

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HOME FOR THE FRIENDLESS, INC.

LEGAL ENTITY

To operate HOMELAND CENTER

NAME OF FACILITY OR AGENCY

Located at 1901 NORTH FIFTH STREET, HARRISBURG, PA 17102

(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 56
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 10, 2011 until September 10, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 342800

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

SEP 23 2011

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

Mr. Barry Ramper II, President and CEO
Home for the Friendless, Inc.
Homeland Center
1901 North Fifth Street
Harrisburg, Pennsylvania 17102

Dear Mr. Ramper:

As a result of the Department of Public Welfare's licensing inspection on August 17, 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.

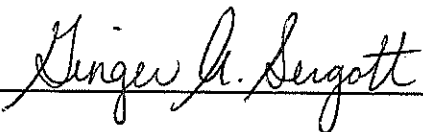

Sincerely,


A handwritten signature in black ink, appearing to read 'R. Melusky', with a long horizontal flourish extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

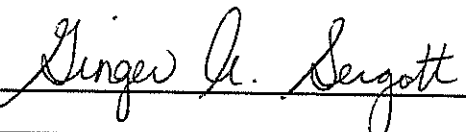
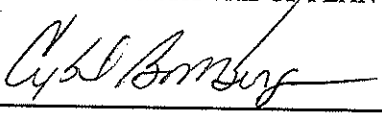
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME HOMELAND CENTER, 1901 NORTH FIFTH STREET HARRISBURG, PA 17102		CURRENT LICENSE NUMBER 342800	
INSPECTION DATES (Include all dates of the inspection) 08/17/2011		REGIONAL REPRESENTATIVE Jaime Erb, Lynn Loudenslager	
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 9/9/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 9/12/11

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
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (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	The medication administration record for Resident #1 does not include the diagnosis for any of Resident #1's medications. The medication administration record for Resident #2 and Resident #3 does not include the diagnosis for Coumadin. The medication administration record for Resident #4 does not include the diagnosis for Cipro.	8/17/11 → 10/31/11 →	187a MARs for Residents #1, #2, #3 and #4 were immediately corrected with the addition of a diagnosis for each medication. Copies of the MARs with the diagnosis circled in RED have been included for your review. Corrections were completed August 17, 2011 during the surveyors MAR review. The Director of Personal Care shall assign one licensed staff member to complete MARs for each resident each month. During the completion of the MARs, the licensed staff member will check each medication listed for a supporting diagnosis. If there is no supporting diagnosis, the licensed staff member shall contact the PCP and request the diagnosis and immediately add the diagnosis to the MAR. The licensed staff member shall also complete the recap portion of the MARs to be returned to the pharmacy for the updating of the next month's MARs. The Director of Personal Care will review recaps prior to them being returned to the pharmacy to assure completion. This change will be effective with the October MARs. Our pharmacy provider has been contacted and has agreed to assist us with the correction of this violation by printing and sending us a monthly report of resident MARs requiring a diagnosis. This will serve as a double check. A sample copy of this pharmacy report has been included for your review.	Steps have been taken to correct violation; full compliance is not verifiable Date 9/12/11 Initials (DPW) 

See continuation on next page

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

NAME AND ADDRESS OF PERSONAL CARE HOME HOMELAND CENTER, 1901 NORTH FIFTH STREET HARRISBURG, PA 17102		CURRENT LICENSE NUMBER 342800	
INSPECTION DATES (Include all dates of the inspection) 08/17/2011		REGIONAL REPRESENTATIVE Jaime Erb, Lynn Loudenslager	
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 9/9/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 9/12/11

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
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.		10/31/11 →	187a The licensed staff member chosen by the Director of Personal Care to be assigned the task of completing the MARs and the recaps will be in-serviced during the completion of the October MARs. Documentation of this training shall be retained for review by the Department. The Director of Personal care shall be responsible for monitoring the monthly MARs for completion to ensure continued compliance with 187a.	