

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to NORTHEAST COUNSELING SERVICES

LEGAL ENTITY

To operate CONYNGHAM CARE CENTER

NAME OF FACILITY OR AGENCY

Located at 63 S.HUNTER HIGHWAY,PO BOX 473, DRUMS, PA 18222

(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 20
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 August 2, 2011 until August 2, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 221750

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

AUG 04 2011

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

Mr. Edmund J. Abdo Jr., Executive Director
Northeast Counseling Services
130 West Washington Street
Nanticoke, Pennsylvania 18634

RE: Conyngham Care Center
63 South Hunter Highway, PO Box 473
Drums, Pennsylvania 18222

Dear Mr. Abdo:

As a result of the Department of Public Welfare's licensing inspection on June 22, 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.

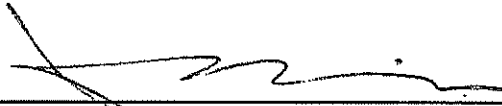
Sincerely,

A handwritten signature in black ink, appearing to read 'R. Melusky'.

Ronald Melusky
Acting Director


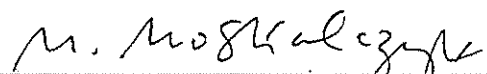
Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME CONYNGHAM CARE CENTER, 63 S HUNTER HIGHWAY PO BOX 473 DRUMS, PA 18222		CURRENT LICENSE NUMBER 221750	
INSPECTION DATES (Include all dates of the inspection) 06/22/2011		REGIONAL REPRESENTATIVE Jason Harvey, Florence Babiarz	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <u>JAMES JACKIEWICZ, DIRECTOR/CO-ADMINISTRATOR</u>			
SIGNATURE OF LEGAL ENTITY 	DATE 7-12-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <u>M. Moskalczyk</u>	DATE 7-15-11

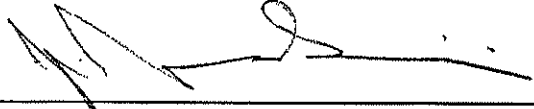
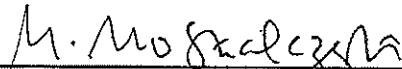
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
25b 25b - The contract shall be signed by the administrator or a designee, 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 contract in the record for resident #1 dated 7/6/2010 was not signed by the administrator or designee. The contract in the record for resident #2 dated 1/21/11 was not signed by the resident.	6/22/2011 Corrected at time of inspection.	The Administrator will ensure that all contracts are signed by the administrator or designee, the resident and the payer at the time of Admission. All admission forms will be reviewed by administrator within 30 days of admission with respect to completion and appropriateness.	MM 7-15-11
<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">JUL 13 2011</div> <div style="font-weight: bold;">SCRANTON FIELD OFFICE Adult Residential Licensing</div>				

VIOLATION REPORT
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
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.	Staff person A's initial medication training contained a student pass date on 11/11/2010, but the four medication administration reviews were not documented.	6/23/11 See Attachment A	The Certified Medication Trainer will ensure that the medication administration reviews are documented as they occur. Reviews will be verified by administrator on a quarterly basis.	Steps have been taken to correct violation; full compliance is not verifiable 7-15-11 Mna Date Initials (DPW)

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.	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">JUL 13 2011</div> <div style="font-weight: bold;">SCRANTON FIELD OFFICE Adult Residential Licensing</div>			<div style="font-size: 1.5em; font-style: italic; margin-bottom: 10px;">Cont. from previous page</div> <div style="font-size: 1.2em; margin-bottom: 10px;">MM</div> <div style="font-size: 1.2em;">7-15-11</div>