



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
100 LACKAWANNA AVENUE
ROOM 330, SCRANTON STATE OFFICE BUILDING
SCRANTON, PENNSYLVANIA 18503-1923

ADULT RESIDENTIAL LICENSING

PHONE: (570) 963-3209
1-800-833-5095
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Sent via email to: [REDACTED]
MAILING DATE: July 8, 2011

Ms. Paula Sagan-Hahn, Executive Director
Lakewood Senior Living-Drums, LLC
Fritzingertown Senior Living Community
159 South Old Turnpike Road
Drums, Pennsylvania 18222

Dear Ms. Sagan-Hahn:

As a result of the Department of Public Welfare's licensing inspection on June 10, 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.

Sincerely,

Michele Moskalczyk

Regional Licensing Administrator

Enclosure
Violation Report

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

| | | | |
|---|-------------------------|--|-----------------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME FRITZINGERTOWN SENIOR LIVING COMMUNITY, 159 SOUTH OLD TURNPIKE ROAD DRUMS, PA 18222 | | CURRENT LICENSE NUMBER 201660 | |
| INSPECTION DATES (Include all dates of the inspection) 06/10/2011 | | REGIONAL REPRESENTATIVE Florence Babiarz, Tom Shopay | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Paula Sagan-Daleno - Executive Director</i> | | | |
| SIGNATURE OF LEGAL ENTITY <i>Paula Sagan-Daleno</i> | DATE <i>06/30/11</i> | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C. Valence</i> | DATE <i>7-6-11</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 |
|--|--|--|--|-----------------------------|
| 39a The home shall have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home. | Interviewed residents stated that the hot water temperature in the newly renovated shower rooms was not comfortable for bathing. Hot water temperatures when tested continually fluctuated from a high of 110°F to a low of 80°F. In addition, the water pressure through the shower head was extremely low. | 06/11/11 06/30/11 07/08/11 | The following steps have been completed to maintain consistent water temps ranging from 103° to 105°F and to improve water pressure to accommodate the needs of the residents in the home. 1. Replaced 3 (three) malfunctioning check valves supplying water to and from mixing valve. 2. Replaced improperly functioning impeller to recirculating loop of water supply. 3. Separate holding tank for kitchen and laundry facilities to be installed. See supporting documentation. Maintenance attendant will test and log water temp and pressure and valve consistency daily. Maintenance director will monitor logs weekly to maintain compliance with this regulation. | <i>Dev</i> <i>7-6-11</i> |

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SCRANTON FIELD OFFICE
Adult Residential Licensing

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

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| NAME AND ADDRESS OF PERSONAL CARE HOME FRITZINGERTOWN SENIOR LIVING COMMUNITY, 159 SOUTH OLD TURNPIKE ROAD DRUMS, PA 18222 | | CURRENT LICENSE NUMBER 201660 | |
| INSPECTION DATES (Include all dates of the inspection) 06/10/2011 | | REGIONAL REPRESENTATIVE Florence Babiarz, Tom Shopay | |
| 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>Paula Babiarz Babiarz</i> | DATE 06/20/11 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C. Valenc</i> | DATE 7-6-11 |

| 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 |
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| 89a The home shall have hot and cold water under pressure in each bathroom, kitchen and laundry area to accommodate the needs of the residents in the home. | Interviewed residents stated that the hot water temperature in the newly renovated shower rooms was not comfortable for bathing. Hot water temperatures when tested continually fluctuated from a high of 110°F to a low of 80°F. In addition, the water pressure through the shower head was extremely low. | 07/08/11 | The above steps have resolved water temp and pressure on south side of building. Resident care and/or water for resident care is being obtained from this portion of building pending total repair. Logs will be kept on site for review. | Dev 7-6-11 |

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| NAME AND ADDRESS OF PERSONAL CARE HOME FRITZINGERTOWN SENIOR LIVING COMMUNITY, 159 SOUTH OLD TURNPIKE ROAD DRUMS, PA | | CURRENT LICENSE NUMBER 201660 | |
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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) | | | |
| SIGNATURE OF LEGAL ENTITY <i>Paula Lynn Dabner</i> | DATE 06/30/11 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Dune Dabner</i> | DATE 7-6-11 |

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| 95 Furniture and equipment shall be in good repair, clean and free of hazards. | The handle of the single lever shower faucet of the newly renovated shower rooms were not consistently installed. When water temperatures were being tested staff sometimes set the short end of the lever to the hot setting and on other times set the long end of the lever to the hot setting. | 07/08/11 | <p>Ritsick Plumbing will install equipment ensuring consistent lever control of shower valves. This installation to be completed by 7/1/2011 (please see attached supporting documentation.)</p> <p>Until issue is resolved, only showers with standard levers will be utilized.</p> <p>Maintenance attendant will test and log water temp and pressure and valve consistency daily.</p> <p>Maintenance director will monitor logs weekly to maintain compliance with this regulation.</p> <p>Logs will be kept on site for review.</p> | Dcv 7-6-11 |

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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) | | | |
| SIGNATURE OF LEGAL ENTITY <i>Paula Lopez, Director</i> | DATE 06/30/11 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane C. Valence</i> | DATE 7-6-11 |

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| 161d A resident's special dietary needs, as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian, shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record. | The dietary needs of resident # 1 were not being met by the home. The resident's medical evaluation dated 6/1/11 lists the resident's diet as mechanical soft. The resident's noon meal on 6/10/11 consisted of a ham sandwich. | 07/20/11 | <p>All resident Medical evaluation assessments and support plans will be reviewed for accuracy.</p> <p>Facility personal care aides and dietary aides have been re-in-serviced in reasons for and requirement to maintain dietary restrictions of residents.</p> <p>Resident Care Coordinators, Director of Resident Care Services, and Dietary Supervisor will regularly monitor adherence to these restrictions to ensure compliance with this regulation.</p> <p>Administrator will do monthly checks to ensure that all dietary restrictions of residents are maintained.</p> | <p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center">Date <u>6-11</u> Initials (DPW) <u>DC</u></p> |

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| 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 annual assessment dated 6/2/11 on file for resident # 1 did not address the resident's dietary needs as listed on the resident's medical evaluation dated 6/1/11. Repeated Violations: 09/16/2010 | 07/20/11 | Annual assessment of resident #1 dated 06/02/2011 has been amended to reflect 06/01/2011 medical evaluation dietary restriction. (Please see attached supporting documentation) All resident Medical evaluation assessments and support plans will be reviewed for accuracy. Resident Care Coordinators, Director of Resident Care Services, and Dietary Supervisor will each receive carbon copy of all changes in dietary restrictions immediately to ensure adherence to all dietary restrictions and will monitor to ensure compliance to this regulation. Administrator will review changes to all resident assessments monthly to ensure compliance with this regulation. | 6-1-11 |

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