

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to NASUN, INC.

LEGAL ENTITY

To operate HALLSWORTH HOUSE III

NAME OF FACILITY OR AGENCY

Located at 1575 GRAND BOULEVARD, MONESSEN, PA 15062

(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 55  
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 October 26, 2011 until October 26, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 428970

*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

NOV 09 2011

Mr. Jeff Naden, President/Administrator  
Nasun, Inc.  
Hallsworth House III  
1575 Grand Boulevard  
Monessen, Pennsylvania 15062

Dear Mr. Naden:

As a result of the Department of Public Welfare's licensing inspection on September 9, 2011 and September 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.

The license indicates recent change in the mailing address.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

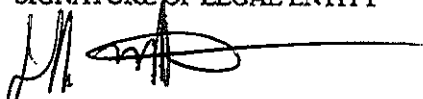
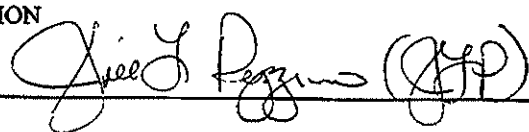
Sincerely,

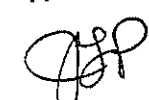
A handwritten signature in black ink, appearing to read 'R. Melusky'.

Ronald Melusky  
Director

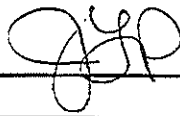
Enclosures  
License  
Violation Report

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

NAME AND ADDRESS OF PERSONAL CARE HOME HALLSWORTH HOUSE III, 1575 GRAND BOULEVARD MONESSEN, PA 15062		CURRENT LICENSE NUMBER 428970	
INSPECTION DATES (include all dates of the inspection) 09/09/2011, 9/23/2011		REGIONAL REPRESENTATIVE Tera Newman, Maria Stepanovich	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <b>JEFF NADEN, Administrator</b>			
SIGNATURE OF LEGAL ENTITY 	DATE 10/24/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 10-27-11

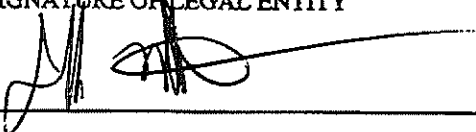
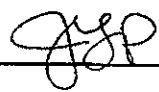
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
25a1 Prior to admission, or within 24 hours after admission, a written 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 5-1-11, did not have a new resident-home contract completed. This resident was transferred from another PCH with the same owners.  <b>Western Region</b>  OCT 26 2011	10/24/11	<del>NOT ACCURATE - See Attached papers - First and LAST pages signed. When Resident was transferred the contract, assessment, and support plan were All revisited, adjusted were necessary and Resigned Appropriately (Page 15 on VR mentions the assessment.) See page 1A</del>	11-1-11 


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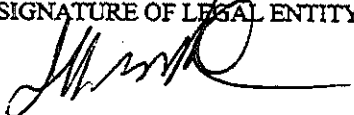

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25a1 Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.	Resident #1, admitted 5-1-11, did not have a new resident-home contract completed. This resident was transferred from another PCH with the same owners.		11/30/2011 - Resident #1 will sign a new contract or addendum to the existing contract addressing that the terms and conditions of the former contract are in effect.  11/30/2011 - The administrator or designated staff person will review all current resident contracts to ensure any resident that transferred from another personal care home owned by the same owners as Hallworth House III signed a new contract or addendum to the existing contract addressing the terms and conditions of the former contract are in effect.	

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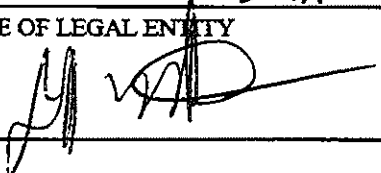
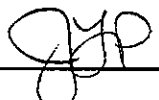
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51/52 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).  Hiring, retention 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	Staff person A, hired 7-31-11 provided unsupervised direct care before his/her criminal background check came back on 8-22-11.  <b>Western Region</b>  OCT 23 2011	Ongoing	For Future, Newly Hired Staff that do not have Completed Background Checks will not be Left in an unsupervised situation. Administrator will verify Compliance since he makes the schedule and does the Hiring.	11-1-11 


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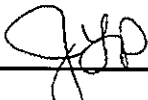
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(relating to protective services for older adults) and other applicable regulations.	Western Region  OCT 20 2011			

