

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to GUARDIAN ELDER CARE AT TYRONE I, LLC

To operate EPWORTH MANOR

Located at 925 SOUTH LINCOLN AVENUE, TYRONE, PA 16686

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 54 or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 12

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 January 31, 2012 until July 31, 2012, unless sooner revoked for non-compliance with applicable laws and regulations.

No: 328421

Robert E. Robinson

ISSUING OFFICER

R. C. King

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

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

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: FEB 02 2012

Mr. Eddy J. Inzana, President/CEO
 Guardian Elder Care at Tyrone I, LLC
 8796 Route 219, P.O. Box 240
 Brockway, Pennsylvania 15824

RE: Epworth Manor
 925 South Lincoln Avenue
 Tyrone, Pennsylvania 16686

Dear Mr. Inzana:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 19, 2011 and November 16, 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.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
141b1	III	34	\$3	\$102	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Adult Residential Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Financial Operations with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

Once you receive your invoice from the Bureau of Financial Operations, if you disagree with the amount of the penalty, you have the right to appeal through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare. If you decide to appeal, a written request to appeal the fine must be received, along with the assessed daily fine, not to exceed \$500, in accordance with 55 Pa.Code § 2600.263 (relating to appeal of penalty). All appeal requests must be sent to the address indicated on the invoice you will receive from the Bureau of Financial Operations.

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
631 Health and Welfare Building
Seventh and Forster Streets
Harrisburg, Pennsylvania 17120

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.

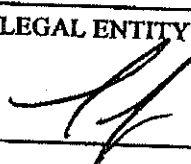
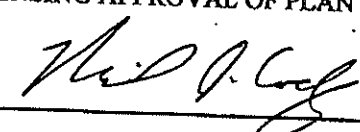
Sincerely,



Ronald Melusky
Director


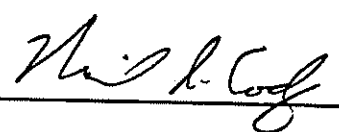
Enclosures
License
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME Epworth Manor, 925 South Lincoln Avenue Tyrone, PA 16686		CURRENT LICENSE NUMBER 328420	
INSPECTION DATES (Include all dates of the inspection) 08/19/2011		REGIONAL REPRESENTATIVE McKinley Rouse, D Granahan	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jennifer R Betgen</i>			
SIGNATURE OF LEGAL ENTITY 		DATE 11-4-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 
			DATE 1/23/12

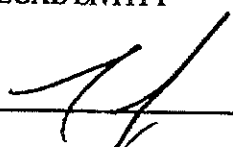
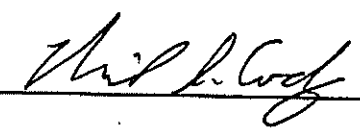
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION, (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
<p>65b</p> <p>Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:</p> <p>(1) Resident rights.</p> <p>(2) Emergency medical plan.</p> <p>(3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102).</p> <p>(4) Reporting of reportable incidents</p>	<p>Staff Persons A, B and C did not complete the trainings for resident rights, the emergency medical plan or the mandatory reporting of abuse under OAPSA within the first 40 hours of employment.</p> <p align="center">PCH Division Central Region Field Office</p> <p align="center">NOV 8 2011</p> <p align="center">RECEIVED</p>		<ul style="list-style-type: none"> - Employees A, B, C will be in-serviced on resident rights, emergency medical plan, abuse, and reportable incidents - Facility will complete audit of all employee files to ensure all required in-servicing has been completed - Facility will implement tracking system for employee trainings - Administrator or designee to conduct random audit of 5 employee files monthly x 3 months. 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center">1/23/12 MSC Date Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Epworth Manor, 925 South Lincoln Avenue Tyrone, PA 16686		CURRENT LICENSE NUMBER 328420	
INSPECTION DATES (Include all dates of the inspection) 08/19/2011		REGIONAL REPRESENTATIVE McKinley Rouse, D Granahan	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Jennifer R Getzen			
SIGNATURE OF LEGAL ENTITY 	DATE 11-4-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1/23/12

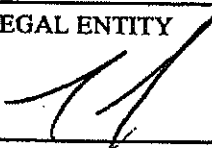

REGULATION 55 Pa.Code §2600 and conditions.	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY

