

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MORRIS-PACE ASSISTED LIVING, INC.

To operate MORRIS-PACE ASSISTED LIVING

Located at 416 READING AVENUE, WEST READING, PA 19611

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

The total number of persons which may be cared for at one time may not exceed 63
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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

and shall remain in effect from July 25, 2011 until January 25, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 215901

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.



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

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JUL 29 2011

Mr. Nathaniel D. Pace, Administrator
Morris-Pace Assisted Living, Inc.
Morris-Pace Assisted Living
416 Reading Avenue
West Reading, Pennsylvania 19611

Dear Mr. Pace:

As a result of the Department of Public Welfare's (Department) licensing inspection on June 1, 2011 of the above personal care home, the violations specified on the enclosed Violation Reports were found.

A PROVISIONAL license is being issued based on the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the 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.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Adult Residential Licensing
Department of Public Welfare
423 Health and Welfare Building
Seventh and Forster Streets
Harrisburg, Pennsylvania 17120

Mr. Nathaniel D. Pace

2

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

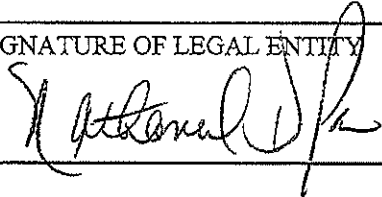
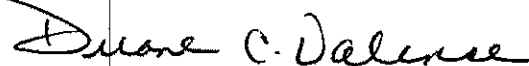
Sincerely,

A handwritten signature in black ink, consisting of a stylized 'R' followed by a long horizontal stroke that tapers to the right.

Ronald Melusky
Acting Director

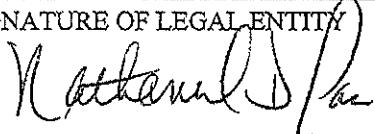

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME Morris-Pace Assisted Living, 416 Reading Avenue West Reading, PA 19611		CURRENT LICENSE NUMBER 215900	
INSPECTION DATES (Include all dates of the inspection) 06/01/2011		REGIONAL REPRESENTATIVE Gerald Dumas, Tom Shopay, Mary Ann Domanski	
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 	DATE 6/22/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6-29-11



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>3c The personal care home shall post the current license, a copy of the current Violation Report (VR) issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.</p>	<p>A copy of the Chapter 2600 regulations was not posted or available for review in a conspicuous and public place in the personal care home.</p> <div style="text-align: center; border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p>RECEIVED</p> <p>JUN 28 2011</p> <p>SCRANTON FIELD OFFICE Adult Residential Licensing</p> </div>	<p>6/1/11</p>	<p>Pink book was posted on day of inspection, Inspector Jerry Dumas gave m-p a copy.</p> <p>Pink book shall be posted on our wall of information. office manager shall ensure that pink book is posted by checking periodically while making daily room checks. If found missing again, office manager shall inform Admin to receive another one. (SEE PICTURE)</p>	<p>Dev 6-29-11</p>

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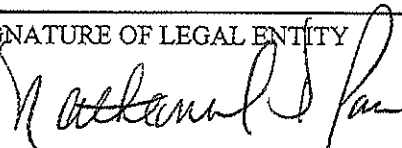

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16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).	On 11-15-10, Resident #16 did not receive 5:00 p.m. medication, Pravachol 20 mg. The home did not complete a reportable incident for the medication error.	6/2/11	<p>Med Staff are required to notify Admin <u>and</u> send in incident report of all med errors. Incident reports are accessible to all staff. Administrator shall make weekly checks of planners to ensure that all meds are administered properly. If incident report is not done timely, Admin shall complete and staff shall be written up. (SEE ATTACHED NOTE)</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>6-29-11</p> <p>Date Initials (DPW)</p>