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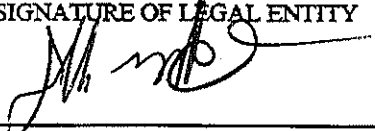
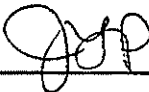
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90b For a home serving 9 or more residents, there shall be a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.	The home does not have a system that allows staff in different parts of the home to communicate with each other in an emergency. On 9/9/11, the home served 49 residents.  Western Region  OCT 2 2011	10/24/11	There is a system in place. Our phone system has two portables that staff carry AND use to call each other during times when staff count is at its lowest. When staff count is at its highest there is no need to carry these phones due to enough staff being in close proximity to each other. The Building is on one floor. And allows for ease of communication when we have 6 people on staff which is from 7 to 3pm and 3pm to 10pm <i>See page 4A</i>	<p>State has been taken to correct violation; full compliance is not verifiable</p> <p> Initials (DPW) Date</p>

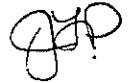
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96a The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.	The first aid kit near the main entrance does not include scissors or eye protection.  <p align="center">Western Region  OCT 2 2011</p>	10/24/11	Eye protection was in kit right next to CPR MASK. However scissors were missing and have since been replaced. Administrator will be sure to replace items that have been used and will periodically check that kit is in proper compliance.	10-27-11 

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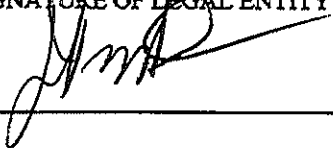
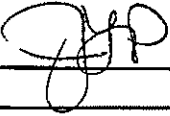
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132e A fire drill shall be held during sleeping hours once every 6 months.	The last drill conducted during sleeping hours was on 8/17/11. The sleeping hours drill conducted prior was conducted on 10/28/10.  <b>Western Region</b>  OCT 2 2011	Ongoing	ERROR ON Administrators PART. The night time drill was not held late enough to quality as a proper night time Drill. Our past records show adherence to this rule with this one exception. Administrator will make sure time of day for future drills will properly quality as night time. See page 6A	Steps have been taken to correct violation; full compliance is not verifiable 10/27/11 Date Initials (DPW) 


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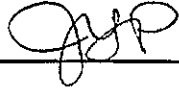
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132e A fire drill shall be held during sleeping hours once every 6 months.	The last drill conducted during sleeping hours was on 8/17/11. The sleeping hours drill conducted prior was conducted on 10/28/10.		11/30/11 - An administrator will monitor the fire drill record on a monthly basis to ensure a sleeping hour fire drill is conducted at least every six months.  11/30/11 - A sleeping hours fire drill will be held within 30 minutes after residents are asleep or within 30 minutes before they normally awake for the month of November 2011 and at least every 6 months afterwards.	

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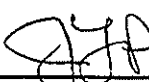
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183e Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.	On 9/22/11, Resident #2's NPH insulin 100 unit/ml, was filled on 1/20/11 and not dated when opened.  <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">OCT 2 2011</p>	Ongoing	Our newly started medication procedure program should prevent this for the future. Administrator will verify system is working properly with periodic reviews of all meds including dates on insulin. Started 5 direct care staff and 1 med tech in September. See page 7A	11-1-11 

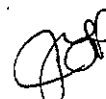
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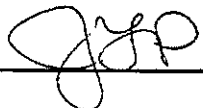
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183e Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.	On 9/22/11, Resident #2's NPH insulin 100 unit/ml, was filled on 1/20/11 and not dated when opened.		Immediately - All opened and undated insulin will be discarded.  11/30/11 - All staff involved in the medication administration process will be educated on the need to date insulin when it is opened.  11/30/11 - The administrator or designated staff person will audit insulin monthly to ensure it is dated when opened and discarded upon expiration.	

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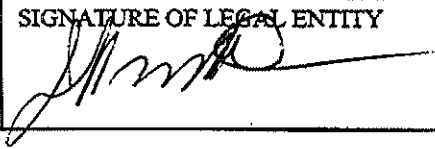
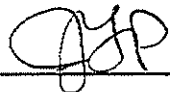
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183f1 Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person,	On 9/21/11, resident #3 was administered 2 units of Novolog 100/ml which had expired on 6/8/2011.  Western Region  OCT 2 2011	Ongoing	Our Newly STARTED medication program should prevent this for the future.  Administrators will verify system is working properly with periodic reviews of all meds. Including dates on Insulins.  see page 8A	11-1-11 

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SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 10-27-11


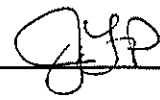
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
183f1 Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person,	On 9/21/11, resident #3 was administered 2 units of Novolog 100/ml which had expired on 6/8/2011.		Immediately - The expired insulin will be discarded.  11/30/11 - A designated staff person will conduct an initial check of resident prescriptions, medications including insulin, and medication administration records to ensure no discontinued or expired medications are present in the home.  11/30/11 - The administrator will conduct a monthly check of resident prescriptions, medications including insulin, and medication administration records to ensure no discontinued or expired medications are present in the home.	