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

NAME AND ADDRESS OF PERSONAL CARE HOME Epworth Manor, 925 South Lincoln Avenue Tyrone, PA 16686		CURRENT LICENSE NUMBER 328420	
INSPECTION DATES (Include all dates of the inspection) 08/19/2011		REGIONAL REPRESENTATIVE McKinley Rouse, D Granahan	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jennifer R Oetgen</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>11-4-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>1/23/12</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
141b1 A resident shall have a medical evaluation: (1) At least annually.	<ul style="list-style-type: none"> • The medical evaluation form for Resident #1, dated April 7, 2011, did not have the doctor's name, the doctor's signature, the doctor's license number, the diagnoses or the medication regimen. The medical evaluation did not contain the physical examination information such as the resident's height, weight, blood pressure, temperature or pulse rate. Resident #1's medical evaluation dated January 4, 2011 was completed but the form was not signed by the physician. • Resident #2's annual medical evaluation was dated August 3, 2011, but the previous medical evaluation was dated January 4, 2010. Resident #2's annual medical evaluation was not completed within 12 months of the resident's previous medical evaluation. 		<ul style="list-style-type: none"> - Resident #1 medical evaluation forms to be completed properly - Resident #2 medical evaluation to be completed properly - Facility to complete audit of all resident medical evaluation forms to ensure proper completion and timeliness of medical evaluations - Facility will implement tracking system for resident annual medical evaluations - Administrator or designee to conduct random audits of 10 medical evaluations per month x 3 months 	<p align="center">Standards Enforcement Section Commonwealth of Pennsylvania Department of Public Safety Bureau of State Police Harrisburg, PA 17104-0001 <i>1/23/12</i> <i>NJC</i> Initials (Last)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Epworth Manor, 925 South Lincoln Avenue Tyrone, PA 16686		CURRENT LICENSE NUMBER 328420	
INSPECTION DATES (Include all dates of the inspection) 08/19/2011		REGIONAL REPRESENTATIVE McKinley Rouse, D Granahan	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Jennifer R Cetgen			
SIGNATURE OF LEGAL ENTITY 	DATE 11-4-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1/23/12

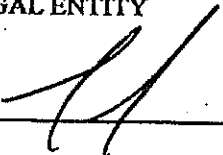

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
161d A resident's special dietary needs, as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietician, shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.	Resident #1 has been prescribed a mechanically soft diet by the resident's physician. During lunch on August 19, 2011 Resident #1 was served fish and cauliflower that were chopped into small pieces and a slice of carrot cake. This does not meet the requirements of a mechanically soft diet.		<ul style="list-style-type: none"> - Resident #1 diet has been evaluated - Staff to be educated on special dietary needs - Facility to conduct audit of all resident diets to ensure special dietary needs are as prescribed - Administrator or designee to monitor dining/meals to ensure special dietary needs are served as prescribed 	<p style="text-align: center; font-size: small;"> Compliance Action to Correct this Violation Complete by Compliance ID Not Assignable 1/23/12 NSC (initials) </p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME Epworth Manor, 925 South Lincoln Avenue Tyrone, PA 16686		CURRENT LICENSE NUMBER 328420	
INSPECTION DATES (Include all dates of the inspection) 08/19/2011		REGIONAL REPRESENTATIVE McKinley Rouse, D Granahan	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <p align="center" style="font-size: 1.2em;">Jennifer R Getgen</p>			
SIGNATURE OF LEGAL ENTITY 	DATE 11-4-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1/23/12

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
227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	The nurse's notes for Resident #2 for the months of April, May, June, July and August of 2011 show a pattern of violent and aggressive behavior by the resident directed toward the staff. The notes indicate that the resident repeatedly cursed at, punched, kicked, slapped and grabbed staff members. The support plan dated August 12, 2011 does not address the violent behavior of the resident. Staff interviews and the nurse's notes for the months of April, May, June, July and August of 2011 document the resident urinating in trash cans, heaters, the resident kitchen area and other inappropriate places. The support plan dated August 12, 2011 does not address this behavior.		<ul style="list-style-type: none"> - Resident #2's support plan reviewed and updated to reflect resident behavior - Staff to be educated on resident support plans - Facility to conduct audit of all resident support plans - Administrator or designee to conduct random audit of 10 resident support plans monthly x 3 months 	Steps have been taken to correct violation; full compliance is not verifiable 1/23/12 Date Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME Epworth Manor, 925 South Lincoln Avenue Tyrone, PA 16686		CURRENT LICENSE NUMBER 328420	
INSPECTION DATES (Include all dates of the inspection) 08/19/2011		REGIONAL REPRESENTATIVE McKinley Rouse, D Granahan	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jennifer R Getzen</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 11-4-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1/23/12