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20b9 A copy of the itemized account shall be kept in the resident's record.	Residents May, 2011 cash disbursements indicated residents sign and date one form. Residents names and dispersed amounts are disclosed when the resident signs the one page. Individual resident records do not include the receipt of monthly PNA funds.	6/2/11	Individual signing sheets are created to comply with this regulation. Admin. shall have all residents sign their own personal pages. New sheets shall be added when needed. All signed pages, once full, shall be inserted in residents records. Admin is responsible for this. (SEE ATTACHED) pgs	DCV 6-29-11

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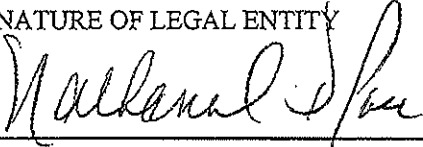

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28f1 Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home.	There is no itemized statement in the record indicating funds still owed the home by the resident or a refund owed to resident #20 who was discharged 11/19/2010	6/2/11	Admin. added to Transfer Sheet, when if any resident re-locates, this area shall be completely where he/she moved and what is owed. Admin & office manager shall ensure compliance. (See Attached) B	<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: auto;"> Steps have been taken to correct violation; full compliance is not verifiable Date: 6-30-11 Initials (DPW): </div>

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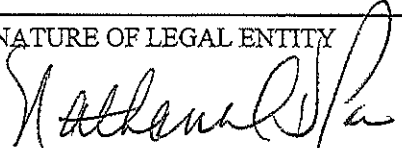
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54a Direct care staff persons shall have the following qualifications: (1) Be 18 years of age or older, except as permitted in subsection (b). (2) Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. (3) 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 worker A, hired 2-24-11, did not have a high school diploma, GED diploma or active registry status on the Pennsylvania nurse registry.	6/6/11	Admin. shall make better checks of all employment docs. Admin will have office ^{mag} re-check employment docs prior to first day of employment. Morris-Pace will also ask for diploma/GED when application is completed. (see attach) PS	DCV 6-29-11

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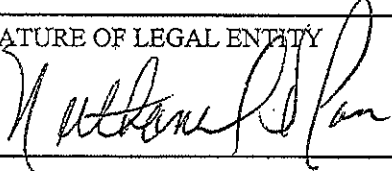
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services with reasonable skill and safety.		6/21/11	Admin. Shall make better checks of all employment docs. Admin will have office mgr re-check employment docs prior to first day of employment. MORRIS-PACE will also ask for Diploma/GED when application is completed.	See previous page 5 of 37

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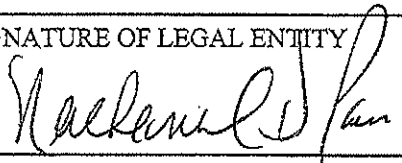
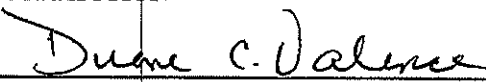
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63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.	The home's census is 57; therefore, two CPR trained staff must be in the home at all times. On 5-16-11, the home did not have a CPR trained staff person working from 12:00 a.m. to 3:00 a.m. and from 9:00 p.m. to 12 midnight. On 5-20-11, the home had no CPR trained staff person working from 12:00 a.m. to 7:00 a.m. and only one CPR trained staff from 7:00 a.m. to 9:00 a.m. and from 8:00 p.m. to 12 midnight. On May 23, 2011, the home had no CPR trained staff working from 12:00 a.m. to 7:00 a.m. and only one CPR trained staff working from 9:00 p.m. to 12 midnight.	8/5/11	<p>Morris Pace has contacted CPR - first aid training, I requested a time frame on when this training can be done. I was told 3 or 4 weeks, July 22, 2011. I will have it done then, I should have my cards by 8/11. I will have office manager make periodic checks on cards, then make arrangements to schedule trainings when needed.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable Date 6-29-11 Initials (DPW) DCV</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 member C completed only 23 hours of administrator training for the 2010 training year.	6/22/11	<p style="font-size: 1.2em; margin: 0;">Staff "C" completed</p> <p style="margin: 0;">(1) hour of training on-line. Admin shall oversee all training hours, also, they will be done in ⁱⁿ a timely fashion as per training schedule.</p>	<p style="font-size: 1.2em; margin: 0;">Dev</p> <p style="margin: 0;">6-29-11</p>

