

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to ADVANCED PERSONAL CARE HOME, INC

LEGAL ENTITY

To operate ADVANCED PERSONAL CARE HOME

NAME OF FACILITY OR AGENCY

Located at 245 CENTER STREET, PO BOX 5, CLARKSVILLE, PA 15322

(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 39
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 19, 2011 until May 19, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 440480

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.

PW628 - 01/11



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

MAY 19 2011

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

Ms. Georgetta Stotka, President
Advanced Personal Care Home, Inc.
PO Box 5, 245 Center Street
Clarksville, Pennsylvania 15322

Dear Ms. Stotka:

As a result of the Department of Public Welfare's licensing inspection on May 9, 2011 of the above personal care home, we have found that your personal care home is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (related to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed personal care home will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Ronald Melusky" followed by a date "1/98".

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

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

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NAME AND ADDRESS OF PERSONAL CARE HOME Advanced Personal Care Home, 245 Center Street Clarksville, PA 15322		CURRENT LICENSE NUMBER	
INSPECTION DATES (Include all dates of the inspection) 05/09/2011		REGIONAL REPRESENTATIVE Michael Marini, Jan Cutter	
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>Georgetta Stotka</i>	DATE 5-13-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joe L. Perry</i>	DATE 5-13-11

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2011-05-13 01:14

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
182b Prescription medication that is not self-administered by a resident shall be administered by one of the following: (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic. (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.	From 5/1/11 to 5/9/11, staff person A administered medications to residents and from 5/4/11 to 5/5/11 staff person B administered medication to residents. Staff person A and B were not medical professionals and had not completed the annual practicum to keep the Department's medication administration training up to date. Western Region		Staff person A and staff person B were retested and recertified for medication administration. Administrator has developed a tracking chart and will monitor, check and make sure that every staff person administers medication has completed their annual practicum successfully and that all required trainings for medication administration are up to date. <i>Tracking chart is attached to fax</i>	5-13-11 <i>JLP</i>

MAY 13 2011

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

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(3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home. (4) A staff person who has completed the medication administration training in 190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.	Western Region		<i>* there is a tracking chart for staff for each month. I am sending the current month.</i>	

MAY 13 2011

Adult Residential Licensing