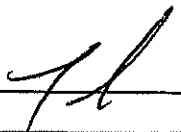
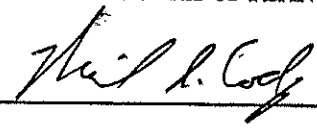
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
227g Individuals who participate in the development of the support plan shall sign and date the support plan.	The support plan for Resident #1, dated April 7, 2011, was not signed by the resident, by a designated person or by the staff person who completed the plan.		<ul style="list-style-type: none"> - Resident #1's support plan to be reviewed and signed - Staff to be educated on proper signatures when completing resident support plans - Facility to conduct audit of all resident support plans to ensure participant signatures - Administrator or designee to conduct random audit of 10 resident support plans monthly x 3 months 	NSC 1/23/12

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

NAME AND ADDRESS OF PERSONAL CARE HOME EPWORTH MANOR, 925 SOUTH LINCOLN AVENUE TYRONE, PA 16686		CURRENT LICENSE NUMBER 328420	
INSPECTION DATES (Include all dates of the inspection) 11/16/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jennifer Getgen Executive Director</i>			
SIGNATURE OF LEGAL ENTITY <i>[Signature]</i>	DATE 1-6-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 1/23/12


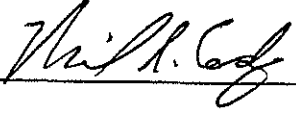
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
25a1 Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.	Resident #1, admitted 10/29/11, did not have a resident-home contract completed until 11/01/11.		<ol style="list-style-type: none"> 1. Employee educated on DPW regulation and understands compliance. 2. Facility will implement tracking system for contract compliance. 3. Administrator or designee will conduct random audits of 5 resident files x 3 mths. 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>[Signature]</i> Date Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME EPWORTH MANOR, 925 SOUTH LINCOLN AVENUE TYRONE, PA 16686		CURRENT LICENSE NUMBER 328420	
INSPECTION DATES (Include all dates of the inspection) 11/16/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jennifer Getgen Executive Director</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 1-6-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1/23/12

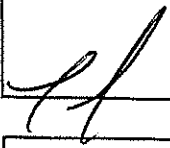
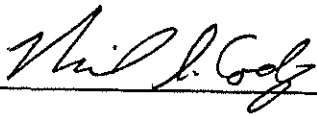
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
<p>51/52 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).</p> <p>Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15</p>	<p>The home did not obtain a criminal background check for Staff Person A.</p>		<ol style="list-style-type: none"> 1. Staff person A's criminal background check was located at facility however was not available at time of inspection. 2. Staff person A's criminal background check attached. 3. Administrator or designee will be educated on DPW regulation and understands compliance. 4. Facility will conduct audit of all employee files to ensure compliance. 5. Facility will implement new hire checklist and audit new hire files x 3 mths to ensure regulatory compliance. 	<p><i>NSC</i> <i>1/23/12</i></p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME EPWORTH MANOR, 925 SOUTH LINCOLN AVENUE TYRONE, PA 16686		CURRENT LICENSE NUMBER 328420	
INSPECTION DATES (Include all dates of the inspection) 11/16/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jennifer Getzen Executive Director</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 1-6-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1/23/12

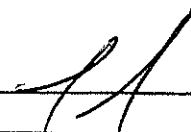

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
(relating to protective services for older adults) and other applicable regulations.				

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

NAME AND ADDRESS OF PERSONAL CARE HOME EPWORTH MANOR, 925 SOUTH LINCOLN AVENUE TYRONE, PA 16686		CURRENT LICENSE NUMBER 328420	
INSPECTION DATES (Include all dates of the inspection) 11/16/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jennifer Getzen Executive Director</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>1-10-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>1/23/12</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
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	<ul style="list-style-type: none"> Staff Person A, hired on 5/16/11 does not have a high school diploma, GED or active status on the nurse aide registry. Staff Person B, hired on 6/20/11 does not have a high school diploma, GED or active status on the nurse aide registry. Staff Person C, hired on 4/13/11 does not have a high school diploma, GED or active status on the nurse aide registry. 		<ol style="list-style-type: none"> 1. Facility obtained copy of Staff person A's diploma. 2. Facility verified active status on the nurse aide registry for staff person B. 3. Facility obtained copy of staff person C's Diploma. 4. Administrator educated on DPW regulation and understands compliance. 5. Facility to implement tracking system for employee files to ensure compliance. 6. Administrator or designee will conduct audits of new employee files x 3 mths. 	<p><i>NSC</i> <i>1/23/12</i></p>



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

NAME AND ADDRESS OF PERSONAL CARE HOME EPWORTH MANOR, 925 SOUTH LINCOLN AVENUE TYRONE, PA 16686		CURRENT LICENSE NUMBER 328420	
INSPECTION DATES (Include all dates of the inspection) 11/16/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jennifer Getzen Executive Director</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 1-16-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1/23/12

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
services with reasonable skill and safety.				