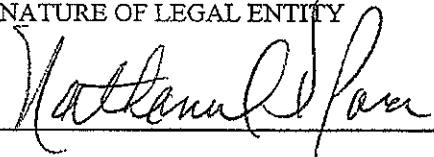
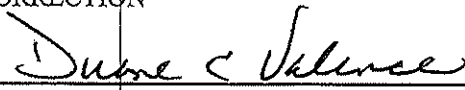
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
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65e Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	Direct care worker B, hired 6-6-08, only had 6 hours of annual training in 2010.	6/7/11	<p>MORRIS-PACE HAS DEVELOPED a training schedule that shows training dates. All trainings shall show which ITEM TRAINING schedule being trained, how many HOURS, & SIGNATURE ^{SIGNATURE} EMPLOYEES FOR</p> <p>Admin shall OVERSEE all trainings. Also, OFFICE MGR shall make periodic checks that all is documented correctly. (SEE ATTACHE)</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date: 6-29-11 Initials (DPW): Dev</p>

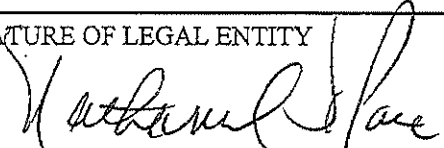

DIRECT CARE HOURS
SIN WORKER B

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65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these	Direct care staff person B, hired 6-6-08, did not receive annual training in the following: emergency preparedness procedures; residents' rights; The Older Protective Services Act; falls and accident prevention.	6/7/11	<p style="font-size: 1.2em; margin: 0;">MORRIS-PACE developed a better training schedule. This improvement includes dates when completed, hours. Completed, + sign-in sheet. Our trainings are cleared in description of required trainings. Admin + office mgr are responsible for compliance. All training hours shall be completed in a timely manner from now on. (see Attach)</p>	<p style="font-size: 0.8em; margin: 0;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="font-size: 0.8em; margin: 0;">Date: 6-30-11</p> <p style="font-size: 0.8em; margin: 0;">Initials (DPW): </p>

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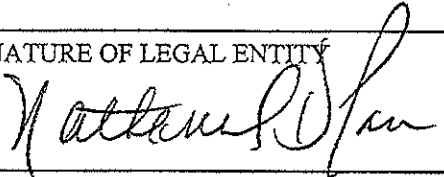
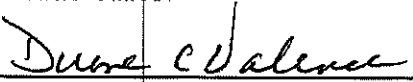
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regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.		6/7/11	MORRIS-PACE developed a better training schedule. This improvement includes dates when completed, hours completed, & sign-in sheets. Our trainings are clearer in description of required trainings. Admin & office mgrs are responsible for compliance. All training hours shall be completed in a timely manner from now on. (see attached)	See previous page 10 of 37

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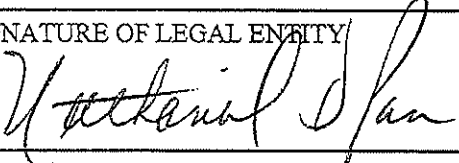
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66a A staff training plan shall be developed annually.	The home's annual staff training plan did not include who is teaching the course, the projected date and the number of hours for each course listed.	6/7/11	Annual Training Schedule has been improved to show when trainings will be/has been completed. Admin. & office mgr. oversee this training. Annual training schedule shall be completed on a timely basis.	DCV 6-29-11

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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INSPECTION DATES (Include all dates of the inspection) 06/01/2011		REGIONAL REPRESENTATIVE Gerald Dumas, Tom Shopay, Mary Ann Domanski	
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 	DATE 6/22/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 6-29-11