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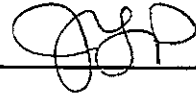
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.	Western Region  OCT 2 2011			

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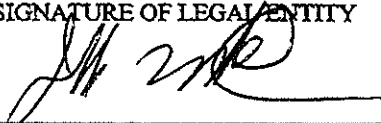
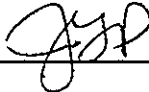
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
187a A medication record shall be kept to include the following for 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 #3 does not include the units of insulin administered on 9/18/11 at 4pm and 8pm or the units of insulin administered on 9/9/11 at 11am. On 9/17/11 at 8pm the resident's blood sugar readings were not recorded.  The medication administration record for resident #4 does not include the correct dose of Exelon. The MAR indicated Exelon 4.6 mg and the label on the box indicates 9.5 mg.  <div style="text-align: center; font-size: 1.2em; font-weight: bold;">Western Region</div> <div style="text-align: center; font-size: 1.1em;">OCT 2 2011</div>	Ongo:ag	A New system was instituted to provide for and create an environment that reduces or eliminates recording and documentation errors. This system was started prior to 9/22 inspection but was not completely changed over to until after 9/22. Part of this system includes additional med staff hours as well as reviews made every 10-14 days by administration to verify accuracy of system and staff efforts.  See page 10A	11-1-11 

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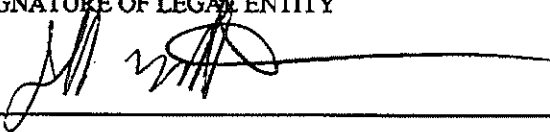

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
<p>187a</p> <p>A medication record shall be kept to include the following for each resident for whom medications are administered:</p> <ul style="list-style-type: none"> <li>(1) Resident's name.</li> <li>(2) Drug allergies.</li> <li>(3) Name of medication.</li> <li>(4) Strength.</li> <li>(5) Dosage form.</li> <li>(6) Dose.</li> <li>(7) Route of administration.</li> <li>(8) Frequency of administration.</li> <li>(9) Administration times.</li> <li>(10) Duration of therapy, if applicable.</li> <li>(11) Special</li> </ul>	<p>The medication administration record for resident #3 does not include the units of insulin administered on 9/18/11 at 4pm and 8pm or the units of insulin administered on 9/9/11 at 11am. On 9/17/11 at 8pm the resident's blood sugar readings were not recorded.</p> <p>The medication administration record for resident #4 does not include the correct dose of Exelon. The MAR indicated Exelon 4.6 mg and the label on the box indicates 9.5 mg.</p>		<p>Immediately - The medication administration record for resident #4 will be updated to include the correct dose of Exelon.</p> <p>11/30/11 - A designated staff person will monitor the MAR and the administration of resident medication 1x a week for one month to ensure all medication administration documentation is complete, current and accurate. Documentation will be kept.</p> <p>11/30/11 - The administrator or designated staff person will review all resident medication administration records monthly for accuracy and completion.</p> <p>11/30/11 - All staff administering medication will be educated on the required information for the medication administration record. Documentation of training will be kept.</p>	

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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.	Western Region  OCT 27 2011			

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187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	<p>On 9/2/11 and 9/3/11 at 8am, resident # 3's Aspirin 81 mg EC, Clonidine 0.1mg and Central Vite Senior was administered. Staff person B did not initial the record.</p> <p>On 9/7/11, 9/18/11, 9/19/11 and 9/20/11 at 8pm, resident #3's of Clonidine 0.1mg was administered. Staff person B did not initial the record.</p> <p>On 9/22/11 at 8am, resident #3's Aspirin 81 mg EC, Clonidine 0.1mg, Central Vite Senior, Vitamin D, Amkdpine, omeprazole 20mg, cialopran, Vit C, Asosobide, Carodilol, Calcium acetate 667mg and Furosemide was administered. Staff person C did not initial the record.</p> <p>On 9/20/11 at 8am, resident #3's omeprazole 20mg, vitamin D and Aspirin 81mg was administered and not initialed in the record.</p> <p>On 9/22/11 at 12pm, resident #3's calcium acetate 667mg was administered and not initialed in the record.</p> <p>On 9/19/11 and 9/20/11 resident #5's Ipratropium</p>	Ongoing	<p>A New system WAS instituted to provide for and create An environment that reduces or Eliminates Recording and documentation errors. This System WAS started prior to 9/22 inspection but was not fully implemented until after 9/22. PART of this system includes additional med staff hours as well as reviews made every 10-14 days, by Administrator to verify accuracy of system and staff efforts.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date _____ Initials (DPW) _____</p>