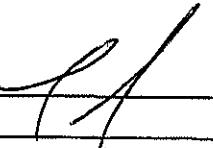
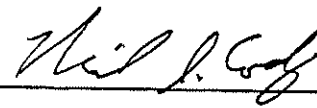
VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

Page 6 of 27

NAME AND ADDRESS OF PERSONAL CARE HOME EPWORTH MANOR, 925 SOUTH LINCOLN AVENUE TYRONE, PA 16686		CURRENT LICENSE NUMBER 328420	
INSPECTION DATES (Include all dates of the inspection) 11/16/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jennifer Betgen Executive Director</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 1-6-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1/23/12

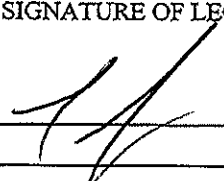
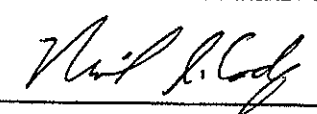
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
63a At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.	From 10/30/11 to 11/16/11, none of the staff persons who worked the 2:45 PM – 11:00 PM shift were certified in CPR/First Aid.		<ol style="list-style-type: none"> 1. Facility conducted mandatory CPR/ First aid class on 11/17/11 for 6 employees and 12/07/11 for 3 employees. 2. Administrator audited all employees to ensure regulatory compliance. 3. Facility to implement audit/ tracking tool to ensure regulatory compliance. 4. Administrator or designee to audit employee files to ensure regulatory compliance x 3 mths. 	<p style="font-size: 1.5em; margin: 0;">NSC</p> <p style="font-size: 1.5em; margin: 0;">1/23/12</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME EPWORTH MANOR, 925 SOUTH LINCOLN AVENUE TYRONE, PA 16686		CURRENT LICENSE NUMBER 328420	
INSPECTION DATES (Include all dates of the inspection) 11/16/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jennifer Getgen Executive Director</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>1-10-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>1/23/12</i>

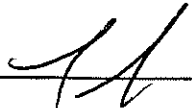

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following: (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency	Staff Persons C and D did not receive any of the trainings required under this regulation prior to or during the first work day.		<ol style="list-style-type: none"> 1. Staff person C and D were educated on 65a on 11/04/2011. 2. Facility will audit all employee files to ensure required trainings have been completed. 3. Facility implemented a new hire check-list for Regulation 65a; orientation in general fire safety and emergency preparedness. 4. Administrator or designee will audit new employee files to ensure regulatory compliance x 3 mths. 	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>1/23/12</i> Date</p> <p><i>AKC</i> Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME EPWORTH MANOR, 925 SOUTH LINCOLN AVENUE TYRONE, PA 16686		CURRENT LICENSE NUMBER 328420	
INSPECTION DATES (Include all dates of the inspection) 11/16/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jennifer Getgen Executive Director</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 1-10-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1/23/12

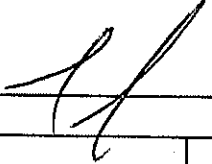

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
location if applicable. (3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire. (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.				

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

NAME AND ADDRESS OF PERSONAL CARE HOME EPWORTH MANOR, 925 SOUTH LINCOLN AVENUE TYRONE, PA 16686		CURRENT LICENSE NUMBER 328420	
INSPECTION DATES (Include all dates of the inspection) 11/16/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jennifer Getzen, Executive Director</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>1-10-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>1/23/12</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
65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following: (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (4) Reporting of reportable incidents	<ul style="list-style-type: none"> • Staff Persons A, B, C, and E did not receive any of the trainings required during the first 40 scheduled working hours. • Direct care staff D, hired on 6/20/11 completed their 40th scheduled work hour on 11/07/11. This staff person did not complete the training within the required time frame. 		<ol style="list-style-type: none"> 1. Employees A, B, C and E will be in-serviced on resident rights, emergency medical plan, abuse, and reportable incidents. 2. Facility will complete audit of all employee files to ensure all required in-servicing has been completed. 3. Facility will implement a tracking system via a new hire check list for all new hires to ensure compliance to regulation 65b. 4. Administrator or designee to conduct audits of 5 employee files monthly. 	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;"><i>1/23/12</i> Date</p> <p style="text-align: center;"><i>MSC</i> Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME EPWORTH MANOR, 925 SOUTH LINCOLN AVENUE TYRONE, PA 16686		CURRENT LICENSE NUMBER 328420	
INSPECTION DATES (Include all dates of the inspection) 11/16/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jennifer Oetgen Executive Director</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>1-10-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>1/23/12</i>

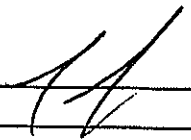

REGULATION 55 Pa.Code §2600 and conditions.	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY