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
85a Sanitary conditions shall be maintained.	Bread crumbs and other small unidentifiable food items were found in the inside kitchenette cabinets of Apartments B, C and E. Spillage of soda and brown colored liquid stains were found inside the refrigerator in Apartment E's kitchenette.	6/3/11	<p>All kitchenettes have been thoroughly cleaned. All All cabinets wiped out, floors mopped. Day staff shall, on Friday's, make checks of all kitchenettes, if any need cleaning, they shall be done, this includes refrigerators, <u>on Friday's!</u></p> <p>Administrator will check WEEKLY. Anne Frans 7-11-11</p>	DCV 6-29-11

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SIGNATURE OF LEGAL ENTITY 	DATE 6/24/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Duma C. Delaney	DATE 6-29-11


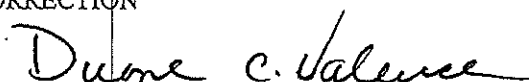
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85d Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.	A large trash can located in the home's kitchen was uncovered at 11:00 a.m. on the day of the inspection.	6/24/11	New Kitchen Trash can replace old trash can. Deto Detry Dir. shall make sure trash can in kitchen continues to be covered. If lid breaks, Detry Dir. shall replace in a timely fashion. (see picture)	DCV 6-29-11

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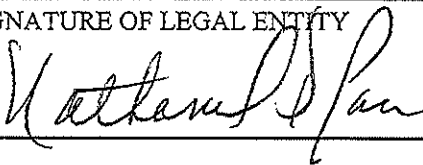
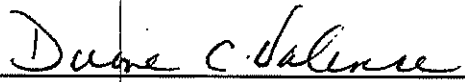
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87 The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.	The interior stairwell leading from the second floor from area "K" and "J" to the ground level rear exit door did not have an operable light that would illuminate the stairwell.	6/1/11	Bulbs replaced. Staff, while doing ^{weekly} vrm checks, shall make checks and notify office mgr of all outages. If there is an outage, staff shall replace bulbs.	DCV 6-29-11

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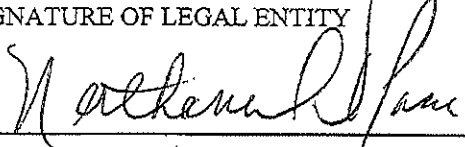

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88a Floors, walls, ceilings, windows, doors and other surfaces shall be clean, in good repair and free of hazards.	<p>Paint is peeling from the kitchenette ceiling in Apartment B.</p> <p>The entire living area rug in Apartemnt "C" is heavily soiled.</p> <p>The kitchenette floor in "C" is sticky causing the shoes to stick to the linoleum floor.</p>	6/3/11	<p>Ceiling was repaired. All rug were cleaned, previous owners used bleach and stained the carpet. All kitchenettes were cleaned, and floors mopped. Day staff, that works at on Friday's, shall inspect all kitchenette & clean as needed. office mngr shall ensure all is in compliance</p>	DCV 6-29-11

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101j1 Each resident shall have the following in the bedroom: A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident.	Resident #10's mattress and box spring were ripped and soiled.	6/24/11	New box springs + mattress given to L-5, DAVIDS. Staff shall make checks of mattress' while changing linen on WEEKENDS. If Any need replacing, Admin shall exchange with NEW SET.	DCV 6-29-11

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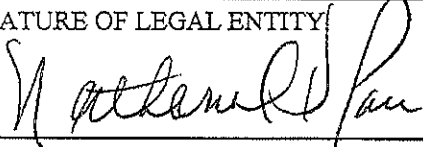
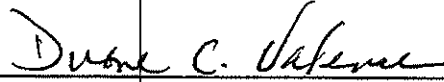
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102h Toilet paper shall be provided for every toilet.	Toilet paper was not available in the shared bathrooms of apartment "E" and "H1C1".	6/1/11	All staff are required to clean all baths and replenish toilet paper, hand soap, + paper towels. One roll under sink, other on the roll. This is to ensure compliance. If any resident notifies staff of missing toilet paper ANY staff person can and will replace it. Over-night staff shall make necessary checks and replenish.	DCV 6-29-11