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See page 12A

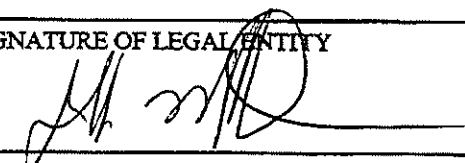
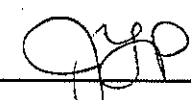
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187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	<p>On 9/2/11 and 9/3/11 at 8am, resident # 3's Aspirin 81 mg EC, Clonidine 0.1mg and Central Vite Senior was administered. Staff person B did not Initial the record.</p> <p>On 9/7/11, 9/18/11, 9/19/11 and 9/20/11 at 8pm, resident #3's of Clonidine 0.1mg was administered. Staff person B did not initial the record.</p> <p>On 9/22/11 at 8am, resident #3's Aspirin 81 mg EC, Clonidine 0.1mg, Central Vite Senior, Vitamin D, Amkdipine, omeprazole 20mg, cialopran, Vit C, Asosobide, Carodilol, Calcium acetate 667mg and Furosemide was administered. Staff person C did not initial the record.</p> <p>On 9/20/11 at 8am, resident #3's omeprazole 20mg, vitamin D and Aspirin 81mg was administered and not initialed in the record.</p> <p>On 9/22/11 at 12pm, resident #3's calcium acetate 667mg was administered and not initialed in the record.</p> <p>On 9/19/11 and 9/20/11 resident #5's lpratropium</p>		<p>11/30/11 – All staff persons administering medication will be reeducated on administering medication including documentation of medication administration. Documentation of training will be kept.</p> <p>11/30/11 - A designated staff person will monitor the MAR and the administration of resident medication 1x a week for one month to ensure all medication administration documentation is complete, current and accurate. Documentation of monitoring will be kept.</p> <p>11/30/11 - The administrator will monitor the MAR and the administration of resident medication monthly to ensure all medication administration documentation is complete, current and accurate. Documentation of monitoring will be kept</p>	



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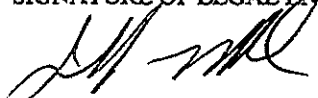
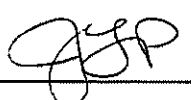
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225a A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.	<p>The home has not completed an initial assessment for resident #1, admitted 5/1/11.</p> <p>The initial assessment for resident #7 dated 3/30/11 addressed the resident's diagnosis of CHF and aortic stenosis. However the assessment did not address the additional diagnosis of neuropathy, TIA and UTI from the medical evaluation dated 4/14/11.</p> <p>The initial assessment for resident #8 dated 11/3/10 addressed the resident's diagnosis of dementia. However, the assessment did not address the additional diagnosis of fall, clavicle fx, chest wall trauma from the medical evaluation dated 10/20/10.</p> <p>The initial assessment for resident #9 dated 8/11/11 addressed the resident's diagnosis of mild dementia, arthritis, anxiety. However the assessment did not address the additional diagnosis of UTI, Delirium due to conditions classified elsewhere, articulare cartilage disorder site unspecified, OTH, mixed/unspec nondependent drug abuse unspec, osteoporosis, acute venous embolism and thrombosis and</p>	10/24/11	<p>Our assessments have always referenced the med evaluations <u>main</u> diagnosis</p> <p>For future we will have them reference <u>ALL</u> diagnosis that the form indicates the doctor has dealt with.</p> <p>Administrator fills these forms out and will verify use of ALL listed medical diagnosis in preparing these forms.</p> <p>see page 15</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 10/27/11 Initials: (DPW)</p>

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	allergies to PCH and codeine from the medical evaluation dated 7/21/11.  Western Region  OCT 2011	Immediately  11/30/11	Residents # 7, 8, and 9's assessments will be updated to include all diagnoses that appear on the medical evaluation. An addendum will be added to resident # 11's assessment. The administrator or designated staff person will review all residents' assessments to ensure they are completed in their entirety including all diagnoses listed on the medical evaluation. 10-27-11 JJP	