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

NAME AND ADDRESS OF PERSONAL CARE HOME EPWORTH MANOR, 925 SOUTH LINCOLN AVENUE TYRONE, PA 16686		CURRENT LICENSE NUMBER 328420	
INSPECTION DATES (Include all dates of the inspection) 11/16/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jennifer Cetgen Executive Director</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>1-6-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>1/23/12</i>

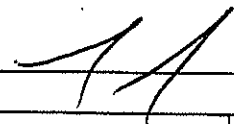
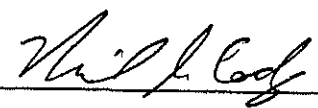
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
65g Direct care staff persons, ancillary staff persons, substitute 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 F did not receive the required annual fire safety training completed by a fire safety expert in 2010. Staff person G conducts the fire safety training, however he is not a fire safety expert.		<ol style="list-style-type: none"> 1. Direct care staff person F in-serviced on fire safety training on 1-3-12. 2. facility will complete audit of all employee files to ensure all required in-servicing has been completed. 3. Facility will implement a tracking system via monthly in-service check list and sign in log. 4. Administrator or designee to conduct audits monthly . 	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable <i>1/23/12</i> Date Initials (DPW) <i>NJC</i></p>


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

NAME AND ADDRESS OF PERSONAL CARE HOME EPWORTH MANOR, 925 SOUTH LINCOLN AVENUE TYRONE, PA 16686		CURRENT LICENSE NUMBER 328420	
INSPECTION DATES (Include all dates of the inspection) 11/16/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jennifer Getzen, Executive Director</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>1-6-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>1/23/12</i>

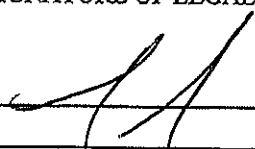
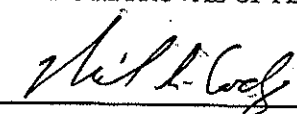
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 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.				

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

NAME AND ADDRESS OF PERSONAL CARE HOME EPWORTH MANOR, 925 SOUTH LINCOLN AVENUE TYRONE, PA 16686		CURRENT LICENSE NUMBER 328420	
INSPECTION DATES (Include all dates of the inspection) 11/16/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jennife Cetger Executive Director</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 1-6-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1/23/12

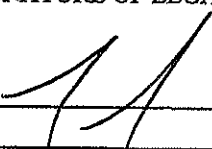
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The first aid kit in the 2nd floor medication room does not include a thermometer.		<ol style="list-style-type: none"> 1. Thermometer has been added to the 2nd floor medication room first aid kit. 2. Direct care staff educated 1/03/2012 on 96a. 3. Facility has implemented a first aid kit monthly checklist. 4. Administrator or designee will audit first aid kit checklist x 3 mths. 	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">  Date: 1/23/12 Initials (DPW) </p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME EPWORTH MANOR, 925 SOUTH LINCOLN AVENUE TYRONE, PA 16686		CURRENT LICENSE NUMBER 328420	
INSPECTION DATES (Include all dates of the inspection) 11/16/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jennifer Cetgen Executive Director</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>1-10-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>1/23/12</i>

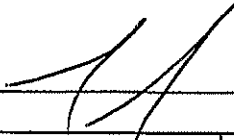
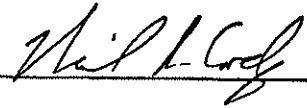
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
105g2 Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.	the home could not provide documentation to show when the dryer ducts were last cleaned.		<ol style="list-style-type: none"> 1. Facility is completing and Documenting dryer duct cleaning however was unable to be located at the time of inspection. 2. Dryer Duct cleaning schedule attached. 3. Administrator or designee will audit cleaning schedule x 3 mths. 	<i>N/C</i> <i>1/23/12</i>

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

NAME AND ADDRESS OF PERSONAL CARE HOME EPWORTH MANOR, 925 SOUTH LINCOLN AVENUE TYRONE, PA 16686		CURRENT LICENSE NUMBER 328420	
INSPECTION DATES (Include all dates of the inspection) 11/16/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jennifer Oetgen Executive Director</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>1-10-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Phil God</i>	DATE <i>1/23/12</i>

