i>	<i>Unservice staff that were medication trained on proper use of medication records, date & time of administration & name & initials of staff person administering medication shall be recorded at the time the medication is administered. Certified medication trainers will unservice staff on Proposition 187. RN will observe trained care staff & have staff demonstrate proper documentation.</i>	<i>5/23/11</i>	Steps have been taken to correct violation; full compliance is not verifiable Date <i>5/23/11</i> Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE CORRIGAN HOUSE, 350 HAZLE TOWNSHIP BOULEVARD HAZLE TOWNSHIP, PA 18202		CURRENT LICENSE NUMBER 201380	
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SIGNATURE OF LEGAL ENTITY <i>Kimberly Sidari</i>	DATE 5/18/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C. Valence</i>	DATE 5-20-11

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
225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	The most current assessment for resident #4 was not updated to include the resident's current need for home health services which is being provided through Care Services America. The assessment was dated 3/1/11 and the physician's order for these services was dated 3/8/11.	5/13/11 <i>on going</i>	The current assessment for resident #4 was updated to include resident's need for home health services. Administrator / LPN / RN will review charts of residents on a weekly basis to ensure assessments are updated to be in compliance with regulation 225c.	DCU 5-20-11

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

NAME AND ADDRESS OF PERSONAL CARE HOME THE CORRIGAN HOUSE, 350 HAZLE TOWNSHIP BOULEVARD HAZLE TOWNSHIP, PA 18202		CURRENT LICENSE NUMBER 201380	
INSPECTION DATES (Include all dates of the inspection) 05/04/2011		REGIONAL REPRESENTATIVE Betty Bloch, Meriam O'Malley	
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>Kimberly Sidari</i>	DATE <i>5/18/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Duane C Valance</i>	DATE <i>5-20-11</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
227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	The most current support plan for resident #4, dated 3/14/11, did not include the home health services the resident is receiving from Care Services America. The physician's order for these services was dated 3/8/11.	<i>5/13/11</i>	<p><i>The current support plan for resident #4 was updated to include residents need for home health services</i></p> <p><i>Administrators/LPN/RN will review charts of residents on a weekly basis to ensure assessments are updated to be in compliance with regulation 225c.</i></p>	<i>Dev</i> <i>5-20-11</i>

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