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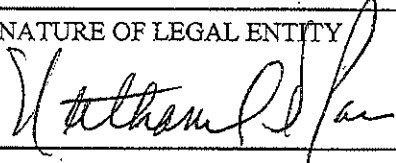
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102i A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.	* An unlabeled bar of soap was found at the sink of the common bathroom located on the second floor between rooms L-3 and L-4. * An unlabeled bar of soap was found on the sink in the shared bathrooms of apartment "E" and "H1C1".	<i>6/1/11</i>	<i>M-P has liquid soap in all common baths. Night staff, while cleaning baths, are responsible for disposing of any/all bar soap left in common baths, unless it is in a container with a resident's name on it.</i>	<i>Dev 6-29-11</i>

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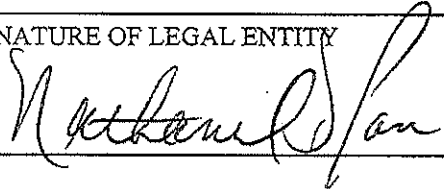
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103b Kitchen surfaces shall be of a nonporous material and cleaned and sanitized after each meal.	In kitchette area "J", the top cabinet was water stained and had mold and mildew.	6/3/11	<p>Cabinet in "J" Kitchenette was cleaned & sealed. Previous water damage was fixed. This cabinet will not be used by any resident. Kitchenette's are used only by a few residents. Day staff on Friday, are checking all Kitchenette cabinets & bath cabinets for cleanliness. (see attached)</p>	DCV 6-29-11

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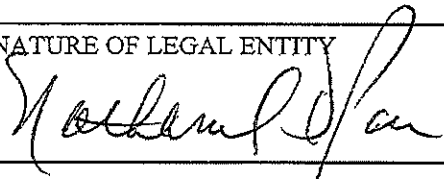
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121a Stairways, hallways, doorways, passageways and egress routes from rooms and from the building shall be unlocked and unobstructed.	The egress route from the second floor area "L" was obstructed by a black plastic bag of trash and a sport bag containing baseball equipment. The items obstructing the exit route were located on the lower part of the stairs by the exit door.	6/1/11	All items were cleared out of stairwell. Live-in staff was instructed NEVER to LEAVE their belongings/trash in our FIRE EXITS. Night staff, while making FIRE EXIT checks, shall inform Admin of all items/trash found.	<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: auto;"> Steps have been taken to correct violation; full compliance is not verifiable Date: 6/29/11 Initials (DPW): DCV </div>

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125a Combustible and flammable materials may not be located near heat sources or hot water heaters.	The dryer vent was disconnected from the dryer allowing hot air to blow into the small laundry room. Additionally there was an accumulation of lint behind the dryer.	6/6/11	Dryer vent repaired/replaced. Friday Day Staff, while cleaning of vents, and behind all dryers, must report all vents in need of repair. Admin shall make repairs in a timely manner.	<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: auto;"> <p style="text-align: center; margin: 0;">Steps were taken to correct violation full compliance is not verifiable 6-29-11 D CV Initials (CPW)</p> </div>

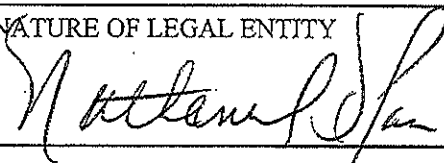
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141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	A medical evaluation was not conducted on resident # 3 who was admitted to the home on 7/26/10.	6/1/11	<p>Med eval was in RESIDENTS chart (SEE ATTACHED). All med evals will be completed in a timely manner. If missing, Admon shall call Dr. [REDACTED] to have a new med eval re-done, if needed. Office mgr shall make periodic checks too.</p>	6-29-11