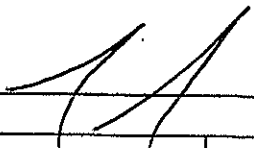
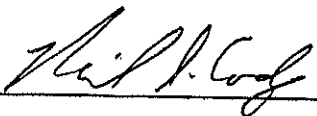
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
124 The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.	The home has not notified the local fire department in writing of the address of the home, the location of resident bedrooms or the assistance needed in an evacuation.		The home has notified Blazing Hook and Arrow Fire Company and Neptune Fire department in Tyrone PA. of the address of the home, the location of the resident bedrooms and the assistance needed in an evacuation. Administrator will notify the fire department of changes in the assistance needed within the resident health care status.	Steps have been taken to correct violation; full compliance is not verifiable <i>NSC</i> Date <i>1/23/12</i> Initials (DPW)

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

NAME AND ADDRESS OF PERSONAL CARE HOME EPWORTH MANOR, 925 SOUTH LINCOLN AVENUE TYRONE, PA 16686		CURRENT LICENSE NUMBER 328420	
INSPECTION DATES (Include all dates of the inspection) 11/16/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jennifer Betgen, Executive Director</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 1-6-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1/23/12

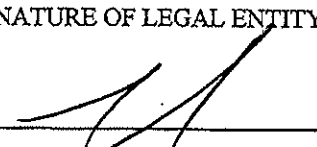
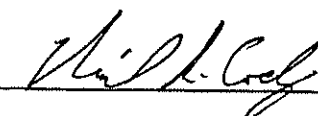
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
132b A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.	A fire drill was not conducted by a fire safety expert within the past 12 months. The home's records indicate that the last drill supervised by a fire safety expert was held on 7/23/10.		<ol style="list-style-type: none"> 1. Fire Safety inspection and Supervised Fire Drill was held on 1/3/12, conducted by Tyrone Fire Chief of Neptune Fire Department. 2. Administrator filed the documentation of the Fire Safety Inspection and Supervised Fire drill. 3. Administrator educated on DPW regulation and understands compliance 4. Administrator will schedule 2013 drill and inspection with the fire chief at least 60 days prior. 	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">// 2/3/12 Date</p> <p style="text-align: center;">MJC Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME EPWORTH MANOR, 925 SOUTH LINCOLN AVENUE TYRONE, PA 16686		CURRENT LICENSE NUMBER 328420	
INSPECTION DATES (Include all dates of the inspection) 11/16/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jennifer Getgen Executive Director</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>1-10-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>1/23/12</i>

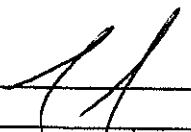

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY																																																																	
	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Mont</th> <th style="text-align: left; border-bottom: 1px solid black;">Date</th> <th style="text-align: left; border-bottom: 1px solid black;">Time</th> <th style="text-align: left; border-bottom: 1px solid black;">Evac. Time</th> <th style="text-align: left; border-bottom: 1px solid black;">FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Feb</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Mar</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Apr</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>May</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jun</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jul</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Aug</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Sep.</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Oct</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Nov</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan				No	Feb				No	Mar				No	Apr				No	May				No	Jun				No	Jul				No	Aug				No	Sep.				No	Oct				No	Nov				No	Dec				No			
Mont	Date	Time	Evac. Time	FSE																																																																	
Jan				No																																																																	
Feb				No																																																																	
Mar				No																																																																	
Apr				No																																																																	
May				No																																																																	
Jun				No																																																																	
Jul				No																																																																	
Aug				No																																																																	
Sep.				No																																																																	
Oct				No																																																																	
Nov				No																																																																	
Dec				No																																																																	

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

NAME AND ADDRESS OF PERSONAL CARE HOME EPWORTH MANOR, 925 SOUTH LINCOLN AVENUE TYRONE, PA 16686		CURRENT LICENSE NUMBER 328420	
INSPECTION DATES (Include all dates of the inspection) 11/16/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jennifer Getzen Executive Director</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>1-10-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>1/23/12</i>

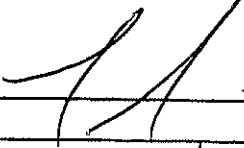
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141b1 A resident shall have a medical evaluation: (1) At least annually.	Resident #2's current medical evaluation was completed on 10/03/11 – more than a year after the previous medical evaluation completed on 7/20/10. Repeated Violations: 06/23/2011		<ol style="list-style-type: none"> 1. Facility to complete audit of all resident medical evaluation forms to ensure proper completion and timeliness of medical evaluations. 2. Facility will implement tracking system for resident annual medical evaluations and reviewed weekly at the care team meetings. 3. Administrator or designee will be educated to review all new admissions and obtain medical evaluation upon admission and annually. 4. Administrator or designee to conduct random audits of 5 medical evaluations per month x 3 mths. 	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;"><i>JJS</i> Date Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME EPWORTH MANOR, 925 SOUTH LINCOLN AVENUE TYRONE, PA 16686		CURRENT LICENSE NUMBER 328420	
INSPECTION DATES (Include all dates of the inspection) 11/16/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jennifer Getgen Executive Direct</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>1-10-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>1/23/12</i>

