

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to TEC CORP _____
LEGAL ENTITY

To operate FAMILY AND FRIENDS (STONE RIDGE BUILDING) _____
NAME OF FACILITY OR AGENCY

Located at 112 CAFFERTY ROAD, PIPERSVILLE, PA 18947 _____
(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 28 _____
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 September 19, 2011 until September 19, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 136330

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

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

SEP 28 2011

Ms. Celeste DaShiell, Administrator/President
TEC Corp dba Family & Friends
TEC Corp dba Family & Friends (Stone Ridge Building)
P.O. Box 447, 112 Cafferty Road
Pt. Pleasant, Pennsylvania 18950

Dear Ms. DaShiell:

As a result of the Department of Public Welfare's licensing inspection on May 27, 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 be 'R. Melusky'.

Ronald Melusky
Director


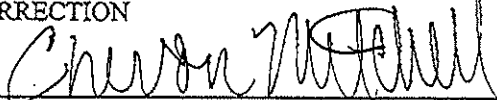
Enclosures
License
Violation Report

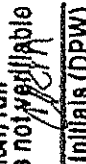
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME FAMILY AND FRIENDS STONE RIDGE BUILDING, 112 CAFFERTY ROAD PO BOX 447 POINT PLEASANT, PA 18950		CURRENT LICENSE NUMBER 136330	
INSPECTION DATES (Include all dates of the inspection) 05/27/2011		REGIONAL REPRESENTATIVE Christine McHale, James Jesse Hummel	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Celeste DASHIELL ADM/PRES</i>			
SIGNATURE OF LEGAL ENTITY <i>Celeste DASHIELL</i>	DATE 7/13/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Christine McHale</i>	DATE 7/22/11



REGULATION 55 Pa.Code §2600	VIOLATION	DATE BY WHICH CORRECTION WILL BE COMPLETED	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
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	A bottle of nail polish remover, with a manufacturer's label indicating, "If ingested contact a physician or Poison Control Center immediately," was unlocked and accessible to residents on the dresser in resident room #104. Residents of the home, including Residents #1, #2, #3, and #4, have not been assessed capable of recognizing and using poisons safely.	5/27/11 7/13/11 7/13/11 Ongoing 7/13/11	Resident's nail polish was placed in a locked area. All staff will be retrained in regulation 82c at the mandatory staff meeting scheduled 7/13/11. Documentation of training will be maintained in employee file. <small>see attached agenda</small> Training specific to 82c has been included in the orientation program for new employees. <small>see enclosed acknowledgment</small> Periodic training regarding 82c will be conducted. Quality assurance program was expanded to include LMS explanation of 82c <small>see enclosed</small>	Steps have been taken to correct violation; full compliance is not verifiable <i>[Signature]</i> Date 7/22/11 Initials (DPW)

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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	<p>- The medical evaluation for resident #1, dated 9/27/10, states "see attached" for medications. There is no attachment to the medical evaluation.</p> <p>- The medical evaluation for resident #2, dated 4/8/11, states "see PO's" for medications. The physician's orders are not attached to the medical evaluation. In addition, the resident's ability to self-administer medications and mobility needs are not indicated on the medical evaluation.</p>	<p>6/8/11 + ongoing</p> <p>6/8/11 + ongoing</p> <p>6/8/11 + ongoing</p>	<p>Medical Coordinator will ensure that the current MAR's are attached to the medical evaluation prior to the appointment. (see attached completed physical)</p> <p>All resident medical evaluations will be reviewed by the medical coordinator at the conclusion of the examination to ensure completion. Medical Coordinator will follow up with physician with any errors or omissions. (see attached PAP)</p> <p>Program Coordinator will review the medical evaluation on the day the evaluation occurs to ensure completion. Program coordinator or designee will follow up with any physician errors) (see attached PAP)</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p> Date Initials (DPW)</p>



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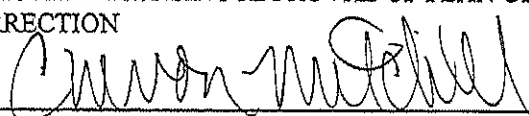
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history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment,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

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187d The home shall follow the directions of the prescriber.	Resident #4 is prescribed Warfarin Sodium 5 mg on Monday and Wednesday at 8:00 pm and Warfarin Sodium 7.5 mg on Tuesday, Thursday, Friday, Saturday and Sunday at 8:00 pm. On Saturday, 5/14/11, and Saturday, 5/21/11, the home incorrectly administered 5 mg instead of the 7.5 mg prescribed for those dates. On Monday, 5/16/11, and Monday, 5/23/11, the home incorrectly administered 7.5 mg instead of the 5 mg prescribed for those dates.	5/27/11 7/11/11 7/11/11 7/18/11	Physician was contacted regarding error. Physician changed order to continue revised days/dosages. Medical Coordinator will follow up with pharmacy to ensure a new MAR is produced for any new or revised physician order. Medical Coordinator/staff shall check new MAR for accuracy and follow-up as necessary. (see enclosed P+P) Staff will be retrained in the new order medication policy and procedure at mandatory meeting. (see previously enclosed meeting agenda)	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> Steps have been taken to correct violation; full compliance is not verifiable </div>	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> Initials (DPW)  Date  </div>

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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.	The pre-admission screening form for resident #4, admitted 5/16/11, does not include a determination that the home can meet the service needs of the resident.	5/31/11 + ongoing still in P+P updated 7/11/11 + ongoing.	Program Coordinator and the Administrator will check all pre-admission screening forms to ensure all applicable items are completed. (See attached P+P) (+ corrected pre-admission screening) Administrator retrained program coordinator in 224a pre-admission screening. (See attached training form) Program Coordinator + Administrator will follow the pre-admission P+P. (See attached P+P)	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: <u>7/22/11</u> Initials (DPW): <u>CS</u></p>