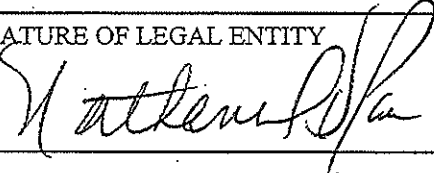
Steps have been taken to correct violation; full compliance is not verifiable
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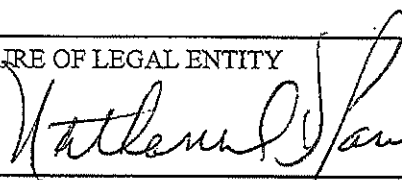
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history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.		6/1/11	Med eval was in Resident Chart (see Attached). All med evals will be completed in a timely manner, if missing, Admin. shall call Dr. [redacted] to have a new med eval re-done, if needed. Office Mgr shall make periodic checks too.	See previous page

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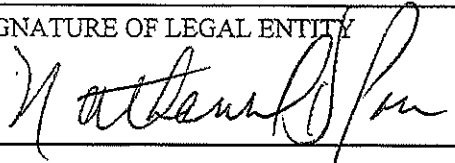
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183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	Medications belonging to resident #1, discharged 12-7-10, were found in the administrator's office at the time of inspection. The medications were: 54 tablets of Baclofen 10 mg; 11 tablets of Abilify 15 mg; 51 tablets of Gabapentin 300 mg; 16 tablets of Simvastatin 40 mg; 5 tablets of Chantix 1 mg; 3 tablets of Warfarin sodium 5 mg; 12 tablets of Detrol 4 mg.	6/8/11	Medications were in Admin. locked office, Admin. is responsible to dispose of all old, unused med. by sending meds back to pharmacy. Admin shall handle this in a more timely manner by calling pharmacy when resident exits facility, having them picked up that day.	<div style="border: 1px solid black; padding: 2px; width: fit-content;"> Steps have been taken to correct violation; full compliance is not verifiable Date: _____ Initials (DPW): _____ </div>

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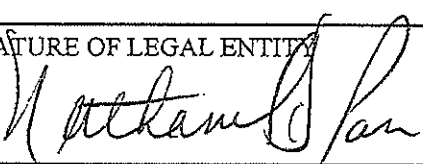
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184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	The following prescription medications for the residents listed below were stored in the home's medication cart. The medications did not have a pharmacy label. *Travatan .004% solution - resident # 4 *Fluticasone Propionate Nasal Spray - resident #5 *Combivent Inhalation Aerosol - resident # 6	6/2/11	Staff was instructed that resident's family's <u>can</u> NOT bring any medications into facility without original container & Dr's order. We, M-P, can NOT accept it. Return to family and ask that they get a Dr's order. Admin. will make periodic checks for compliance.	Steps have been taken to correct violation; full compliance is not verifiable Date: 6-29-11 Initials (DPW):

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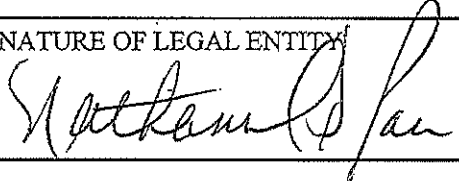
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188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	On 11-15-10, Resident #16 did not receive the 5:00 p.m. dose of prescribed medication, Pravachol 20 mg. The home did not report the medication error to the resident, the resident's designated person and the prescriber.	6/2/11	M-P Med staff are fully aware that <u>all</u> med errors must be reported as required in Quality Management Policy to DR, Designee, Admin, + DPW. Incident Report must be completed and sent to DPW. Admin shall make periodic check of med plan to ensure compliance. (See attached)	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: small; margin: 0;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="margin: 0;">Date: 6-29-11</p> <p style="margin: 0;">Initials (DPW): [unclear]</p> </div>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME Morris-Pace Assisted Living, 416 Reading Avenue West Reading, PA 19611		CURRENT LICENSE NUMBER 215900	
INSPECTION DATES (Include all dates of the inspection) 06/01/2011		REGIONAL REPRESENTATIVE Gerald Dumas, Tom Shopay, Mary Ann Domanski	
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 	DATE 6/22/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION Duane C. Valencia	DATE 6-29-11