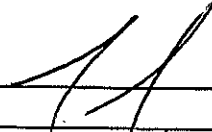
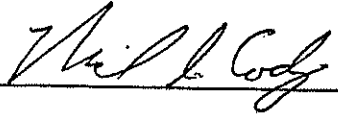
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
181f The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.	Resident #2's medication record did not include the prescribed medication Furosemide 20mg.		<ol style="list-style-type: none"> 1. Medication administration record reviewed for Resident #2. 2. Educated resident #2 on regulation 181f on self administering medications. When medications are discontinued to remove that bottle of medication from current routine medications. 3. Medication administrators educated on discontinued medications in regards to regulation 181f: residents to self administer. 4. Administrator or designee to conduct random audits on a quarterly basis of all self administering residents. <p style="margin-top: 10px;"><i>THE ADMINISTRATOR WILL UPDATE A RESIDENT'S RECORD WITH A CURRENT LIST OF MEDICATIONS UPON CHANGES TO A RESIDENT'S MEDICATION REGIMEN. - NSC</i></p>	

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

NAME AND ADDRESS OF PERSONAL CARE HOME EPWORTH MANOR, 925 SOUTH LINCOLN AVENUE TYRONE, PA 16686		CURRENT LICENSE NUMBER 328420	
INSPECTION DATES (Include all dates of the inspection) 11/16/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jennifer Betgen Executive Director</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>1-6-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Phil S. Wolf</i>	DATE <i>1/23/12</i>

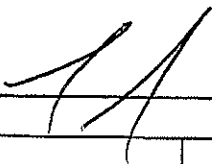
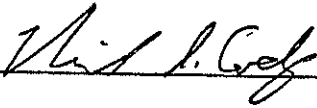
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	<ul style="list-style-type: none"> • Resident #3's Medication Administration Record (MAR) was not initialed for the administration of Nitroglycer on 11/10/10 or 11/12/11. • Resident #4's Medication Administration Record (MAR) was not initialed for the administration of simvastatin on 11/06/11. • Resident #5's Medication Administration Record (MAR) was not initialed for the administration of Creon and Loperamide on 10/27/11. 		<ol style="list-style-type: none"> 1. Medication Administration Records reviewed for Residents #3, #4, and #5 2. Medication Administrators educated on regulation 187a14 and reviewed Medication Administration on initialing and recording time when the medication is administered. 3. Administrator or designee to conduct monthly audits of MAR to ensure that medication administrators are initialing at the time the medication is administered. 	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;"><i>DPW</i> Date <i>1/23/12</i> Initials (DPW)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME EPWORTH MANOR, 925 SOUTH LINCOLN AVENUE TYRONE, PA 16686		CURRENT LICENSE NUMBER 328420	
INSPECTION DATES (Include all dates of the inspection) 11/16/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jennifer Getzen Executive Director</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>1-10-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>1/23/12</i>

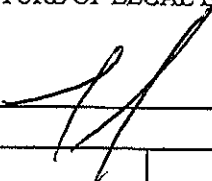

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
187d The home shall follow the directions of the prescriber.	On 11/16/11 the home did not have the prescribed medication <i>Ferrous Sulfate</i> on hand for Resident #2.		<ol style="list-style-type: none"> 1. Medication administration record reviewed for Resident #2. 2. Educated resident #2 on regulation 187d on self administering medications. 3. Educated medication administrators on regulation 187d. 4. Administrator or designee to conduct random audits on a quarterly basis of all self administering residents. 	

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

NAME AND ADDRESS OF PERSONAL CARE HOME EPWORTH MANOR, 925 SOUTH LINCOLN AVENUE TYRONE, PA 16686		CURRENT LICENSE NUMBER 328420	
INSPECTION DATES (Include all dates of the inspection) 11/16/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jennifer Betgen Executive Director</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 1-6-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1/23/12

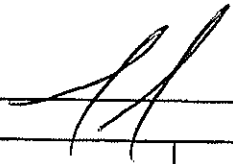
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
202 The following procedures are prohibited: (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited. (3) Pressure point techniques, defined as the application of pain for the purpose of achieving	Resident #6 was administered Zyprexa 5mg for agitation, yelling and swearing. Zyprexa was administered 33 times during October due to these behaviors as documented in the resident's medication administration record.		1. Chart review completed for Resident #6. 2. Physician notified and educated on Regulation 202. 3. Proper diagnosis of anxiety received from physician and initiated on medication administration record (MAR). 4. Direct care staff educated on PRN medication usage and documentation. 5. Administrator or designee to conduct random audit of 5 residents that have orders for psychoactive medications x 3mths.	

