

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to AM PM PERSONAL CARE HOME, INC.

To operate AM/PM PERSONAL CARE HOME

Located at P.O. BOX 123, DELANCEY, PA 15733

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 32
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 September 22, 2011 until September 22, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 407360

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

SEP 21 2011

Ms. Laura J. Mesoraco, Owner/Administrator
AM PM Personal Care Home, Inc.
AM/PM Personal Care Home
P.O. Box 123
Delancey, Pennsylvania 15733

Dear Ms. Mesoraco:

As a result of the Department of Public Welfare's licensing inspection on July 13, 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
Director

Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME AM PM PERSONAL CARE HOME, P O BOX 123 DELANCEY, PA 15733		CURRENT LICENSE NUMBER 407360	
INSPECTION DATES (Include all dates of the inspection) 07/13/2011		REGIONAL REPRESENTATIVE Dennis Rapon, Tera Newman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Laura J. Mesoraco, Owner / Administrator			
SIGNATURE OF LEGAL ENTITY <i>Laura J. Mesoraco</i>	DATE 8/10/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jan B. Lambert</i>	DATE 8-29-11

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
25d A home may not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P. S. §§ 4751-1-4751-12). If the home will be assisting the resident to manage a portion of the rent rebate, the requirements of § 2600.23 (relating to financial management) may apply. There may be no charge for filing out this paperwork.	The home collects 50% of the resident rebate, however residents #1 and #2 have not signed the rent rebate form. <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Western Region</p> <p>AUG 10 2011</p> <p>Adult Residential Licensing</p> </div>	8/10/11 9-15-11	Resident #1 and #2 have signed the rent rebate forms. Day to Day manager will assure, upon admission, that rent rebate forms are signed in the future. <i>The Administrator or designated staff person will review all resident records to ensure all rent rebate forms are appropriately signed. 8-29-11</i>	8-29-11 <i>gc</i>

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SIGNATURE OF LEGAL ENTITY <i>Laura Mesdraco</i>		DATE 8/10/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 8-29-11

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
	<div data-bbox="504 1185 945 1461" style="border: 1px solid black; padding: 5px; text-align: center;"> <p>Western Region</p> <p>AUG 10 2011</p> <p>Adult Residential Licensing</p> </div>			

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SIGNATURE OF LEGAL ENTITY <i>Raf. Meru</i>	DATE 8/10/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE <i>pc</i> 8-29-11

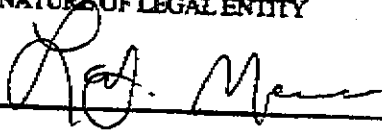
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
101j5 Each resident shall have the following in the bedroom: A bedside table or a shelf.	Residents #3, #4 and #5 do not have a bedside table or shelf.	8/9/11 8/10/11 8/12/11	A table (bedside) has been placed in resident #3's Room. (on 8/9/11) A bedside shelf will be placed above the bed of residents #4 & #5 by 8/12/11. Owner and manager will continue to monitor resident rooms to assure compliance.	8-29-11 <i>pc</i>

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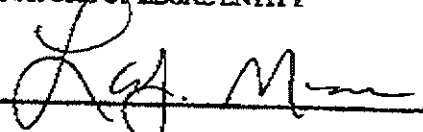
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101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	Residents #3, #4 and #5 do not have a bedside light or source of lighting that can be turned on/off at bedside.	8/9/11 8/10/11 + 8/11/11	A bedside light will be placed in resident #3's room on 8/11/11. A bedside light (clip-on to bed) will be placed in resident #4's room on 8/11/11. A bedside light was placed in resident #5's room on 8/9/11. Owner + Manager will continue to monitor resident rooms for compliance.	8-29-11 ✓

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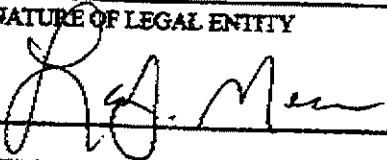
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226a The resident shall be assessed for mobility needs as part of the resident's assessment.	Resident #1's assessment, dated 4/12/11, indicates the resident is mobile; however the medical evaluation, dated 5/9/11, indicates the resident is unable to move from one location to another without oral prompting from others.	8/10/11	Resident: #1's medical evaluation is currently being re-done by MD to indicate resident is mobile. DME also being re-done to match medical evaluation. *	
	Resident #2's assessment, dated 4/7/11, indicates the resident is mobile; however the medical evaluation, dated 3/29/11, indicates the resident is unable to move from one location to another without oral prompting from others.	8/10/11	Resident: #2's medical evaluation was re-done to indicate resident as mobile.	
	Resident #3's assessment, dated 5/3/11, indicates the resident is mobile; however the medical evaluation, dated 4/18/11, indicates the resident has difficulty following oral directions in an emergency.	8/10/11	Resident #3's medical evaluation is currently being re-done by MD to indicate resident is mobile. DME also being re-done to match med. eval. #	

Steps have been taken to correct violation; full compliance is not verifiable.
8-29-11
Date Initials (DPV)

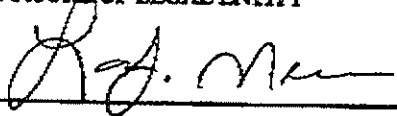
re-done * medical evaluations will be forwarded upon completion by MD
* DME's will be forwarded upon completion of AM/PM manager

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	Resident #8's assessment, dated 4/12/11, indicates the resident is mobile; however the medical evaluation, dated 4/1/11, indicates the resident has difficulty following oral directions in an emergency. <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p align="center">Western Region</p> <p align="center">AUG 10 2011</p> <p align="center">Adult Residential Licensing</p> </div>	8/10/11	Resident #6's DME being re-done to indicate immobile to match medical evaluation completed by MD. To assure compliance, in the future, AM/PM manager will, upon admission and upon receipt of medical evaluations, assure information is accurate and appropriate.	

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251c The home shall use standardized forms to record information in the resident's record.	The home is not using the Department's current assessment form of April 2010. The home is using the August 2005 assessment form for the following residents: <ul style="list-style-type: none"> • Resident #1's assessment completed on 4/12/11 • Resident #2's assessment completed on 4/7/11 • Resident #3's assessment completed on 5/3/11 • Resident #6's assessment completed on 4/12/11 • Resident #7's assessment completed on 4/1/11 • Resident #8's assessment completed on 5/1/11 	8/10/11	Resident 1's, 2's, 3's, 6's, 7's + 8's DME/ Assessment is being re-done with most current forms to assure compliance.* Day to Day manager will monitor admissions to assure use of most current forms.	Steps have been taken correct violation; full compliance is not verifiable! 1-29-11 Date / Initials (DPV)

* will be forwarded by mail.