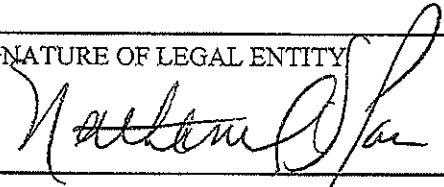
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
<p>187a</p> <p>A medication record shall be kept to include the following for each resident for whom medications are administered:</p> <ol style="list-style-type: none"> (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 	<p>A diagnosis or purpose for the following residents' medications was not listed on the residents' medication administration record:</p> <ul style="list-style-type: none"> *Resident # 7 - Citalopram, Levothyroxin, Metoprolol, Vitamin B-12, Dicyclomine and O-Cal-D. *Resident # 8 - Vitamin D, Pravastatin, Asmanex, Metformin, Omeprazole, Albuterol, Cionazepam and Singulair. *Resident # 9 - Ibuprofen and Amoxicillin. 	<p>6/9/11</p>	<p>M-P contacted Pharmacy about this violation requesting that all meds have diagnosis for all medications. MP shall highlight all diagnosis when new MAR's come in, this will ensure that every med it has a diagnosis and we are in compliance. Admin shall be responsible.</p> <p>(See attached)</p>	<p style="text-align: right;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: right;">Date: 6-29-11 Initials (DPW):</p>


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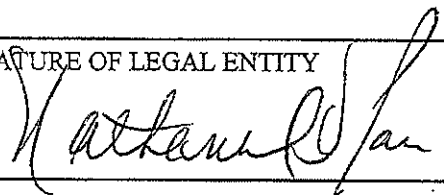
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precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.		6/9/11	M-P Contacted Pharmacy about this violation requesting that all meds have diagnosis for all medications. M-P shall highlight all diagnosis when new MAR's come in, this will ensure that every med has a diagnosis and we are in compliance. Admin shall be responsible (see attached)	See previous page 28 of 37

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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.	<p>*The preadmission screening on file for resident #'s 10, 11, and 12 and 14 dated 8/2/10, 1/12/10, 6/3/10 and 11/26/10 respectively, were incomplete as other special care needs and behavioral needs were not addressed.</p> <p>*The preadmission screening on file for resident #22, admitted 5/9/11, was incomplete as other special care needs and behavioral needs were not addressed. In addition, there was no entry as to the date the screening was completed.</p> <p>*The preadmission screening dated 7/20/10 on file for resident #3 was incomplete as other special care needs and behavioral needs were not addressed. In addition, the screening was not signed by the individual completing the screening nor was there any indication if the needs of the resident could be met by the services provided by the home.</p>	6/9/11	<p>From now on, Office Manager & Admin shall make sure that all pre-admit screenings are fully completed. Admin will have final check once office manager has completed reviewing admit package. M-P shall also request that a social services that are referring residents, be aware of this to ensure compliance.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 6-29-11 Initials (DPW): </p>

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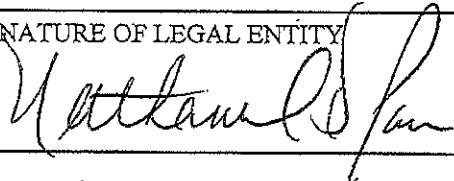
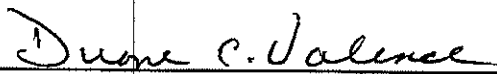
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225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	<p>*The home did not conduct an assessment of resident #22 who was admitted to the home on 5/9/11.</p> <p>*The assessment dated 12/2/10 on file for resident #15 did not list the resident's dietary needs. The resident's medical evaluation dated 12/2/10 indicated the resident's dietary needs as "general diabetic".</p>	6/12/11	<p>Records Staff had assessment on table in his office. while at M-P, he completed Support Plan as well on 6/10/11. Admin requested that Records Staff leave any/all records on Residents on Admin's Desk. This shall ensure that all records are placed in to Residents Record timely. Also Admin. can look over Record to see that this Record is fully completed. (see attached)</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 6-30-11 Initials (DPW): [Signature]</p>