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

NAME AND ADDRESS OF PERSONAL CARE HOME EPWORTH MANOR, 925 SOUTH LINCOLN AVENUE TYRONE, PA 16686		CURRENT LICENSE NUMBER 328420	
INSPECTION DATES (Include all dates of the inspection) 11/16/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jennifer Getgen Executive Director</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>1-10-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>1/23/12</i>

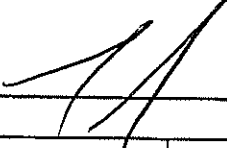
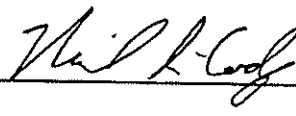
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
compliance, is prohibited. (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or				

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

NAME AND ADDRESS OF PERSONAL CARE HOME EPWORTH MANOR, 925 SOUTH LINCOLN AVENUE TYRONE, PA 16686		CURRENT LICENSE NUMBER 328420	
INSPECTION DATES (Include all dates of the inspection) 11/16/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jennifer Cutgen Executive Director</i>			
SIGNATURE OF LEGAL ENTITY 		DATE 1-10-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Phil L. Coz</i>
			DATE 1/23/12

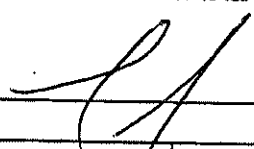
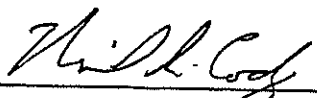
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.				

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

NAME AND ADDRESS OF PERSONAL CARE HOME EPWORTH MANOR, 925 SOUTH LINCOLN AVENUE TYRONE, PA 16686		CURRENT LICENSE NUMBER 328420	
INSPECTION DATES (Include all dates of the inspection) 11/16/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jennifer Getgen, Executive Director</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>1-6-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE <i>1/23/12</i>

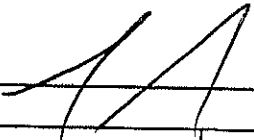
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
224a A determination shall be made within 30 days prior to admission 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.	Resident #7's preadmission screening dated 4/29/11 does not indicate if the home is able to meet the needs of the individual.		<ol style="list-style-type: none"> 1. Reviewed preadmission screening for Resident #7. 2. Employee educated on DPW regulation understands compliance. 3. Facility will implement tracking system for preadmission screening tool for compliance. 4. Administrator or designee will conduct random audits of all new admissions using an admission check list. 	

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

NAME AND ADDRESS OF PERSONAL CARE HOME EPWORTH MANOR, 925 SOUTH LINCOLN AVENUE TYRONE, PA 16686		CURRENT LICENSE NUMBER 328420	
INSPECTION DATES (Include all dates of the inspection) 11/16/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jennifer Getgen, Exectu Direct</i>			
SIGNATURE OF LEGAL ENTITY 	DATE 1-6-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 1/23/12

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
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.	Resident #2's current assessment was completed on 10/03/11 – more than a year after the previous assessment completed on 7/20/10.		<ol style="list-style-type: none"> 1. Facility to complete an audit of all resident assessments to ensure proper completion and timeliness of all assessments. 2. Facility will implement tracking system for residents annual, with significant change and at the request of DPW, assessment's to be reviewed weekly at the care team meetings. 3. Administrator or designee will be educated to review all assessments: annual and significant change in a timely manner to meeting compliance. 4. Administrator or designee to conduct random audits of 3 assessments per week. 	

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

NAME AND ADDRESS OF PERSONAL CARE HOME EPWORTH MANOR, 925 SOUTH LINCOLN AVENUE TYRONE, PA 16686		CURRENT LICENSE NUMBER 328420	
INSPECTION DATES (Include all dates of the inspection) 11/16/2011		REGIONAL REPRESENTATIVE Ron Minnich, Serena Chou	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Jennifer Getgen Executive Director</i>			
SIGNATURE OF LEGAL ENTITY 	DATE <i>1-6-12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Phil L. Gandy</i>	DATE <i>1/23/12</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
227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.	Resident #2's current support plan was completed on 10/03/11 – more than a year after the previous support plan completed on 7/20/10.		<ol style="list-style-type: none"> 1. Facility to complete audit of all resident support plans to ensure proper completion and timeliness of support plans. 2. Facility will implement tracking system for resident support plans and reviewed weekly at the care team meeting. 3. Administrator or designee will be educated to review all new admissions and develop a plan for regulation 227c. 4. Administrator or designee to conduct random audits of 5 support plans per month x 3 months. 	