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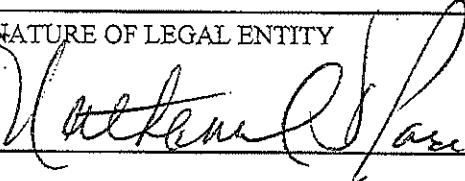
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252 Each resident's record shall include the following information: (1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old. (4) Language or means of communication spoken or used by the resident. (5) The name,	The record of resident #22 did not contain information on the resident's color of hair and identifying marks.	6/2/11	Office Mgr shall start periodically checking Resident Records that are NEW admits. Admin signs in NEW Admits. Then once Admission is complete, office Mgr will look over NEW Admit for compliance. (see attached)	DCV 6-29-11

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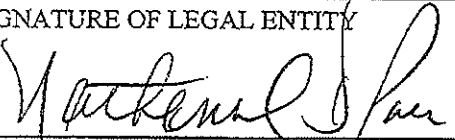

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address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary		6/2/11	Office mgr shall start periodically checking resident records that are new admits. Admin. signs in new admits, then once admission is complete, office mgr will look over new admit for compliance (see attached)	See previous page 32 of 37

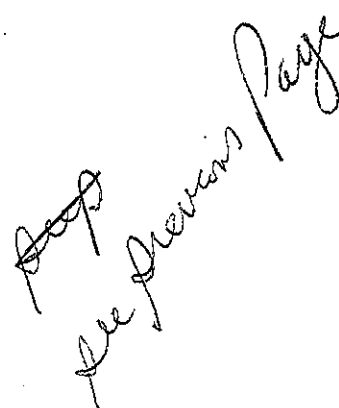
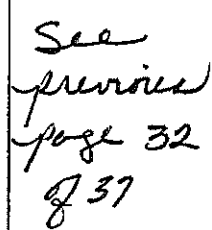
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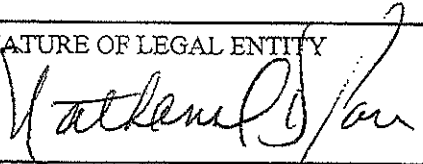
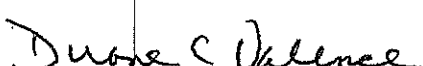
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restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (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.			See Previous Page	See previous page 32 of 37

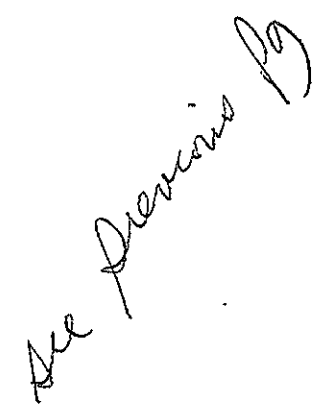
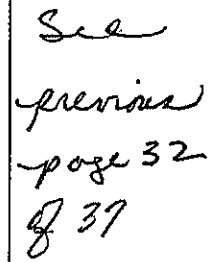
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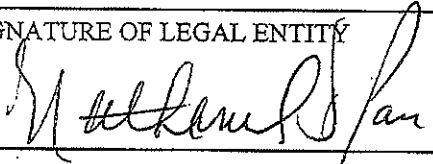
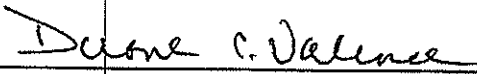
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(16) The resident's medical insurance information. (17) The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity. (18) An inventory of the resident's personal 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				

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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				

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in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p style="font-size: 24px; margin: 0;">RECEIVED</p> <p style="margin: 5px 0 0 0;">JUN 28 2011</p> <p style="margin: 0 0 0 0;">SCRANTON FIELD OFFICE Adult Residential Licensing</p> </div>		<div style="font-size: 24px; transform: rotate(-45deg); opacity: 0.5;"> for previous page </div>	<div style="font-size: 24px; transform: rotate(-45deg); opacity: 0.5;"> See previous page 32 of 37 </div>